

Caireach Limited

Beacon House

Inspection report

279-281 Beacon Road
Wibsey
Bradford
West Yorkshire
BD6 3DQ

Date of inspection visit:
06 March 2017






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Website: www.woodleigh-care.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Beacon House is located in Bradford and provides accommodation for up to 16 people with learning disabilities who require varying levels of care and support. Accommodation is split into six units, each with its own living space.

The inspection took place on the 6 March 2017 and was unannounced. At the time of the inspection 16 people were living in the home.

At the last inspection in August 2015, we rated the service 'Good' overall and 'Requires Improvement' in the 'Safe' domain. At this inspection we found improvements had been made to the 'Safe' domain, however shortfalls were found in some other areas; for example care records were not always up-to-date and did not demonstrate complete assessments of people's individual needs.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives spoke positively about the service, its staff and the quality of care and support provided. People and relatives said people were safe in the company of staff. Staff understood how to identify and act on any concerns and we saw safeguarding procedures had been followed to keep people safe. Risks to people were well managed by the service. Incidents were investigated and action taken to help prevent a re-occurrence.

There were sufficient staff available to keep people safe and staff were recruited in a safe way to help ensure they were of suitable character to work with vulnerable people.

Staff received a range of training relevant to their role caring for supporting people with learning disabilities. Staff were provided with support, supervision and appraisal by the management team.

Overall the service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, we found a lack of evidence that people had consented for their photographs to be used by the service.

People were supported to source, and prepare a range of food products. Action was taken where people were deemed nutritionally at risk. However care plans were not always updated following changes in people's weights.

People had access to a range of health professionals. However health action plans were not kept up-to-date, which meant the latest information on people's needs was not always recorded.

People received care and support from a kind and compassionate staff team. We saw good, positive relationships had developed between people and staff. Staff knew the people they were supporting well.

People's needs were assessed and detailed care plans put in place. However these were not always kept up-to-date and care plan documentation required better organising.

A range of activities were available to people and we saw examples where people had gone on holiday and on a range of trips out with support from staff. However records showed, some people that required 2:1 support did not always receive a range of appropriate activities.

The service worked with people to achieve goals and objectives to help maintain or develop independence. Some paperwork surrounding goals and achievements needed bringing up-to-date.

Relatives we spoke with praised the way the service was managed and said communication was good. Staff told us they felt supported by the management team.

A range of audits and checks were undertaken by the service. However we concluded some of these systems needed improvement to ensure care plans did not become outdated and ensure management documentation was better organised.

We found one breach of the Health and Social Care Act (2008) (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of the full version of this report.

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.

People and relatives said people were safe living in the home. Safeguarding procedures were in place and they had been followed to keep people safe.

The premises was suitable for its intended purpose and had been adapted to meet people's individual needs and keep them safe.

Overall there were enough staff deployed to keep people safe. New staff were recruited safely to ensure they were suitable to work with vulnerable adults.

Risks to people's health and safety were assessed and clear and detailed plans put in place. Staff knew people well and the risks they were exposed to.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some health related care plans were not up-to-date and did not demonstrate people's needs were continuously assessed. This included nutritional plans of care and people's health care plans.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received a range of training appropriate to their role.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion and kindness. People and relatives provided positive feedback about the attitude and manner of support staff.

Staff knew people well and good, caring relationships had developed between people and staff.

Mechanisms were in place to listen to people and support them to make choices.

Is the service responsive?

The service was not consistently responsive.

People and relatives spoke positively about the care and support provided by the service.

People's care needs were assessed, however these assessments were not always regularly reviewed. Records showed people who required 2-1 support did not always receive their planned activities.

A system was in place to log, investigate and respond to complaints. People were supported to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Work was required to bring care and support and management documentation up-to-date and ensure it was kept well organised.

Audits were undertaken in a range of areas and we saw evidence these had been used to drive improvement within the service

People's feedback was sought and used to make changes to how the service operated.

Requires Improvement ●

Beacon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two people who used the service. In addition we spoke with the administrator, nine support workers, two deputy managers and the registered manager. We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures. After the inspection we made phone calls to the relatives of three people who used the service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This was returned to us in a prompt manner.

Prior to the inspection we contacted the local authority commissioning and safeguarding teams to ask them for their views on the service. We also contacted one health and social care professional who has experience of working with the service. We also reviewed all the information we held about the provider including statutory notifications.

