

# Community Integrated Care Beighton Road

## Inspection report

100 Beighton Road  
Woodhouse  
Sheffield  
South Yorkshire  
S13 7PS

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Beighton Road is a supported living service providing personal care to 18 people at the time of the inspection. The service can support up to 18 people living in three houses with six people living in each house. Each house had a communal lounge, kitchen and bathroom and shared gardens. Underneath the umbrella of Beighton Road are two other supported living services: Westwick Road in Sheffield, and Dillington Mews in Barnsley. Westwick Road provides personal care to one person and Dillington Mews supports two people with their personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

There was a lack of clarity from the provider about how Westwick Road and Dillington Mews were managed. At Dillington Mews people, relatives and staff were not aware who the registered manager was. There was no clear line management structure at this service to the registered manager. Although regular audits took place by named service leads oversight by the registered manager had not been clearly identified.

We have made a recommendation about how the provider provides clarity and clear management oversight of all the services the registered manager is accountable for.

People, relatives and staff were involved in the running of the service and decisions about the service, wherever possible. The service considers improvements and manages and monitors these. The service works with and supports people to access other agencies according to their needs.

Systems and practices protect people from abuse; and staff were knowledgeable about these. Risks to people were assessed and people were supported safely. Staffing levels were calculated according to people's needs. Medicines were administered safely. Premises were cleaned regularly and personal

protective equipment was available. Accidents and incidents were reviewed and used to learn lessons and make improvements; these were shared and discussed with staff.

People's needs were assessed and people were supported in line with best practice guidance. Staff had access to supervisions, appraisals and training. People's dietary needs were known and people were supported appropriately to eat and drink. Staff had regular handovers and worked with other professionals to ensure people had access to ongoing and appropriate healthcare. Consent to care and treatment was sought and recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect. People were supported in their decisions and choices. People's privacy and dignity were respected.

People's care plans were personalised and people had individual support plans based on different aspects of their lives and their needs. Concerns, complaints and compliments were recorded and responded to where appropriate. People's end of life needs were considered.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Beighton Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, and support workers. We reviewed a range of records. This included four people's support records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with the registered manager and a senior manager about the registration and management structures of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since registration. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns should abuse occur.
- Posters were displayed in communal lounges and weekly 'house' meetings with people discussed with them how to keep safe. A person said told us, "I would talk to [registered manager] if I was upset."
- Staff knew how to recognise abuse and protect people from the risk of abuse. A staff member told us, "People that live here are the priority, their safety and happiness come first, they are always our priority."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed staff considered the least restrictive option when doing so and people were involved in discussions, where they were able to do so.
- Staff were proactive about identifying any new areas of risk, these were assessed and actions taken to support people as independently as possible. People were supported to access the community independently and risks were assessed and measures put in place.
- Appropriate checks were undertaken on the environment and equipment.

Staffing and recruitment

- Staff were unhurried when supporting people. Staff said staffing levels were good.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper persons were employed. A thorough check and system audit was in place.
- Although relatives commented about the low turnover of staff at two of the sites, which meant consistent support for people living at the service, relatives at one site found staff turnover had been high. We discussed this with the interim regional manager who told us they had recently undertaken recruitment at this site.
- People had been involved in interviews for new staff at one of the sites.

Using medicines safely

- Medicine support and administration was well organised and people were receiving their medicines when they should. Safe protocols were in place for the receipt, storage, administration and disposal of medicines. People's allergies were documented and recorded.
- Regular checks were undertaken, including whether the service ensures people's personal and cultural preferences were considered when undertaking medicine administration.
- Staff administering medicines were trained and received regular training updates and had their

competency checked.

#### Preventing and controlling infection

- Staff received training on infection control and this was regularly refreshed.
- Staff had good access to disposable gloves and aprons. Staff used these appropriately.
- Cleaning schedules were followed and regular deep cleaning of areas took place. The homes were clean, tidy and odour-free.

#### Learning lessons when things go wrong

- Accidents and incidents, including when people developed an infection, were recorded and monitored. Each incident was reviewed with details about who had been communicated with, clear outcomes, actions taken and lessons learnt were recorded to mitigate future risks.
- The registered manager reviewed all the accidents and incidents each month at two of the sites and produced an analysis to identify themes and trends. The provider was notified of these to ensure tracking and monitoring took place appropriately.
- Managers encouraged staff to report accidents and incidents, and these were dealt with promptly and discussions took place with staff in supervisions and meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since registration. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support plans contained very detailed information about people's support needs, which included people's physical, mental and social needs, as well as a learning log. People's routines were clearly documented.
- Support plans were reviewed regularly and staff updated these when there were any changes to people's support needs.
- Assessments of people's needs were comprehensive and identified how people should be supported to meet their agreed outcomes.

