

JME Care Ltd

Beechcroft House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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:

Beechcroft House is a bungalow on a residential estate and accommodates three people with learning disabilities. Beechcroft House also provides a supported living service, assisting people to live as independently as possible in their own homes. This service is run from a separate office. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider must review its registration to ensure the residential and supported living parts of the service can be counted as two separate locations. The registration section of the Care Quality Commission would not authorise a change in registration whilst the service was rated as inadequate. At this inspection, we found improvements in all areas so this change in registration can now be addressed.

People's experience of using this service:

People were protected from the risk of harm and abuse. There were safeguarding procedures to guide staff in the action to take should they suspect abuse has occurred. The provider took appropriate action when they were informed of a safeguarding incident; this is still under investigation. Staff completed risk assessments to identify hazards and plan ways to reduce risk to people without being overly restrictive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to meet their health and nutritional needs. They contacted health professionals in a timely way and accompanied people to visit their GP, community nurse and dentist as required. People were supported to plan their menu, shop for ingredients and cook meals.

People were part of their community and accessed local venues of their choice for social activities, work and educational opportunities.

Staff were recruited safely and there were sufficient staff deployed to meet people's assessed needs. People received their one to one support when this was funded by health or the local authority. People told us staff treated them well and the approach described by them, and observed by inspectors, was positive, friendly and professional.

Staff received training, supervision and support. This enabled them to feel confident and skilled when meeting people's needs.

The provider had improved how the organisation was structured and managed to ensure more support for staff, better communication and a more systematic approach to monitoring quality. There was an open-

door policy for people who used the service, staff and relatives. People were asked for their views and concerns or complaints were acted on.

Rating at last inspection:

Inadequate; last report was published on 25 July 2018. The service was placed in Special Measures, which meant we have re-inspected within six months of the publication date. At the last inspection, we rated three domains as inadequate; these were Safe, Effective and Well-led and there were multiple breaches of regulations. Whilst improvements have been made in each of these domains and the provider is now compliant with all regulations, we want to make sure these are sustained and have rated the service as Requires Improvement.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and inspect in line with our re-inspection schedule and will return within a year from the publication date of this report or sooner if we receive information of concern.

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Beechcroft House

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of three inspectors on day one to the supported living service office and two inspectors on day two to Beechcroft House.

Service and service type:

Beechcroft House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Beechcroft House also provides care and support to people living in six 'supported living' settings, so that they can live in their own home 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. Not everyone using Beechcroft House supported living service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with CQC. 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:

We gave the supported living part of the service two working days' notice of the inspection site visit so the registered manager could organise visits to a small number of people who used the service, with their agreement. When we arrived at the supported living service office we told staff we would be visiting the

residential part of the service Beechcroft House the following day.

What we did:

Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from the local authority.

On the first day of inspection, we visited the office location, met with the person in charge that day and reviewed documentation. We looked at three people's care records and other documentation related to the management of the whole service. This included records relating to quality monitoring, and staff recruitment, training and supervision for the whole service. We visited three people who used the service and spoke with four other people who visited the office location to see us. We contacted two relatives of people who used the service. We spoke with a consultant employed by the provider to help improve the service and achieve compliance with regulations. We also spoke with a care coordinator, three support workers and a health professional. During the inspection, we received information from two other staff.

When we visited Beechcroft House residential home, we spoke with one of the people who lived there, a relative, a care coordinator and a support worker; two additional people who lived there were out in the community on planned activities. We looked at a range of documentation such as care files for two people and all three people's medication records. We looked at other records for the management of the service such surveys and audits. We also checked the environment.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. At the last inspection, the provider breached regulations relating to risk management, medicines management, and staffing numbers. We noted improvements in this domain and the provider was no longer in breach of regulations. We have increased the rating from Inadequate to Requires Improvement. We want to continue to monitor the service to ensure improvements are sustained over a longer period of time.

