

Horizon Healthcare Homes Limited

Beckside Lodge

Inspection report

199 Cooper Lane
Bradford
West Yorkshire
BD6 3NU

Tel: 01274315835

Date of inspection visit:
07 May 2019

Date of publication:
14 June 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Beckside Lodge is a residential care home providing personal care for up to 10 people with learning disabilities. At the time of the inspection 8 people were living within the home.

People's experience of using this service:

The service maintained its overall rating of Outstanding awarded at the last inspection in 2016.

People, relatives and health professionals continued to describe the service as exceptional and said care was extremely person centred and responsive.

The service reflected the principals of Registering the Right Support guidance, providing highly person-centred care and support. The service had a very homely feel with great care and attention to ensuring each person had a bespoke living environment taking into consideration their likes, preferences and sensory needs. There was plenty of space for people to spend time alone, but people were also able to easily socialise with others. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice, control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were exceptionally kind and caring towards people and had developed very strong relationships with them, knowing them in detail, including their histories, likes and dislikes. People had a say in the staff who worked at the service and who supported them.

The service was exceptional at helping people achieve positive outcomes, building confidence, independence and helping develop people's life skills. There was an excellent range of activities and opportunities available to people. People had been introduced to new activities, which had led to the development of hobbies, friendships and job opportunities. Through exceptional care planning people had become significantly more independent.

There was a strong focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued.

There was a truly person-centred approach to care. Care and support was completely focused upon what each individual wanted to do on a given day. People were very involved in care and support planning and had ownerships of their care plans.

The service provided exceptional and compassionate end of life care and took into consideration the needs of relative's and friends.

The service had a proven track record of providing exceptional care and support. Leadership and management was of high quality and people who used the service were fully involved in how the service run

and operated. The service acted as a role model for other services sharing ideas and best practice.

The service was safe. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe way. There were enough staff deployed to ensure people received appropriate care and support.

Staff received a range of training relevant to their role. Staff said they felt very supported in their role and were encouraged to develop further personally and professionally.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was last rating Outstanding at its last inspection in August 2016.

Why we inspected: This was a routine inspection as part of our ongoing inspection schedule.

Follow up: ongoing monitoring;

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service remained exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service remained exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service had improved and was exceptionally well-led

Details are in our Well-Led findings below.

Beckside Lodge

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

Service and service type: Beckside Lodge is a residential care home providing accommodation and personal care to people with learning disabilities.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since it's the last inspection in 2016. This included information that the provider must notify us about. We also asked for feedback from professionals who work in the local authority commissioning and safeguarding teams.

During the inspection we spoke with the registered manager, deputy manager, four support workers, and four people who used the service. We also spoke with six relatives either on the day of the inspection or on the telephone afterwards. We reviewed elements of two people's care records. We also reviewed records and audits relating to the management of the home. We asked the registered manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was used to inform our judgements. After the inspection we spoke with two health professionals who worked closely 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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People and relatives said people were safe living in the home.
- Staff had a good understanding of safeguarding matters and had received training in the subject. Safeguarding procedures were regularly discussed with both people and staff to help ensure they were reminded how to identify and act on any concerns.
- Appropriate action had been taken to report and investigate safeguarding incidents. Following incidents, clear actions were put in place to prevent a re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessment documents were clear and detailed and provided clear instructions to staff on how to mitigate risk. People had been involved in discussions about risk and their safety. Staff we spoke with had a good understanding of the people they supported and how to reduce risks.
- People were supported to take positive risks to ensure they were able to access the community and live fulfilling lives.
- The premises was safely managed and maintained to a high standard. Appropriate equipment was in place such as ceiling track hoists to aid safe care and support.

Staffing and recruitment

- There were enough staff deployed to ensure people received prompt care, support and regular interaction.
- People said staff were visible and attentive to their needs. Staff said that staffing levels were maintained at a good level and they had enough time to meet people's needs. We observed this to be the case on the day of the inspection with staff providing people with supervision, interaction and companionship.
- Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable adults. People were involved in the recruitment process in a meaningful way.