Staff support: induction, training, skills and experience

- People were supported by knowledgeable staff who had ongoing training. Staff confirmed how new staff received an induction and spent time shadowing more experienced staff members.
- Staff were given opportunities to review their individual work and development needs through regular supervisions and appraisals by using a 'You Can Booklet'.
- Staff told us they were well supported by the registered manager and the deputy manager at one site. Staff told us they were supported only by the service lead at another site.
- A relative described how staff made a point to introduce new staff to relatives and it made them feel involved in the process of dealing with new carers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged and supported, where needed, to eat and drink and maintain a healthy diet. People were able to choose what they wanted to eat and staff encouraged people to choose food for the following week at weekly 'house' meetings. Pictures of food items supported people to choose food they liked and wanted to eat.
- Those people who were more independent chose, bought and cooked their own food with appropriate support. A person said, "I get what I want for food, every Thursday we go shopping."
- Clear and up-to-date information was recorded and known by staff where people needed to have a specialised diet. A relative said, "[Name of person] is always kept clean and well fed, they (staff) know what food [they] like and dislike."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had clear processes for referring people to other services, where needed, and staff were vigilant

and proactive in their observations of when this may be needed. One person had recently been supported to make plans to move to a service more appropriate to their needs. Staff had identified another person had developed hearing difficulties and this person had recently been fitted with hearing aids.

- The service involved people and their relatives when working with other services. For example, one person had recently been bereaved and staff had supported this person to receive grief counselling.
- People's records showed communication with health professionals was effective and timely. Advice was documented and followed. Checks were undertaken to ensure people had been involved in discussions about vaccinations such as for 'flu' and people were given choice about how they were supported to receive their medicines, where they were able to do so.
- Support plans included information about people's oral care needs and how these were met. A person told us, "They (staff) would get a doctor if I was poorly. They help me with my teeth"

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about their environment through weekly 'house' meetings where people were encouraged to ask questions and receive updates about refurbishment plans, for example, about new curtains and curtain poles.
- People's bedrooms were individually decorated and highly personalised.
- At one site people had been supported to purchase items such as personalised garden rooms and outdoor seating so they were able to enjoy the gardens comfortably. The service had provided raised beds at this site, at people's requests, so they could grow vegetables to cook and plant trees for fruit.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's support records contained comprehensive examples of how people were supported within MCA requirements and where they involved people in day to day decisions about their support.
- We observed, and people, relatives and staff told us, how people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since registration. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives provided consistently positive feedback about staff. One person said, "Staff are nice, they're smashing, they are great, they are lovely." Relatives comments included, "They (staff) are like family", "They (staff) are marvellous", "I'd give them 10 out of 10, if I could I would give them more than that", and, "I can't really rate them highly enough".
- Staff spoke about people with kindness and compassion. A staff member said, "I love it, I love working here, it's like family."
- Support plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability were recorded or taken into consideration.

Supporting people to express their views and be involved in making decisions about their care

- Where they were able, people told us they had been involved in making decisions about their support needs. Relatives confirmed they were involved in people's care plans and reviews. A relative said, "They always keep me updated."
- The service supported one person to access an advocate because they had no family members to advocate on their behalf.
- A relative described how staff had made a continuous effort to get to know the likes and dislikes of their loved one, staff had then decorated this person's room to reflect their love of a particular football team and staff had made collages to decorate the walls.
- Staff supported and encouraged people to make decisions. Where people were unable to express their views verbally their support plans recorded other ways in which they may express their views, and staff were knowledgeable about these.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about people with genuine respect and described how they supported people's privacy and independence. A staff member noticed someone who had dressed themselves had not done so correctly and so they discretely supported and encouraged them to maintain their dignity.
- A relative said, "Staff always talk to [name of person]" to let them know what aspect of support they were doing. Another relative said, "I find them (staff) all patient with [name of person] but especially the regular ones (staff)."