Is the service safe?

Our findings

People and relatives said they thought people were safe living in the home. We observed care and support and saw people looked comfortable and relaxed in the company of staff. We saw there were safeguarding policies and procedures in place and these were also on display throughout the service. Staff told us they would not hesitate to report any concerns to a senior member of staff or the registered manager. We also saw safeguarding was discussed with individual support workers during their supervision sessions, giving them further opportunity to raise concerns. Staff demonstrated they understood safeguarding matters and how to identify and act on any concerns, providing us with assurance that the correct procedures would be followed. Where safeguarding incidents had occurred, these were recorded, referred to the local authority safeguarding team and suitably investigated to help keep people safe.

Staff explained they held monies on behalf of people who used the service for safekeeping. Individual records of all transactions were maintained and receipts were obtained for any purchases. The administrator checked the transaction sheets three times a week to ensure they were accurate. This showed us there was a safe system in place to prevent any financial abuse.

Risks to people's health and safety were assessed and clear person centred risk assessments put in place to guide staff in the provision of safe care. A risk report assessed the risks associated with each person on a daily basis and categorised them as green, amber or red dependant on their recent activity. For example if a significant behavioural incident had happened, or the person hadn't eaten in 24 hours, they were categorised as 'red.' Additional care and/or supervision arrangements were then put in place to help keep people safe. The colour coding system ensured all staff were aware of people's risk status and the control measures needed to keep them safe.

Incidents and accidents were recorded, this included any instances where physical restraint was used, behaviours that challenge and any accidents. Incident forms were detailed and following these, post-incident analysis took place and changes were made to plans of care to reduce the likelihood of a re-occurrence. Where appropriate, this included involving relevant health professionals to provide additional guidance and support.

We found medicines were managed safely and people received their medicines as prescribed. All support workers who administered medicines had received training and competency checks had been completed to ensure they followed the correct procedures.

We saw the support workers responsible for administering medicines checked the medicines to be given against the medication administration record (MAR). This ensured the correct medicines were given at the right time. Once the persons' medicines had been prepared they were taken to the individual and the support worker stayed with the person until the medicines had been taken. The support worker then signed the MAR to confirm the medicines had been given. MAR charts were well completed showing people received medicines as prescribed. We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of five medicines and found them all to

be correct.

We found medicines were stored securely. The temperatures of the storage areas and fridges were monitored to make sure medicines were stored at the recommended temperatures. We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

We looked around the building and saw it was generally well maintained, clean and tidy. The building was suitable for its intended purpose. Rooms were well maintained and pleasantly decorated. The service had planned and adapted communal space to meet the needs of people who used the service. The home was split into six units, with careful consideration given to how each unit was laid out depending on people's specific needs. For example some people who preferred more privacy, had their own living space as well as a separate bedroom area. These were highly personalised with personal possessions and items such as sensory equipment specific to people's individual needs.

The required safety checks were undertaken on the building such as to the gas, fire and electrical systems. However some of this information was not readily available at the time of the inspection, which meant it difficult for the registered manager to monitor when safety checks were due. We informed the registered manager of the importance of ensuring this information was better organised.

Overall we found staffing levels were sufficient to meet people's needs. Relatives we spoke with told us they thought there were always sufficient staff to keep people safe. Staff said staffing levels were usually okay and people were always safe. However some staff said that due to the way staffing was organised, people who received 2-1 support did not always get as many opportunities to go out. During observation of care and support, we saw staff provided people with the support they needed and were available to keep people safe. Staff were diligent when offering 1-1 support to ensure they were always present to intervene and reduce potential incidents. We looked at the contracted hours of support against what was due and saw it matched, demonstrating overall staff hours were appropriate.

Although recruitment documentation was not well organised, we saw new staff had been subject to the required recruitment checks. Staff completed an application form, and attended at interview. New staff were required to undertake a Disclosure and Baring Service (DBS) check prior to starting work, to ensure staff were of suitable character to work with vulnerable adults. References were obtained from previous employers. We spoke with two members of staff who had been recruited within the last 12 months and they told us references and DBS checks had been made before they started working at the service. We saw evidence of the services' disciplinary procedures being used when support workers were not performing to the required standard.

Is the service effective?

