

Bedford Borough Council

George Beal House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 August 2015.

George Beal House provides respite and short break accommodation for people with either physical or learning disabilities. The service is provided in two linked bungalows in Kempston, near Bedford. The service has 12 beds, two of which are reserved for emergency respite placements. At the time of our inspection there were eight people using the service and, in total there were 74 people who regularly came in to use the service.

The service had a registered manager. 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 were cared for by staff that were knowledgeable about abuse and the forms that it may take. They were aware of the actions they should take to protect people and the procedures for reporting abuse.

Summary of findings

Risks were managed appropriately. There were risk assessments for people and the general environment and these were updated regularly.

Incidents and accidents were reported and investigated and the service had plans in place to help manage incidents and emergencies.

There were sufficient levels of staff to meet people's needs. Recruitment of staff was safe and robust, to ensure people were cared for by suitable members of staff.

People's medication was well managed. Errors had been identified in the past and systems introduced to manage these.

Staff received regular training and supervision to give them the skills and support they needed to perform their roles.

The service sought the consent of people before providing them with care. Where people were unable to give consent or make their own decisions, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People were supported to have a nutritious and balanced diet. Systems were in place to record people's dietary intake if required.

People were supported to access health professionals both in the service and the local community.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion.

People were supported to express their own views and opinions about their care and there was information available to them in a range of different formats.

The independence, privacy and dignity of people was promoted by staff and they treated people with respect.

People and their families contributed to their care plans and they were updated regularly to ensure they were still accurate and relevant.

Systems were in place to obtain people's view and opinions about their care. People were able to raise concerns or complaints with the service and felt that these would be acted upon.

The service had an open, positive and welcoming culture.

The service had a registered manager in post. They were supportive of people and staff and worked alongside them to ensure people received the correct care.

There was a range of quality control and audit procedures in place to help maintain high standards of care and identify areas for development.

Summary of findings

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 safe.

Staff were knowledgeable about the principles and reporting requirements of safeguarding and were able to protect people from abuse.

Risks were assessed and managed effectively. Accidents and incidents were reported and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Staff were recruited following safe and robust procedures.

People's medicines were managed safely and steps had been put in place to reduce the risk of future errors.

Good



Is the service effective?

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Consent to care was sought out by staff and the principles of the Mental Capacity Act 2005 had been followed to support people.

People had a balanced and healthy diet.

People were supported to see health professionals both in the service and local community.

Good



Is the service caring?

The service was caring.

There were positive relationships between people, their relatives and staff at the service. Staff treated people with kindness and compassion.

People had important information about their care available to them, in a range of different accessible formats.

Staff treated people with dignity and respect and upheld their privacy.

Good



Is the service responsive?

The service was responsive.

People received person-centred care. They had individualised care plans in place which detailed their likes, needs and wishes.

People contributed to the planning and review of their care.

Activities were arranged by the service and people were supported to take part in, and follow, their interests.

Good



Summary of findings

There were systems in place to gather and analyse feedback from people and use it to develop the service, including complaints.

Is the service well-led?

The service was well-led.

There was a positive, open and welcoming culture at the service.

There was a registered manager in place who knew people well and was a visible presence in the service.

There were quality control systems and audits in place to help develop the service and drive improvements.

Good



George Beal 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 check 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.

This inspection took place on 26 August 2015 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service in order to gain their views about the quality of the service provided, as well as two relatives of people using the service. We also spoke with five members of staff, the registered manager and one visiting health professional.

We reviewed care records for 10 people who used the service and eight staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Is the service safe?

Our findings

People felt safe when they came to use the service and were comfortable in the company of staff. Some people were able to speak to us and told us that staff kept them safe from harm or abuse. We also saw that people were relaxed in the presence of staff and were clearly at ease within the service. People's relatives were also confident that their family members were safe at the service. One relative said, "He is definitely safe here."

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse which they would look out for. Staff members explained that if they suspected somebody had been abused, they would take action to stop the abuse and report the incident. They explained that, as well as reporting internally, they would also report it directly to the local authority safeguarding team. One staff member said, "I would complete the forms and report to safeguarding directly." Another told us, "If I am not sure I would call the safeguarding team and take their advice." The registered manager confirmed that they encouraged staff to report directly to the local authority to ensure they received first-hand information promptly, as well as empowering the member of staff. Records showed that local authority safeguarding procedures, including reporting procedures, were available to members of staff and that incidents were reported and investigated in accordance with that policy.

Staff and the registered manager informed us that, when an incident or accident occurred, they would report the accident using the provider's accident forms. These were then used to analyse incidents and introduce steps to reduce the likelihood that a similar incident would take place in the future. The registered manager also told us they would report the incident to appropriate regulatory bodies, such as the local authority or Care Quality Commission (CQC). We looked at accident forms and saw that incidents had been recorded, acted upon and reported on appropriately.

