

Brighton and Hove City Council

# Brighton & Hove City Council - 83 Beaconsfield Villas

## Inspection report

83 Beaconsfield Villas  
Brighton  
East Sussex  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Brighton & Hove City Council - 83 Beaconsfield Villas is a residential care home for up to 6 people with a learning disability and/or autism. At the time of the inspection, 6 people were living at the service and receiving support with personal care.

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

#### Right Support

Governance systems at the service were more robust but still required improvement to ensure shortfalls in the service were identified and actions were taken to address these. Risk assessments were not always fully updated when required. Improvement had been made to specific risks within the home, for example, fire safety.

Staffing levels had improved. Staff were recruited in line with legislation and the provider's policy. Staff delivered care and support in a safe and clean environment. People's medicines were managed in line with best practice guidance.

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 supported by staff to pursue their interests and to have a fulfilling and meaningful everyday life.

#### Right Care

People were now supported in a person-centred way as per their needs and wishes. People received kind and compassionate care from staff who knew them well. People's independence was promoted. Staff understood how to protect people from poor care and abuse. Staff training had been a priority and there were enough appropriately skilled staff to meet people's needs.

People could communicate with staff freely because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans were being updated and reflected their range of needs. People received care focused on their quality of life.

#### Right Culture

There was a calm and friendly atmosphere at the service. The new management team had created an open and transparent culture where relatives and staff felt comfortable and confident to share concerns and ideas for improvements. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 20 February 2023) and there were breaches of 6 regulations. This service has been in Special Measures since 12 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 27 and 28 October 2022 and breaches of legal requirements were found. CQC took enforcement action and warning notices were issued to the provider. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care; safe care and treatment; safeguarding service users from abuse and improper treatment; premises and equipment; good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brighton & Hove City Council – 83 Beaconsfield Villas on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

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## **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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

This inspection was undertaken by an inspector and an assistant inspector.

### Service and service type

83 Beaconsfield Villas is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 83 Beaconsfield Villas is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some people living at the service could find unfamiliar people in their home uncomfortable. Giving 24 hours' notice meant the registered manager could explain to people that an inspector would be visiting and why.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

People living at the service were not able to share their views with us. However, we spent time observing the interactions between people and staff. We spoke with 4 relatives via telephone. We spoke with 6 members of staff including the registered manager, deputy manager and care staff. We reviewed 3 people's care records and multiple medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed. We sought feedback from health and social care professionals who have contact with the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service still needed improving to ensure people were safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had not ensured all practicable steps had been taken to mitigate safety risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had also failed to ensure the fire and building standards were properly and regularly maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulations. However, the improvements still required to be embedded and maintained to be effective over time.

- Previously, the assessment of risk was not robust and was lacking comprehensive plans to manage or minimise risks. At this inspection, improvements had been made. However, some risk assessments in people's care records were out of date or lacked detail. There was no evidence that this had impacted on people. Following our feedback, the risk assessments and care plans were updated with evidence provided after the inspection.
- Staff demonstrated a good understanding of risks for people and the building. Specialist training had also been delivered to increase staff ability to minimise risks in certain situations, for example, positive behaviour support training. This equipped staff with knowledge of how to support someone who was in distress to prevent this from escalating to an incident which may cause harm.
- Relatives told us they were kept up to date with risk assessments, and when these changed or fluctuated. For example, one relative told us of an incident where staff had intervened to prevent a person hurting themselves, "[Registered manager] called me to discuss what happened, they handled it well." Other comments included, 'I think things are improving and [staff] are managing risk better, it all looks good on paper, and we need to start seeing it now.'
- Fire safety throughout the home had improved. The fire risk assessment had been reviewed and staff training completed. Staff demonstrated a good knowledge of what to do in an emergency and how they would best support people. Detailed personal emergency evacuation plans (PEEPs) were in place and provided staff with clear guidance as to an individual's needs, including how to minimise distress in event of an evacuation.
- Improvements had been made to the maintenance of the building. Previously, issues had been identified

regarding broken floorings and we observed evidence of mould and leaks in people's bathrooms. These matters had been rectified. There were still some works which required completing. However, the management team had an action plan to implement these changes. One relative told us, "They are redecorating the home, so it looks cleaner and smarter. Big improvement compared to last time."