Our findings

Staff had the right skills and knowledge to support people. Relatives we spoke with said overall they thought staff were appropriately skilled and experienced to care for their relatives although they said that they thought the turnover of staff over the last few years had been too high.

New staff received a robust induction to the service. This included training, shadowing experienced staff and receiving a local induction to the service and its ways of working. Any new staff who did not have a qualification in care were required to complete The Care Certificate. This is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support. We spoke with one care worker who told us even though they had worked at the service previously, they were completing their induction training and were 'shadowing' another care worker to re-familiarise themselves with the service. Another two care workers told us their induction training had been excellent and had equipped them to fulfil their role.

Staff received regular face to face training updates which they told us were valuable. We looked at the training matrix and saw training was largely up-to-date. The matrix identified when any training was due for renewal. This showed us there was a good system in place to ensure support workers' training was kept up to date. Staff received training in behaviours that challenge and restraint. Holding techniques were also practiced at staff meetings to ensure staff skill was maintained. Restraint was practiced as a last resort with a focus on positive behaviour support. Staff we spoke with understood people's individual triggers and diversion techniques giving us assurance that people's behaviour was well understood and managed.

Staff received regular supervision and appraisal. Support workers confirmed they received supervision sessions four times a year and that generally they felt supported in their role.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us everyone either had a DoLS authorisation in place or that a DoLS application had been made to the local authority. We asked them if any of the authorisations had any conditions attached to them and they were unsure. We looked at the authorisations and saw the only conditions which had been attached were regarding informing people's GP's about the DoLS being in place. However it is important management and staff are aware of any conditions so they are sure they are working in line with requirements of the DoLS authorisation.

In most cases, we saw evidence consent was sought and where people lacked capacity 'best interest' processes had been used effectively involving family and other professions to make sure decisions which were being made were the right ones for each individual.

We saw staff helped people to express choice and personal preferences. This was done through verbal and non-verbal communication techniques. Pictures and symbols were used to promote choice with some people. For example, we saw one person was planning a holiday and staff had printed off pictures of different accommodations to help the person make an informed decision. This showed the service promoted people's choices and consent.

However we saw photographs of people who used the service in their care files, on the medication administration records and on display around the service. We could not find any evidence people had given their consent for their photograph to be taken. We discussed this with the registered manager who understood the need to either obtain the person's consent or to use the best interest process to make the decision on the person's behalf.

People were consulted and involved in the development of the menu within the home which was flexible and dependant on people's specific needs. People were involved as much as possible in sourcing ingredients and preparing food to aid their independence. Staff sat down with people and ate meals with them which made for a pleasant and homely atmosphere. Where people were deemed nutritionally at risk, arrangements were in place to reduce the risk such as referral to the GP and/or providing extra calories by way of fortifying food. Where people had specific culinary needs, these were met by the service. For example one person required a halal diet. Staff went shopping with this person to buy appropriate food. The food and the cooking utensils for this person were stored separately in line with their cultural requirements.

People had nutritional risk assessments and related care plans in place. However these were not always updated following changes in people's weights. For example we saw two overweight people had gained weight, however care plans and risk assessments had not been reviewed to determine the appropriate care strategy going forward.

In care records we looked at we saw people had been seen by a range of health care professionals, including GPs, dentists, opticians and podiatrists. We saw following any consultation, support workers wrote a detailed report on the visit and any advice given or action which needed to be taken. We spoke with a visiting health professional who was attending a review for one of their patients. They told us the service was well organised and support workers contacted them appropriately for advice. They explained their patient received support from a consistent and confident staff team and this had resulted in positive outcomes for the person, including coming off anti-psychotic medicines.

We saw each person had a 'health care' file which contained a 'health action plan.' A health action plan is a personal plan for people with learning disabilities, about what they need to do to stay healthy. It makes clear the help and support they need in order to stay healthy. However, we found these plans were not up-to-date, for example one plan had not been updated since 2014. We asked the registered manager about this and they told us these documents should be updated annually. This meant the latest information on people's healthcare needs was not recorded. We also found one person was overdue their annual health check-up.

Is the service caring?

Our findings

People and relatives we spoke with said staff were kind and caring and treated people with dignity and respect. One relative said "The staff team are all very nice" and another relative said "[Relative] is very happy. Staff go out of their way to help." During observations of care and support we saw staff interacted positively with people, treating them with kindness and compassion. Staff took action to alleviate any anxieties or distress people were experiencing using an appropriate mixture of verbal and non-verbal communication techniques.