The registered manager explained that they had worked with the provider to ensure there were emergency plans in place for the service. These included procedures for what to do in the event of fire, adverse weather or staff shortage,

as well as individual procedures describing the specific support each person needed in the event of an emergency. Records confirmed that these plans were in place, both for the service and the people using it.

Staff explained that there were risk assessments in place for each person. These were used to identify areas where people may come to harm, and to outline steps to take to reduce the chances of that harm occurring. One staff member described a recent incident to us and explained how risk assessments were updated as a result of the incident. We saw evidence that risk assessments were completed for each person, as well as generalised risk assessments for the whole service, and that all risk assessments were regularly reviewed and updated.

People felt there were usually enough staff on shift to meet their needs. One person said, "Yes". Another person gave us a 'thumbs-up' when we asked them if there were enough staff. Staff members told us that staffing levels were sufficient to meet people's needs and that, if necessary, the registered manager and team leaders would support them 'on the floor.' The registered manager explained that staffing levels were determined by the occupancy of the service. Additional staffing would also be provided where people had a specific identified need, for example, if they required one-to-one support. During our visit we saw that staffing levels were sufficient to meet people's needs and allowed people to take part in activities which were both timetabled and ad-hoc. Staffing rotas also showed that staffing levels were maintained on a regular basis.

Staff members told us that they were unable to start working at the service until a background check had been completed to ensure they were of good character to be working with vulnerable people. The registered manager confirmed that they sought a Disclose and Barring Service (DBS) criminal record check, as well as two previous references for every new employee. New staff could not start at the service until these checks were completed. Staff records confirmed that each staff member had these checks in place before they started working.

Staff told us that they were responsible for the safe administration of medicines within the service. They explained that two members of trained staff worked together to ensure people had the right medication at the right time. They told us that, as people came for short breaks, they brought their medication into the service with them. Whenever medication came in, two members of staff

Is the service safe?

counted all of it and recorded the quantities. Medication was then counted every time it was given to ensure the stock levels matched the Medication Administration Record (MAR) charts. Senior staff also checked MAR charts during every handover to ensure they had been completed accurately and medicines given as per people's prescriptions. The registered manager explained that there had been a number of medication errors at the service, so these regular checks were introduced to reduce the

chances of errors occurring. They also explained that new staff had medication training and three competency assessments before they were allowed to administer medication. Other staff received annual refresher training and a competency assessment to help maintain their skills. Records confirmed that people received their medication regularly and that the control measures implemented had reduced the number of medication errors.

Is the service effective?

Our findings

People felt confident that staff had the skills to provide them with the care they needed. One person smiled and nodded when we asked them if staff knew what they were doing. Another person said, “Yes, they do.” People’s relatives were also confident in the staff at the service. One relative told us, “Staff know what they are doing.” Another said, “Can’t fault them, and [family member] likes it here.”

Staff told us that they received all the training and support they needed. They told us that new staff members had an induction period at the start of their employment. During this time they did not perform direct care duties, rather they shadowed more experienced members of staff to get to know their role and the people they would be supporting. In addition, they received key training and had time to familiarise themselves with policies and people’s care plans. We saw records in staff files to confirm that staff had completed an induction process at the start of their employment with the service.

We also spoke to staff about the on-going training that they received. Staff were all positive about the training that was available to them. One staff member said, “I couldn’t complain about the training or the support we get.” Another said, “Training is really good.” Staff explained that they completed regular and refresher training in mandatory areas, such as safeguarding and moving and handling. They also told us that they could apply for additional training courses arranged by the provider. The registered manager confirmed that staff regularly applied for additional courses which they were interested in. This meant there was a wide range of skills and abilities within the staff team so the diverse needs of people could be fully met. Training records confirmed that staff received regular training in a wide range of areas. Training was up-to-date and systems were in place to identify when people were due to have their training updated.

Staff told us they received regular supervision, in addition to their training. They explained that supervision would usually take place on a monthly basis with their line manager. They used these meetings as an opportunity to discuss the service and any issues or developments within it. They were also able to discuss their performance and

highlight areas for development, including potential training needs. Records showed that staff received regular supervision and that these sessions were used constructively to develop staff performance.

People’s consent was sought by staff. People told us that they were able to make their own choices and that staff asked them before providing them with care. During our inspection we observed a number of examples of staff seeking consent and empowering people to make their own decisions. For example, we saw that, rather than having a set menu; one person was asked what they would like for dinner. When they had decided they went out with staff to purchase the ingredients for the meal. We also saw staff talking to another person about their remaining money and what they wanted to buy. They explained how much money they had and how many packs of their chosen item they could purchase with the money. They then helped the person to document the discussion and their choices. We looked at people’s files and saw that staff regularly documented their discussions around people’s decisions and that these discussions focused on supporting the person to make their own choices.