Assessing risk, safety monitoring and management; and preventing and controlling infection

- The overall management of risk had improved since the last inspection. However, the communal bathroom in Beechcroft House did not have thermostatic valves to safely control the temperature of the hot water outlets for the bath and sink. The provider arranged for a plumber to visit the service the following week to install the valves. The recording of hot water outlet temperatures required more accuracy.
- Staff completed assessments of people's needs and their environment to identify any hazards. Care plans and risk assessments had information to guide staff in how to minimise risk to people without being overly restrictive. The risk assessments were kept under review and updated when required.
- The people who lived in Beechcroft House had personal emergency evacuation plans (PEEPs), which identified the support they required to exit the building in an emergency. Care plans, risk assessments and PEEPs had improved since the last inspection.
- People who used the service said staff helped them to take safe risks. One person said, "The best thing is I am guided to make sure there is nothing I could trip over."
- The provider had policies and procedures on infection prevention and control, and staff had completed training. Staff were provided with personal protective equipment to help prevent the spread of infection.

Systems and processes

- The provider had policies and procedures to guide staff in how to safeguard people from the risk of abuse. Staff had completed safeguarding training and were aware of local procedures should they become aware that abuse had occurred.
- Staff described the different types of abuse, the signs and symptoms that could alert them to concerns and how they would raise a safeguarding alert.
- There was one safeguarding investigation underway. Appropriate action had been taken by the provider when they had been informed of an incident.
- People who used the service said staff treated them well and they felt safe. Comments included, "I do feel safe; if there are any problems I talk to the support worker and they sort it out", "Yes, very much [safe]" and "I'm happy with staff; it's the best care provider I have been with." Relatives said, "I can't fault it; they are happy there" and "I have no worries about [Name] being safe. They are happy and well cared for."

Staffing and recruitment.

- There were sufficient staff employed to meet people's needs; this is an improvement since the last inspection.
- Most people had one to one support for all or part of the day. Staff confirmed people received their one to one hours as planned and records confirmed this.
- A safe staff recruitment process was followed. Full employment checks were carried out before new staff started to work with people who used the service .

Using medicines safely

- The management of medicines had improved since the last inspection.
- Medicines were now managed well and people received them as prescribed. Staff consulted with GPs to ensure people could have their medicines at times that did not conflict with their social activities.
- There were some minor recording issues such as staff not writing full instructions on medication administration records (MARs) when medicines were prescribed mid-cycle. Most people had protocols in place to guide staff when administering medicines to be taken 'when required'. Those people without protocols were highlighted to staff and they told us they would address them straight away.

Learning lessons when things go wrong

- There was a system for checking accidents and incidents to prevent reoccurrence. The deputy manager and care coordinator signed off accident reports and made comments as required. Staff had team meetings and supervision meetings to discuss concerns and to learn from incidents.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met. At the last inspection, the provider breached regulations relating to consent and staff training. We noted improvements in this domain and the provider was no longer in breach of regulations. We have increased the rating from Inadequate to Requires Improvement. We want to continue to monitor the service to ensure improvements are sustained over a longer period of time.

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

- At the last inspection, we had concerns the provider was not working within the law in relation to MCA and decisions were made without consulting other professionals involved in people's care. We found improvements at this inspection.
- 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. Staff understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent. People who used the service said, "Staff do what I want them to do and when I want them to do it" and "Staff ask us if it's okay to do things." Staff had completed training in MCA.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection (CoP). Care staff knew what would constitute a deprivation of liberty and discussions had taken place with the local authority regarding applications that were required.

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

- Staff completed assessments of people's needs and obtained those completed by health and social care professionals when available.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Supporting people to live healthier lives, access healthcare services and support; and staff providing consistent, effective, timely care within and across organisations.

- Records confirmed staff supported people to access health care professionals when required. Visits to health care appointments were documented in people's individual files with any instructions for care and treatment.
- Staff knew people well and could recognise when they were unwell. A health care professional was very

positive about the care received by two people they supported. People who used the service said, "They contact the doctor for us and order prescriptions; staff collect them" and "Staff ring for appointments." A relative said, "Welfare is excellent; they have helped them to lose weight and have healthy eating. They contact me about GP visits or hospital appointments."