Overall, we saw staff were mindful of people's dignity and respected people's rights to privacy. However we did note some notices about people's individual care requirements stuck on public doors in the building. We asked the deputy manager why it was necessary to have these notices as we thought it showed a lack of respect for people who used the service. They agreed staff should be able to communicate the information verbally and not need to put up notices.

Good positive relationships had developed between people and staff. Each person had an assigned key worker who was responsible for fostering a strong relationship and review people's goals and aspirations on the monthly basis. When we spoke with support workers we found they knew people well, their interests and how best to support them. This demonstrated to us that strong relationships had developed between people and supporting staff. We saw in people's person centred care plans there was lots of valuable information about the individuals personality, what was important to them, what they liked to do for fun and what they liked to do with their friends and family. This demonstrated the service had sought to learn about the people they were supporting.

We saw people who used the service were encouraged to be as independent as possible. People were encouraged to develop skills at the service's bakery, gardening and textile workshops and supported to go to college. People were also involved in tasks around the house for example cleaning, meal preparation and doing the laundry. Care plans and goals focused on promoting and improving people's independence and we saw a number of people had achieved their independence increasing goals. This showed us support workers were supporting people to become more independent and to try new experiences.

People were protected from discrimination in line with the requirements of the Equality Act 2010. Action was taken to seek information on people's individual requirements and needs and plan care and support that met people's specific requirements for example in relation to culture, sex and disability. This included ensuring culturally appropriate diets were provided and considering the gender of staff supporting people.

People were listened to and their choices and opinions used to shape the way the service operated. We saw staff were aware of people's individual communication techniques and used a variety of techniques to obtain people's choices. Various mechanisms were in place to listen to people and act on their choices. Monthly key worker meetings were held, where people were encouraged to voice their opinions about their care and support and residents meetings were a further opportunity for the service to listen to people. Daily records of care showed staff listened to people on a daily basis, and respected their choices, for example

adapting daily routines around people's requests. This was confirmed by our observations on the day of the inspection, which showed a flexible approach to care and support dependant on how people were feeling.

Is the service responsive?

Our findings

Relatives we spoke with said the service provided appropriate care that met people's individual needs. One relative told us "It's wonderful, [relative] is clean and well cared for."

People's needs were carefully assessed before moving into the home. People's individual needs and the needs of others within the unit were considered as part of an assessment of suitability. Anyone considering making Beacon House their home was able to visit to see for themselves if they thought it might be suitable.

People's care records contained detailed and person centred information on their needs. Care plans were in place which covered areas such as health, communication, moving and handling and behaviour. However a number of care plans were not up-to-date, and did not reflect people's current needs. For example one of the support workers showed us very detailed information about supporting a person which included how to engage with them and what they might say if they were starting to get upset. We saw a care worker using this guidance to good effect; however, this guidance had not been included in the care plan. We saw another person had an agreement over the number of cigarettes they consumed. This had not been updated since 2014 and did not reflect the current care situation. Needs had not been reassessed following changes in people's weights. Health action plans were not always up-to-date, one person's health action plan had not been reviewed since 2014 and another since 2015. The registered manager recognised that care plans required updating and re-organising and a plan was in place to address.

We found shortfalls in activity provision for those who require 2-1 support in the community. Some staff told us that people who required 2-1 support did not always go out as much as they should due to the way staffing was organised. We looked at two of these people's care records who were contracted to receive 20-25 hours of 2-1 support each week and had activity plans with external activities planned each day. However when we reviewed their daily records of care, we saw very few external activities recorded as offered or taken place. For example in one person's records there was no evidence of any external activities between 9 -24 February 2017. In the other person's care plan it showed they wanted to lose weight. When we looked at their weight records we saw over a period of nine months they had put on weight. We asked if the person went out regularly for a walk and staff said they needed two support workers when they went out but did like some external activities. We looked at their daily records and saw they were going out significantly less frequently than their activity planner and contracted support hours suggested they should be.

This was a breach of regulation 9 of the Health and Social Care Act (2008) Regulated Activities 2014 regulations.