Staff also had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the principles of each and how they affected the people they supported. One staff member explained that they used the MCA to help people make decisions and, where they couldn’t make their own decision, make that decision for the person, in their best interests. A relative told us that they were involved in making decisions with the service and they always spoke with them before making a decision. The registered manager explained that they had several applications to the local authority to deprive people of their liberty under DoLS. They told us that they had worked with people, their families and the local authority to put these into place. We saw records to demonstrate that the MCA and DoLS were being used appropriately by the service and that people were put at the centre of any decision making process which they were involved in.

People had a healthy and nutritious diet when they stayed at the service. People expressed with gestures that the food was good. Relatives were also happy with the food that their family were provided with and explained to us that the service kept a record of what they had to eat and drink

Is the service effective?

during their stay. During our inspection we saw that people were able to choose what they wanted to eat or drink and that staff would support them to prepare food. We saw that staff could adjust their approach depending on people's needs. For example, we observed staff feeding somebody their breakfast in the morning and later saw staff helping other people to prepare their own lunch. We saw that records were in place to record people's dietary intake during their stay and this was used to provide their relatives with feedback about the stay and identify if there were any concerns.

The service worked with people and their families to help maintain their health. The registered manager explained

that, where necessary, the service would arrange appointments for people and were also prepared to support people to appointments booked by relatives or the service. During our inspection we observed a health professional visiting one person. They told us that the service regularly made contact with their team if there were any issues and that the service regularly kept in touch with them to provide updates on people's care. There were recording systems in place to document people's health needs and the outcomes of any appointments, to ensure that all staff were aware of changes to people's care.

Is the service caring?

Our findings

People were happy with the care they received when they came to stay at the service. One person told us, “Staff are good, I am happy.” Another person nodded when we asked them if they liked the care they received. People’s relatives were happy with the care that the service provided and felt the staff were kind and trustworthy.

Staff members told us they worked hard to build and maintain strong relationships with people. Staff had strong motivation to perform their role and were committed to providing the best care they could for people. One staff member said, “I love my job.” Another said, “It’s rewarding, I like the help you are doing for people, it is like giving something back.”

We observed positive interactions between people and staff during our inspection. Staff treated people with kindness and were polite in their interactions. People enjoyed engaging with staff in conversation, exchanging jokes and banter with members of staff throughout. One person approached a member of staff, requested a ‘high-five’ and said, “You’re my mate.” We saw other staff members talking to people about their day and the activities they planned to do later on. It was clear that staff knew each person well, taking into account their specific communication needs and wishes and quickly adjusting their communication style between different people.

There were also positive relationships between people’s families and the staff at the service. We observed two relatives visiting the service during our inspection. They were greeted with familiarity and each staff member in the area took the time to come and say hello to them. They knew the staff by name and had a chat with them about themselves, as well as their family member.

Staff told us they provided people and their families with the information they needed. They explained that they contacted people and their families in the build up to the visit to ensure they were well prepared and, following the visit, they would produce a report to summarise what had taken place whilst at the service. People’s relatives told us they are able to look at the records at any time, and they often visit the service to see how things are going.

The registered manager told us that information was available to people in a range of different formats. For example, they told us that there was a statement of purpose in place to provide people with information about the service. This was also available in an easy-read version as well as an audio CD which had been produced by the service. There were also plans in place to update other documents to make these more accessible. For example, an easy-read safeguarding policy was being developed. We saw evidence that information was available to people in a range of different formats around the service.

Staff explained to us that an important part of their role was to treat people with dignity and respect. Throughout our inspection we saw that this was taking place. We observed staff talking with people in a respectful and compassionate way. Staff used people’s preferred names when they spoke with them and gave them time and patience when in conversation. If people required support with personal care tasks, staff ensured this was done discretely, behind a closed door to ensure their dignity was maintained.

People’s independence was encouraged by the service. One staff member told us, “We are big on promoting independence.” They went on to explain that their role was to support people to do as much for themselves as possible. We observed staff supporting people to be as independent as possible, for example, preparing their own meals or choosing where to go out to in the local community. We also saw that adaptations, such as lower-able work surfaces in the kitchen, had been made, to help people be as independent as possible. Care plans documented what people were able to do for themselves to help guide staff and prevent them from de-skilling people by performing tasks for them.

People’s family members could come to visit the service whenever they wanted. Staff explained that relatives were welcome to visit and we observed some visiting during our inspection. The registered manager told us that, due to the short-break nature of the service, there were not always many visits from family members, but any visits were welcomed at any time.