## Staffing and recruitment

At the previous inspection, there was a lack of sufficient and suitable staff, and a failure to provide appropriate support and training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- Staffing levels had significantly improved and there were sufficient staff to meet people's needs effectively. This included people being supported to do as they wished either inside or outside of their home.
- Staff spoke positively about the changes and the impact this had on staff team morale. Comments included, "Staffing levels have really stabilised, sometimes we even have additional staff on shift which takes the pressure off those providing direct care" and "I'm shocked but in a good way, they've employed new people and it has changed massively. People can now go out and enjoy things, it's much better."
- Staff were suitably trained and had the correct mix of skills to meet people needs. The area and registered manager had a focus on improving staff training and priority had been given to staff to ensure they had time and space to complete it. Specialist courses in how best to support people living at the home had been sourced, such as the 'Oliver McGowan Mandatory Training on Learning Disability and Autism'.
- Staff received regular supervision where they could discuss any concerns and development opportunities. All staff we spoke with told us they felt supported by the management team and would be confident to raise any issues they may have.
- The provider had a robust recruitment policy and the registered manager followed this when employing staff. This included completion of checks such as previous work history, references and Disclosure and Barring Service (DBS) screening. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the previous inspection, systems and processes were not effective in ensuring people were protected from the risk of abuse or unlawful restriction. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- At the last inspection, safeguarding incidents were not being robustly monitored and recording was not consistent. This had improved and there were systems in place to track accidents and incidents, including evaluating any trends and patterns to minimise future risk and to support learning for staff.
- Staff now had enough time to report incidents when they occurred. Staff were confident incidents would be followed up by management to protect people.



- Staff had undertaken safeguarding training and demonstrated a good knowledge of how to recognise signs of abuse or neglect. Staff were using the system effectively to report any concerns they had.
- The provider had a robust and relevant safeguarding and whistleblowing policy. Staff told us, "There is a whistleblowing policy, but the managers encourage us to speak up. Everyone knows we should call out bad practice and people's safety comes first."
- Relatives felt their loved ones were safe, however did acknowledge that improvements are still being made. One relative told us, "There have been incidents involving [person] before, it was happening a lot but now not so much. Staff really need to be on their toes with [person] to keep them safe."
- The registered manager and the area manager had good oversight of the incidents which occurred in the home. They had taken measures to investigate these where necessary and taken action to minimise the risk of similar incidents happening again. Incidents were reported to external bodies as appropriate when required.

## Preventing and controlling infection

At the last inspection, the provider had not taken adequate steps to ensure risks of infection were prevented and controlled. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- Staff now followed good infection prevention and control practice. Infection prevention and control (IPC) audits were now robust, regular, and effective. Staff demonstrated a good knowledge of IPC and were observed following guidelines appropriately, for example, wearing personal protective equipment (PPE) when required.
- The home was clean and tidy. A specific cleaning team was being used to ensure the cleanliness of the building. The expectation of cleaning standards was clearly documented for staff to follow.
- Parts of the building required refurbishment, for example, some windows needed updating. The registered manager had a schedule to address the updates needed to the building to minimise the impact to people living there.

## Visiting in care homes

People were encouraged to see their loved ones both inside and outside of the home as they wished.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At the previous inspection, the provider was not always working within the MCA and was restricting people unduly due to unmet risks, for example, locking doors. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- People were not being restricted unduly. There were some locked doors around the building. However, these were as minimal as possible and were risk assessed to keep people safe. Staff had received training in restrictive practice intervention and risks in relation to the potential restriction to people had been reviewed.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff displayed a good knowledge of the MCA and we observed appropriate practice throughout the inspection.

#### Using medicines safely

At the previous inspection, the provider had not ensured the safe and proper management of medicines. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation.

- Medicines were now managed safely and correctly. Medicine audits were robust and being routinely completed. The storage facilitated had now been cleared out and contained only suitable medicine related products.
- People's 'when required' (PRN) medicines were administered safely and monitored. This included clear records of when the medicine had been given and what the effect had been.
- The provider's medication policy was up to date and was in line with current guidance for best practice of medicine management.
- We observed people being supported with their medicines in a respectful manner which met their preferences. For example, people were supported to a more private area if they wished to take their medicines there. Staff regularly had their competency checked to ensure they remained safe and able to administer medicines.

# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care

At the previous inspection, the provider had failed to ensure governance systems were effective in monitoring service quality, responding to poor quality and driving improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the regulation. Further time was required for improvements to fully embedded.