Using medicines safely

- Medicines were managed in a safe and proper way. People received their medicines as prescribed and clear records were kept.
- The service ensured people's medication was regularly reviewed and helped support people to reduce their medication, helping to achieve good outcomes.
- Medicines were stored securely in an organised way to help reduce the risk of errors. Systems were in place to ensure the prompt ordering and disposal of medicines.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.
- Regular checks and audits took place of the medicines system to ensure it continued to be managed in a

safe way.

Preventing and controlling infection

- The environment was kept in a clean and hygienic state. Checks were undertaken on the building to help ensure high standards were maintained.
- The service had achieved a five-star food hygiene rating from the Foods Standards Agency, demonstrating food was prepared and stored in hygienic conditions.

Learning lessons when things go wrong

- Incidents and accidents were logged, recorded and actions taken to reduce the risk of a re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to 'niggles,' complaints and more significant incidents.
- Where adverse events had happened in other services we saw these were reviewed to help reduce the risk of a similar situation arising within the service. For example, incidents which had received national press coverage.

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

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

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

- People's needs were assessed and care and support was delivered in line with people's choices and preferences. People, relatives and staff said people experienced very positive outcomes using the service and we confirmed this from our review of people's records.
- The service consulted and used best practice guidance relevant to learning disabilities care to good effect to ensure care planning was appropriate and supported people to achieve good outcomes.

Staff support: induction, training, skills and experience

- People praised the skill and knowledge of staff. They said that staff had a good understanding of their needs, choices and preferences. Staff we spoke with had an in-depth knowledge of the people they were supporting.
- Staff received a good range of support including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs.
- Training records showed staff training was kept up-to-date. Staff received regular supervision and appraisal to support their developmental needs.

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

- People were supported to eat and drink appropriately.
- There was a person-centred approach to mealtimes. People had choice and control over their meals and had the option to have an individualised menu.
- People had clear nutritional care plans in place which were subject to review. Staff had a good understanding of people's individual needs. Where people had lost weight, appropriate action was taken and we saw examples of this leading to weight gain.

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

- The premises was suitably adapted to meet people's individual needs. It was spacious with large amounts of communal space where people could spend time alone or with others.
- People's bedrooms had been decorated to their tastes and were highly personalised. Thought had gone into the whole sensory experience for example considering décor, lighting and musical equipment to make an environment that was fitting with people's individual needs.
- Despite 10 people sharing the home, the layout of the building promoted person centred care with each person able to spend time in areas that interested them, engaging in their preferred activities and choosing who they interacted with.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were assessed by the service. Health action plans were in place which detailed how the service helped support people to stay healthy. These, along with health related care plans, were kept up-to-date.
- People had access to a range of health professionals to help meet their needs. This included regular health checks by community professionals including GP's and learning disabilities nurses. A relative said "If any medical problems cropped up they were dealt with quickly and efficiently."
- We saw evidence of good links with healthcare organisations. This included the use of documentation such as communication and hospital passports to transfer key information on people's needs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had made appropriate DoLS applications for those who needed them. Where authorisations were in place we saw conditions were complied with to help ensure people's rights were protected.
- The service was acting within the legal framework of the MCA. Staff and management had a good understanding of the correct processes to follow, involving people to the maximum extent possible and ensuring best interest decisions were made where necessary.