Is the service responsive?

Our findings

People received person-centred care from the service. People were able to tell us that they knew they had a care plan and had been consulted in writing it. People's relatives told us that they were also involved in planning people's care at the service and that they received regular updates regarding their family member. One relative told us, "We have a communication book, there is a care plan in place and it is reviewed every year." They went on to explain that the care plan review included representatives from the service, the person's day centre and their social worker. All involved visited the person and their family in their home to carry out a review and ensure the care plan was still relevant.

We saw that people were comfortable and relaxed within the service. They knew the environment well and treated it as their own home for the duration of their stay. People were able to bring whatever they wanted with them for their stay, to help them to feel comfortable in the service. One staff member spoke to us about the booking system. They explained that, wherever possible they arranged bookings to take into account people's specific needs and requirements as well as their personal preferences, for example, which room they would stay in, and their compatibility with the other people that would be using the service at the same time. For example, if it was known that two people did not get along with one another, the service would endeavour to book their visits apart, so that each could enjoy their stay as much as possible.

The service provided activities for people throughout the day. One person told us, "We go out most days. Sometimes we go to the cinema." Staff explained that where people had long term activity arrangements, such as attending a local day-centre, the service ensured they were able to

continue these activities. Other people were supported to make decisions about the activities that they wanted to do each day. We observed staff supporting people to decide what they wanted to do and helping them to get ready for the activity. We also saw in people's care plans that there were records of what people liked to do, as well as timetables to help plan activities and trips out. In communal areas of the service there were photographs on display of different events and activities which the service had put on with people's input.

People and their relatives told us that they were able to complain if they needed to. They expressed that they hadn't had to raise any complaints with the staff or management of the service, however they believed they would be listened to if they did. Staff told us that they encouraged people to give them feedback about the care they received and would take it seriously if people were not happy. The registered manager told us that people were provided with information about how to complain and regularly spoke with people and their families to see how they were feeling about the service. We found that the service maintained a record of all complaints and compliments received and found that, in either case, they were investigated or followed-up appropriately.

The registered manager told us that a satisfaction survey was carried out on an annual basis for the families of people. They used the answers from the survey to help identify areas of good performance and areas for development. They also kept in touch with people and their families with regular newsletters and meetings to provide information and a forum to raise any issues or concerns. We saw the results of the most recent satisfaction survey, which had an action plan that had been drawn up as a result, as well as copies of newsletters and minutes from meetings.

Is the service well-led?

Our findings

The service had a positive, open culture and a welcoming atmosphere. On our arrival we were made to feel welcome by all the staff and we found that people were busy getting ready for their daily activities. Staff were supporting people with kindness and compassion and we saw that there were positive, casual interactions between people and members of staff.

People and their families felt well supported by the management of the service and felt that the registered manager and team leaders were effective. Staff members also felt well supported by the service management. One staff member said, "If I had a real issue I needed to bring up, I could speak to somebody whenever I want." Another member of staff told us, "The manager is very accessible." This contributed to the atmosphere in the service and helped to make staff feel more empowered to perform their roles.

There were established links with the local community, particularly with the day-centre which a number of people attended as part of their stay. This meant that flexible arrangements could be developed with the day-centre, to ensure that people received personalised care which was sensitive to their specific needs and wishes.

Staff were aware of the need to report incidents and concerns and to be open about their performance. Staff also told us that they were aware of the provider's whistleblowing procedure and were prepared to report any concerns regarding the way people were treated or the practice of their peers or management. We saw that incidents were reported in full and that these were analysed to ensure that the service and staff learned from these incidents. For example, following a number of

medication errors, the service put new systems and controls in place to improve the management of medicines. As a result, the number of medication errors reduced. Where necessary, the registered manager reported incidents to regulatory bodies, such as the Care Quality Commission (CQC), in line with their statutory requirements.

The service had a registered manager in place who was visible within the service. People, their relatives and members of staff were aware of who the registered manager was and felt they were part of the team at the service. One staff member said, "When we are really busy the management join in and help." Other staff expressed that the registered manager and team leaders supported them to provide care on a regular basis. We observed the registered manager within the service and saw that they were recognised by people and was clearly familiar to them.

The registered manager told us that they maintained a number of quality checks and audits to ensure care was delivered to a high standard. They explained that they, and senior staff, carried out checks on areas such as medication and care plans to ensure information was accurate and that staff were following the correct procedures. They informed us that they had introduced additional audits around medication to help deal with the medication errors that had occurred and found that they had helped to reduce the number of errors. We looked at records and saw evidence to support this. Audits and checks were carried out by the registered manager and senior staff and action plans were used to identify areas for development. In addition, there were plans in place for future audits to be completed by the provider, to give a viewpoint from outside the service.