Relatives we spoke with said overall activity provision was good, although one relative told us they thought the service could be more creative in some of the activities provided. We saw other people who did not require 2:1 support had been supported to access suitable activities and social opportunities. People made use of the public transport links and there were also two dedicated cars which could be used by staff to transport people. People were assisted to budget and plan annual holidays. For example one person had been to Disneyland and another person was planning a holiday to the Lake District. Trips out to places such

as the coast also took place, for example there had been a recent trip to Morecambe. The service had its own textiles, bakery and gardening centres where people could undertake meaningful activity. During the inspection we saw staff asking people what they wanted to do and accessing the community with people.

Monthly keyworker meetings took place with people. These focused on their care and support arrangements, what was working well and what was not. Although these meetings regularly took place, care and support plans were not always updated following these reviews.

People had goals in place for each three month period which were written on the board in the team leaders office. We saw progress in meeting these was regularly discussed and people were achieving their set goals. However it was difficult to establish people's longer term goals or historic achievements as the goals sections of care and support plans was not up-to-date.

We saw details of the complaints procedure was in the 'service user guide' and was on display throughout the building. We looked at the complaints and compliments file and saw the registered manager had logged any complaints which had been made together with the action they had taken to resolve the issue. This showed us complaints were being recognised and dealt with.

People were given opportunity to raise issues through various means which included informal contact with staff, key worker monthly review meetings and annual surveys.

Is the service well-led?

Our findings

A registered manager was in place. They were supported by two deputy managers who provided management support around the home. Staff we spoke with said they felt supported by the management team and able to raise issues with them. Since the last inspection, significant changes had been made to the way the service operated. Previously the home had been separated into two distinct units with different staff and management processes. In 2016, the two units had been merged. Staff told us there had been some 'teething problems' with the merge, but things were now working better, the service was now better organised and morale was improving. The registered manager told us the last year had been challenging and they were now working to ensure paperwork and systems were operating in a consistent and uniform way.

Relatives we spoke with described the service as well led and said the management team were effective in their roles. They said they were happy with the standard of care provided, communication was good and they were kept informed of any changes in service delivery.

Statutory notifications were reported to us such as allegations of abuse or serious injuries. This allowed the commission to monitor events occurring within the service.

Systems were in place to assess, monitor and improve the service although they were not sufficiently robust. Documentation relating to people's care and support and management of the service required updating and better organising. People's care and support plans had not been updated at the required frequencies and contained out of date or incomplete documents such as activity and goal planners. We looked in the emergency file which contained people's personal emergency evacuation plans (PEEPs). We found the file had not been updated with the details of the last person who had moved into the service and still contained details of the person who had moved out. When we asked to see information on the safety checks undertaken on the service this was not well organised and were not all readily available at the service. These documents should have been available so the registered manager could assure themselves services and equipment were safe to use. Recruitment files were not well organised and documents demonstrating people were recruited safely were not always readily available. Systems should have been operated effectively to ensure that care and support files and management documentation were always kept relevant and up-to-date.

Provider audits were completed by the clinical services manager on a regular basis. We looked at the result of the most recent inspection from February 2017 which showed a number of areas for improvement, with a score of 46% awarded to the home. Many of issues were relating to documentation, similar to issues we also identified during the inspection. This demonstrated that there were a number of shortfalls to the service which needed addressing. However an action plan had been generated which the home was in the process of working through which gave us assurance the required improvements would be made.

Internal audits were completed in areas such as health and safety, medicines and infection control. We saw where shortfalls were identified action plans were generated and worked through to help ensure

improvement to the service.

Regular staff meetings took place. Staff were encouraged to suggest agenda items through use of a board in the team leaders office. This helped ensure meetings were used to support staff as well as a mechanism for driving improvement and consistent practice with the staff team. A staff survey had been completed in 2016 and a plan was in place to address concerns raised by staff.

Accidents and incidents were analysed on a monthly basis to look for any themes or trends and help prevent a re-occurrence. These were then used to determine whether further control measures such as involvement of a multi-disciplinary team was required.

People's feedback was sought through various mechanisms including key worker meetings and service user review meetings. We saw topics such as food and activities were discussed. People who could not communicate verbally were asked individually using individual communication techniques. Annual satisfaction surveys were also sent to people and relatives and showed people were happy with the care and support provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care (1)(3a) People did not always have an up-to-date assessment of their care needs as care records were not up-to-date. Care was not always delivered in line with people's individual preferences and identified needs with regards to activities.