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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was an exceptionally strong and visible person-centred culture, with staff going out of their way to ensure people were treated equality and fairly. A staff member told us "There is no routine here, we have to go with what the residents want, no day is the same. This is their home, their rules." We observed staff were true to this, fully dedicated to providing whatever activity, opportunity or task people wanted.
- People and relatives provided exceptional feedback about the way they were treated. One person said of the home "I absolutely love it, it is the best home ever. The staff are just truly amazing, everything in this building is happy, the things that we do are amazing." Another person said "Love them all, I see the staff as part of my family. All know me very, very well."
- Staff had developed exceptionally strong relationships with people. Compatibility between people and staff was closely monitored. People were fully involved in decisions about new staff and key workers were matched with people based on interests and how well they got on. People had an active say throughout this process. A relative said "[person] has very strong relationships with staff, absolutely lovely staff."
- Staff had an in-depth knowledge of the people. Staff were fully familiar with people's likes and preferences including the music they liked to listen to, creating a truly person-centred environment. We observed staff using this detailed knowledge to make people comfortable and reduce distress.
- Staff went the extra mile for people, for example working flexibly so people could do the activities they wanted to do at the times that suited them. Staff stayed with people whilst they were in hospital so they were not left alone. One staff member had undertaken training in mosaic making to ensure they had the skills to help make two people's business enterprise a success. It was clear staff were extremely dedicated and passionate about people.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and joking between people and staff, with people's faces lighting up when staff entered the room. Staff sat, ate and talked with people at mealtimes, making for a positive and inclusive atmosphere.
- The service was excellent at ensuring those with complex needs and communication difficulties were kept fully involved and engaged, demonstrating an excellent approach to equality. This included commissioning a bespoke bean bag so a wheelchair user could relax comfortably in the lounge alongside their peers who sat on sofas. The service also used the 'hanging out intensive interaction programme' based on research in learning disabilities care, to ensure those with profound disabilities received intensive social interaction each day to improve their outcomes. We saw how this had been used to good effect by staff to promote high quality person centred care.

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

- People had true ownership of their care and support plans and were fully involved in making decisions

about their care. For example, we observed one person using their care plan to assess their own personal attributes to help them prepare for a job interview.

- The service had worked tirelessly to help people with communication difficulties explore their goals and preferences through use of a bespoke tool, observing and analysing their body language and how it changed with different stimuli. This demonstrated an excellent approach to ensuring these people had a voice. This had resulted in a clear understanding of people's likes, preferences and goals and then undertaking daily activities of their choice.
- Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication methods, and how they interpreted these.
- The service supported people to make use of technology such as recording devices to record their views to assist with their own understanding of their personal attributes, strengths and weaknesses to help their ongoing development. One person did not have use of their hands and we saw staff had supported them to select music through voice activating device ensuring they could make decisions independently about the music they listened to.
- People were involved in ongoing reviews about their care, goals, objectives and dreams. This included monthly meetings with their keyworker and annual reviews.

Respecting and promoting people's privacy, dignity and independence

- The service was highly effective at promoting people's independence. People had made significant achievements, made possible because of the dedication and work of staff. Through structured steps and bespoke equipment one person had been supported from being immobile to independently mobilising and were now involved in a large variety of activities, going out alone and having a busy social life. They explained how grateful they were to staff for the support provided.
- A person with more complex needs was being supported through small steps to gradually hold cutlery and become more independent at mealtimes. An exceptional level of thought had gone into planning this with clear and detailed care plans in place to help them achieve their goal.
- The service was exceptional at helping people to maintain and develop relationships with their families and friends. Weekly tasks and activities took into consideration the times their families liked to visit, to maximise time people spent with their loved ones.
- Staff's efforts to keep people occupied and living a fulfilling life led to numerous social opportunities and the development of new relationships with others. For example, through a hobby one person had developed through a planned activity, the person had met their partner and was now planning to get married.
- When people became distressed staff immediately stepped in, making adjustments to music and the sensory environment with good effect to reduce distress. Staff were fully aware of people's right to privacy and autonomy. A relative said the service was extremely thoughtful and aware of their relatives right to spend time alone in a quiet environment as well providing activities. They thought staff were excellent at getting the balance right.
- Staff and management had an excellent understanding of how to treat people with dignity and respect. Staff worked to a philosophy of 'brightening up someone's day' on a daily basis. They explained how this included ensuring the little things were right every day, such as putting lights up in someone's bedroom, to make their bedroom homely and relaxed, demonstrating a high level of detail went into each person's daily care and support.

Is the service responsive?