Staff skills, knowledge and experience

- There were improvements noted since the last inspection. All staff confirmed there had been an improvement in training. They had completed essential training with face to face training methods, rather than reliance on on-line training courses.
- Comments from staff included, "All my training is now up to date; it meets the needs of service users", "The training equips you to reflect and try different strategies to make sure you are following legislation and that you have the knowledge to meet the needs of service users" and "There has been a massive improvement in training; all mandatory training is face to face."
- People who used the service told us staff knew how to look after them. One said, "The staff know what they are doing." A relative said, "I think the staff are skilled."
- Staff confirmed they received supervision and support was available when required.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to meet their nutritional needs. Staff supported people to plan menus, shop for ingredients and cook meals. Staff told us they encouraged people to eat a healthy diet but they were aware of people's independence and right to choose their own preferred meals.

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

- The accommodation at Beechcroft House met the needs of the people who lived there. It was well-maintained and decorated with suggestions from people.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff treated them well and with kindness. Their comments included, "They [staff] listen to us and treat us well", "The staff are kind and caring and help us in supported living", "The staff know me well and I know all the staff and like them all" and "I'm happy with the staff and have no concerns." The person went on to name staff they felt were excellent.
- Relatives were also complimentary about the staff team. Comments included, "It [the service] is absolutely fantastic; they are enriching their life", "There is a nucleus of workers and they work together well.", "The staff do their best and I'm thankful for all they do" and "They have continuity of staff now and it has really helped them. I'm happy with the staff and have praise for everyone here."

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

- Most people told us they had seen their care plans and they were asked for their views. They confirmed staff supported them to make their own decisions such as the times of rising and retiring, menu planning, accessing community facilities and holidays. Daily records confirmed people made suggestions and had choices available to them about their care.
- Relatives said, "Communication is good all round", "I'm involved in reviews and decisions about care" and "We have meetings to check on issues."
- Staff were aware of the accessible information standard and ensured information was available to people in formats they understood. We saw one person who lived in Beechcroft had pictures of staff and health professionals included in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. They also told us they were supported to be as independent as possible.
- Relatives told us they knew staff encouraged and promoted independence. Comments included, "[Name] has time for their own things and staff encourage independence. I would recommend the service to anyone; it has been very positive for [Name]."
- Staff described the ways they supported people to maintain their privacy and dignity and to encourage their independence. A member of staff told us, "We promote people's independence and ensure they get into the community to live a fulfilled life."
- Staff were aware of the need to maintain confidentiality. In Beechcroft House, records were stored securely. People who lived in their own homes had a care file, which they could access and store in a place of their choosing.
- People lived in their own homes in the community and staff were clear that this was respected; staff encouraged and supported people to be involved in keeping their environment clean and tidy. People made

their own decisions about decoration.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People had assessments, care plans and personal profiles. These records provided staff with guidance on how to deliver care to people in the way they preferred. They also included people's likes and dislikes, things of importance and personal history.
- Plans provided staff with guidance on how to recognise and manage behaviours which caused the person to become anxious and distressed. A health professional confirmed staff had been proactive in supporting people to manage their anxious behaviour.
- Care plans were reviewed monthly and updated if required.
- Daily journals described care and support that was individualised to each person and helped them be as independent as possible. For example, the records referred to personal care, meals, the activities they had participated in, the tasks they had managed to complete for themselves such as making their own breakfast and access to community facilities. Staff recorded when people visited their friends and relatives. A relative described the support their family member received regarding laundry tasks and cooking.
- People told us they received care and support that met their individual needs. One person told us the amount of anxious and distressed behaviour they had experienced had reduced. Another told us how staff supported them to keep in contact with, and visit, their family.
- People described how they were included in the local community. For example, one person displayed their art and performed music in a local cafe. Another person attended college and worked in a local shop. People had accessed trips to favourite places and had been on holidays and short breaks away. Comments included, "I really like it; there is a chance to improve my cooking skills" and "I like to keep my flat clean and tidy." Relatives said, "It has been very positive for [Name]" and "They have their own choice of activities and have a planner."
- Staff described people's weekly activity plans and we saw people were supported to participate in activities within their own home, on trips out with staff or with groups of friends.
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender; staff had completed training in equality and diversity.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available in an easy read format.
- People told us they would tell the registered manager or other staff if they had concerns. Relatives said, "They have told me how to complain if needed. I've never had any complaints" and "There are none from us; any issues are dealt with straight away. I have confidence in the system."