- The governance systems in the service had improved. Staffing levels were now monitored with safer levels established to meet people's needs. There was a new registered manager at the service and an area manager was offering additional support. Quality assurance checks and audits were being completed regularly and an action plan was in place to drive improvement within the service. Not all elements on the plan had yet been implemented and further time was needed for this to embed.
- The registered manager had a clear knowledge of their roles and responsibilities. This included being open and transparent when things had gone wrong. They had reported significant events appropriately to external agencies, including CQC. Staff and relatives spoke positively about the new management structure. We observed warm interactions between the manager and people.
- Staff morale had significantly improved. Staff told us this was mainly due to the improvement in staffing levels and feeling more supported in their roles. Regular opportunities were available to staff to give and receive feedback, and they told us of a more open line of communication between the team and management. One staff member said, "I used to hate supervision, I didn't see the point. I would have to do everything myself. But [registered and area manager] listen really well. We even had a meeting with [senior manager] which we'd never had before. We work really well together now."
- Previously, staff were not given the opportunity to learn and develop their skills and knowledge. At this inspection, staff were clear and knowledgeable on their roles and responsibilities. They were supported by the management to develop their learning and skills. One staff member told us, "The management team have come a long way. I feel very supported. Because there's now a larger management team, they are now able to respond to our issues or suggestions much more quickly. The service feels tighter. Everyone is pointing in the same direction now."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, the provider had failed to ensure people received a personalised service which met their assessed needs and risks. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation.

- The management team had now supported positive culture in the service. Changes and improvements had been made within the management structure at the service and feedback was positive regarding this. Relative comments included, "The main thing I feel is improved is having managers. We can have meetings with them directly which is better.", and "There's a new manager now and there has been lots of improvement." Staff added, "This management ensure we get the support we deserve, and this is positive for [people]. We all respect each other, there is encouragement to talk and a real unity within the team."; and "The vibe is much better, people are smiling and that's the main thing."
- Improvements had been made to the language used in people's care plans. The registered manager had implemented training through the Campaign for Change - "Mind your Language" scheme to promote positive person-centred language being used throughout the service. We observed staff speak to people in a respectful way. This had also been addressed in team meetings and was a permanent item on the agenda.
- Staff demonstrated a good knowledge and understanding of the Right support, Right care, Right culture. This is guidance which promotes that people with a learning disability and autistic people are treated with respect, equality, dignity, choices and independence and have good access to local communities that most people take for granted. This had been addressed and promoted regularly through supervisions and in team meetings. A relative told us, "Staff are amazing and work really hard. [Person] does need a lot of support but they encourage him to be independent."
- There was a happy, relaxed and caring atmosphere at the service. Staff clearly knew people well and were supporting them according to their preferences and wishes. We observed one person enjoying a music therapy session with a staff member. They were smiling and engaged throughout. The registered manager told us, "[Person] loves their music. The sessions have such a positive impact on their well-being."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Working in partnership with others

At the last inspection, the provider had failed to ensure concerns were listened to, responded to and improvements made without delay. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- Relatives were now confident any concerns they raised would be followed up appropriately. One relative told us, "[Registered manager] is very approachable and open as far as I am aware. I feel comfortable to approach them with concerns." Another relative said, "They have a couple of managers now which seem to make things work."
- Relatives told us they felt communication with them was better but could still be improved. A relative said,

"I do get chance to meet with [registered manager] now to talk through concerns. The new keyworker scheme is good but they're not there every day, consistency is key."

- People used a variety of communication methods, some people used pictorial boards and others non-verbal gestures. Staff had received additional training to enable them to communicate with people effectively to ensure they could understand what people wanted.
- There was effective and regular opportunity for staff to give feedback and contribute to the improvements within the service. Regular supervisions and staff meetings had been implemented and staff spoke positively about the impact this was having on daily practices. For example, a team day had been undertaken to allow the staff to bond with each other to promote good team working and a positive culture within the service.
- The registered manager demonstrated a good knowledge of the 'Duty of Candour' and had reported significant events as appropriate. This included undertaking full investigations and delivering apologies to people and their relatives if something had gone wrong.
- The service worked closely with the local behavioural support service who provided additional guidance following incidents to better support people. They also provided specialist advice to staff to enable learning and development. The registered manager and staff had good working relationship with external health and social care professionals, such as GPs and speech and language therapists.