Our findings

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives said care was exceptional and person centred. One relative said "It is a wonderful place, [person's] needs are fully met, feel very involved, communication is excellent." Another relative said it had been 'astonishing' to see the change in their relative's health since the new manager took over, through responsive care that met individual needs. Health professionals also described the service as outstanding, responsive and providing highly skilful and person-centred care.
- People had access to an excellent range of social activities, based on their individual needs to help ensure they lived as full a life as possible. The service had a minibus and employed dedicated drivers to ensure people were able to go out when they wanted. People told us they were kept busy, and we saw they had individualised and extremely variable activity plans.
- Activities were carefully selected and had led to the development of real hobbies and interests. For example, a music therapist visited the home on a weekly basis as the home recognised how important sensory stimulation was to people. Following this, one person had gone onto play instruments, and record their own album. They had met new friends and this had led to other activities. Their feedback about these opportunities was exceptional.
- The service ensured those with more complex needs were also fully involved in activities. A relative said "They provide a massive range of activities despite mobility issues". They went onto describe how staff worked tirelessly to overcome barriers and ensure their relative lived as full a life as possible.
- Staff were dedicated in their approach to helping to educate people and help them gain meaningful employment. We saw activities which people had taken an interest in had led to opportunities, employment and friendships. For example, following one activity that two people had been introduced to, they had been supported to start an arts and crafts business which sold items to the public. They had defined job roles and were both very passionate about their business which had developed their skills and confidence.
- Another person had been supported to gain meaningful employment. This person had previously gained experience in the home interviewing new staff which had given them the skills for this new opportunity. Staff had worked hard to help them prepare for the interview. We observed the support being provided which was extremely helpful and constructive.
- The registered manager and staff worked tirelessly to maintain and develop links with the local community. For example, people who used the service were being supported to arrange a project to help clean up the local area of litter.
- The service took innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. This included supporting people with voice recording devices to help learn and retain information, and ensuring a whole manner of documentation including two people's business plans were in an accessible and comprehensible format. Each person had a very clear communication passport in place. We observed staff were very familiar with people's bespoke methods of communication and used them effectively to interpret what people liked and wanted.
- Care was focused on each individual's needs and preferences. Thought had gone into providing a sensory

environment to support people with autism. There was a specialist jacuzzi sensory bath which people could plug their individual music playlists into when the bath was used. People and staff told us how much people enjoyed this experience.

- The service had assessed everyone's individual environment through use of an 'autism friendly environment checklist', resulting in changes made to individuals' environment, to ensure their needs were met. We saw people had varied environments tailored for them with appropriate sensory material
- People's care needs were fully assessed and clear person-centred care plans were in place. People knew about their care plans and were fully involved in the review of them. We found them to be relevant, person centred and up-to-date. Each month people sat down and reviewed their care plans and set and discussed their goals and objectives.

End of life care and support

- The service provided exceptional end of life care. This was achieved through the dedicated work of staff and strong links with local health professionals. A health professional said "The team's provision of end of life care has been exemplary and their support and inclusion of resident's families is excellent."
- Clear end of life planning was in place when people approached the end of their life. The service provided extensive support to people's families as part of the process. Two relatives provided exceptional feedback about the end of life experience their relatives had received. One said, "They helped me immensely when the end came and were always there for me. I have since been up to Beckside on a few occasions and always made to feel part of the 'family', that is the ethos of Beckside." Another relative said, "At end we were all a team, very organised. Everything flowed well between us, they really, really care."
- Following any deaths in the service, other people who used the service had been provided with extensive support. Memorial services were held in the home for those that could not attend funerals. People had been involved in the creation of memorials in the garden to honour their friends who were no longer with them. One person told us how they liked going down to the bottom of the garden to pay their respects.

Improving care quality in response to complaints or concerns

- People and relatives said they were happy with the care provided but would not hesitate to approach the manager with any concerns. People said any minor issues or problems had been dealt with positively by the service.
- Clear complaints records were in place detailing the actions taken following any complaints. There was evidence of an open culture and clear learning from complaints and adverse events.