End of life care and support

- The provider had a policy and procedure for end of life care. People were given the opportunity to discuss their end of life wishes and plan for them. Staff confirmed care would be provided to people who chose to

remain in their own homes at the end stages of their life with support from community health professionals. They said they would liaise with commissioners and discuss the provision of additional staff if required.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met. At the last inspection, the provider breached regulations relating to governance and records. We noted improvements in this domain and the provider was no longer in breach of regulations. We have increased the rating from Inadequate to Requires Improvement. We want to continue to monitor the service to ensure improvements are sustained over a longer period of time.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider and registered manager had followed through with the action plan produced after the last inspection. New care files and care plans had been introduced, which made accessing information easier for staff. The care plans included information about people's individual needs and how staff were to meet them.
- The provider was aware that a change in registration was required to separate the two locations of Beechcroft House and the supported living service. They had spoken to the Care Quality Commission's (CQC) registration team and will apply now the rating of the service has improved.
- The provider was no longer an appointee for people's finances. The local authority had taken over this role.
- The head of care had taken appropriate action regarding staff disciplinary when required and notified specific people and agencies.
- The culture of the organisation was described as open and supportive. Staff told us they felt able to raise concerns if required. Comments included, "Management is very supportive; we can phone management or come into the office due to an open-door policy" and "The support from management is really good; they are there when needed 24 hours a day. Staff morale is good."
- The values of Registering the Right Support of inclusion, choice, promotion of independence and supporting people to live life as any other citizen had been demonstrated by the provider and staff team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an improvement in the provider and registered manager's understanding of their registration responsibilities; the CQC now received notifications in a timely way about incidents that affected people's safety or welfare.
- There was an improvement in the provider and registered manager's understanding about quality monitoring processes. A consultant had been commissioned to provide guidance to the provider and registered manager about improving the service; this had been successful as improvements were noted in

all areas.

- Audits had been carried out across the service and any shortfalls were identified and actioned. Incidents and accidents were logged and lessons were learned. A more robust environmental audit was to be put in place for Beechcroft House residential service to ensure hot water was at a safe temperature.
- Since the last inspection, there has been a change in the structure of the organisation and tiers of support have been added. Staff told the new arrangement provided them with additional support.
- The provider had obtained a full set of policies and procedures, which covered all areas of service provision. The procedures were available for staff to use as guidance on their practice.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People who used the service told us they could pop in to the main office any time to speak with the head of care or care coordinators. They were also able to speak with the registered manager if required; everyone knew the name of the registered manager, head of care and other senior staff. Relatives told us they often received phone calls from the management team providing them with news and information and asking them if they had any concerns. Staff maintained records of contact with relatives or health professionals.
- People who lived in Beechcroft House had meetings to discuss issues such as menu planning, holidays and activity plans.
- There were surveys for people who used the service. An easy read version had been developed since the last inspection. There were also surveys for relatives and staff. The replies were collated so shortfalls could be addressed.
- Staff told us there had been a big improvement in communication. A senior member of staff was allocated each day as a single point of access (SPA) for members of staff, relatives, professionals and any people who used the service who may want to raise concerns. A log was maintained of all calls to the SPA and was used for auditing purposes.
- Each month, the head of care held a team building session for two hours, where staff could drop into the main office for 'a coffee, biscuits, a chat, pay a compliment or make a suggestion'. There was a staff newsletter, which provided information and positive feedback.