- Staff preserved people's dignity at all times, for example, when hoisting someone.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since registration. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans were personalised and detailed how people should be supported with each task.
- Staff were knowledgeable about people's personalities, likes and dislikes. For example, support plans recorded 'It's personal to me', 'What people admire about me' and 'How I like to start my day'.
- People's support needs were clear in documentation and these included those related to protected equality characteristics such as people's religion.
- The registered manager had been on a course to learn more about how to support people with protected characteristics.
- Activities were varied and were led each day by what people wanted to do or what appointments or social commitments they had. Some people were supported to work or volunteer, others were supported to social groups. The service also encouraged people to invite social groups to the service.
- One person said, "I work in an old people's home, I set tables on Thursday." Another person spoke about how they had been supported to speak to their family and ring their boyfriend. A staff member described how one person was supported to keep in contact with their family's business routine, which they had been used to before moving to Beighton Road.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, record and highlighted in support plans. These needs were appropriately shared with others, for example, by very detailed hospital passports which helped support someone according to their wishes when they went to hospital. For example, describing what would make a person happy or anxious.
- People were supported with their communication needs by knowledgeable staff who responded to people individually. For example, by using pictures of food to support someone to choose what food they wished to eat.
- People's support plans included detailed information about 'how best to present information to me'. Weekly 'house' meeting minutes were in an easy to read format and clearly showed what had been discussed and what had been done.

#### Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and complaints were responded to as set out in the provider's policy. The registered manager considered improvements as a result of any complaints.
- Weekly 'house' meetings gave people the opportunity to raise any concerns or complaints. Where people or relatives had raised concerns they told us the registered manager had responded.
- One relative described how the registered manager had provided frequent reassurance in regard to one concern until they had facilitated a resolution.

#### End of life care and support

- People were supported to make decisions about their end of life care, where they were able to do so.
- Some people had chosen how they wished their funeral to be conducted, for example, what prayer they wished to be said and what colour flowers at their cremation.
- Relatives described how despite a deterioration in the loved one's health and mobility staff went to a lot of effort to encourage and support people to go out. One person had recently been supported to see a show. A relative said, "If there's a problem, they (the service) sort it out as soon as."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since registration. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to be clear to the registered manager about the extent of their responsibilities in regard to the separate sites. The provider was unable to evidence the registered manager had any management involvement or oversight at one of these sites.
- The registered manager had good oversight of two of the sites and undertook regular checks on all aspects of the service. The registered manager provided a regular report about the service to the provider for these sites.
- Governance arrangements were in place and senior managers visited the service regularly and undertook audits however there was no evidence the registered manager had been involved in the management of one of the services.

We recommend the provider reviews and clarifies their management structure to ensure the service has clear and effective governance, management and accountability arrangements, and to enable the registered manager to be accountable for the actions, behaviours and performance of staff.

- The registered manager had a good understanding of their responsibilities and those of their staff at two of the sites under their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff were not aware the registered manager had responsibility or was involved in one of the sites.
- The registered manager had an open door policy and people, relatives and staff from two of the sites confirmed this. However it was clear that at one of the sites relatives and staff were not aware of registered management involvement.
- Weekly meetings took place in each house for people living there. These were inclusive and people had their say on all aspects of living at the home. Where people were unable to communicate verbally staff made other arrangements for them to participate.
- Regular surveys took place and the results were analysed and shared with people, relatives and staff.
- People at the service were encouraged to make strong links with the local community. For example, one

person made cards and sold them to support charities of their choosing, such as Sheffield Children's Hospital and the Air Ambulance. Other people living at the home made shoe boxes and delivered them to local homeless charity. Other charity events included regular visits by a fish and chip van, which was enjoyed by everyone.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about the vision for the service which was 'Your life, your choice' with an aim 'to change lives by delivering world-class support'.
- People, relatives and staff told us the service was very well-led. People, relatives and staff at two of the sites confirmed they knew the registered manager well. A staff member said, "[Registered manager] is a fabulous manager, (I'm) very well supported", and, "If staff make suggestions they get taken on board".
- The registered manager acted according to duty of candour requirements.

Continuous learning and improving care

- The registered manager supported and encouraged suggestions for improvement, listened and acted on these. Staff meeting minutes recorded discussions about planned improvements and encouraged staff involvement.
- A staff member said, "Staff put their opinions to what we think, yes we get listened to."
- Audit tools identified and tracked improvement.

Working in partnership with others

- Staff worked well as a team. A staff member said, "I do feel listened to, if I thought there was a problem [registered manager] and [deputy manager] would listen to me, they're a really good team, we work well together."
- The registered manager networked with other managers within the provider group, however managers were not aware of the extent of the registered manager's responsibilities.
- One of the sites had recently won a provider award and featured in the provider newsletter for their Halloween decorations.