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 leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a proven track record of achieving outstanding care and outstanding outcomes. At this inspection we found the service had maintained and further improved outstanding features relating to person centred care, activities and independence found at the last inspection in 2016, demonstrating that the leadership and management was exceptional as this level of care had been sustained over this time.
- People, relatives, staff and health professionals said the service provided extremely high quality care and the management were exceptional and distinctive. A health professional told us "I feel the quality of care is of a very high standard. They have consistently demonstrated this in their work with residents that I and other team members have been involved with. The staff team, led by [registered manager and deputy] are responsive and motivated." Another professional said "Excellent management, very open to support, absolutely service user led."
- We observed an extremely person centred, warm and inclusive atmosphere within the home. A staff member said "I love how lovely the atmosphere is here, we want to make sure people are happy and healthy, we are like one big family." People received excellent outcomes using the service. We saw positive examples of people's confidence, mobility and independence being increased through the dedication of the staff team.
- Staff were highly motivated within their role and there was a culture of nurturing talent. One staff member said "Lots of support from Horizon for my career. It is amazing, they have been really, really supportive of me, they are great." We saw how staff had been supported to achieve management qualifications and progress. There was a strong commitment to equality and inclusion with a strategy in place to help support staff members with disabilities to apply and gain roles.
- There was a well-defined set of values centred around person centred care, achievements and a homely environment which reflected the culture of the service. People and staff were involved in reviewing and developing company values. People had created a poster for each agreed value describing what they expected from staff. Staff had also been engaged in this process and were measured against these expectations for example through appraisal. People were also involved in assessing new staff against these values showing a high level of ownership and involvement in these.

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

- Governance was fully embedded into the running of the service. There was a strong focus on continuous improvement. Since the last inspection, the service had continued to develop new initiatives for example helping people build on their preferred activities leading to employment and business opportunities as well

as enhancing community involvement.

- There was a strong focus on learning from incidents and adverse events. For example we saw where things had gone wrong both within the service and in similar services, the service had analysed in detail what had gone wrong and put in place new measures to help improve the safety of the service. This included effective action following medicine errors and in response to a well-publicised failing in another service in connection with bowel management.
- Relatives and health professionals told us the service was ambitious and continually sought out ways to improve and problem solve. A relative said, "It is the icing on the cake this place, I can't think of anywhere like it. It is outstanding because issues do arise with people with very complex needs, but they are dealt with fantastically." A health professional said, "Whatever the challenge is, often caring for people with complex needs, it's not 'we can't do', but 'how can we do safely'. They went on to say that they felt people received "excellent outcomes".
- People who use the service were at the heart of quality assurance. For example, people's outcomes were used to inform the success of the service. Their goals and achievements were regularly reviewed to determine the impact of specific interventions on people. People were fully involved in this process, giving their own views on the process. We saw the service was highly effective at improving people's outcomes. The provider was extremely proactive in sharing the good practice with others, their success in helping people to achieve outcomes was shared with other providers to help improve care outcomes in other services.
- A range of audits and checks were undertaken by the management team and we saw these were highly effective in maintaining a high performing service. Managers from other services run by the provider also undertook audits of the service to share ideas and good practice.

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

- People were involved in the service to the maximum extent possible. People were involved in the recruitment of staff in a meaningful way and regularly greeted and showed visitors around the home. People with more complex needs were not excluded and their body language around new staff and/or new admissions was analysed to determine their views.
- The service was an important part of the community. People's activities were focused around community involvement and getting to know their local surroundings.
- People held tenant meetings once a month where they had the opportunity to discuss a range of areas including every day activities, care plans, goals, and food.

Working in partnership with others

- Health professionals told us service developed extremely strong and valuable relationships with them to ensure joined up and co-ordinated care and support.
- The service acted as a role model for other services. For example, the registered manager and senior management had given presentations to other care providers sharing examples of best practice and outstanding care philosophies. Senior management had also contributed to other initiatives such as a recent Skills for Care Publication to share their knowledge and best practice to help improve care outcomes nationally.
- The service had strong links with other local organisations, including voluntary and health organisations, and used these to good effect to ensure people received opportunities and good health outcomes.