

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? | Requires Improvement ● |

Summary of findings

Overall summary

We undertook an unannounced inspection of George Beal House on the 28 September 2017.

The service provides short breaks and respite care for up to 12 people who have some form of a physical disability or a learning disability. On the day of our inspection, there were eight people who were using the service.

At the last inspection, the service was rated good. At this inspection we found the service remained Good overall.

There was a registered manager in post. 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.

Staff had supervision, support and effective training that enabled them to support people well. However, they did not always feel supported by the management team.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with had described the staff as kind and caring. People were supported to go into the community and pursue their interests.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were providing a quality service for people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|--------------------------------------|
| <p>Is the service safe?</p> <p>The service remains good.</p> | <p>Good ●</p> |
| <p>Is the service effective?</p> <p>The service remains good.</p> | <p>Good ●</p> |
| <p>Is the service caring?</p> <p>The service remains good.</p> | <p>Good ●</p> |
| <p>Is the service responsive?</p> <p>The rating remains good.</p> | <p>Good ●</p> |
| <p>Is the service well-led?</p> <p>The service was not well led</p> <p>Staff did not feel supported by the management team.</p> <p>Staff did not feel that the management demonstrated leadership and gave them consistent direction.</p> <p>There was a registered manager in place.</p> <p>Audits were undertaken to assess and monitor the quality of the service people received and to drive improvement.</p> | <p>Requires Improvement ●</p> |

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 the 28 September 2017 and was unannounced. We also contacted relatives of people who used the service and staff on 4th and 5th October 2017.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection and notifications they had sent to us. A notification is information about important events which the provider is required to send to us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the registered manager, regional manager, team leaders, residential care assistance and Care staff. We were unable to speak with people who use the service because they were accessing the community on the day of the inspection. We were able to speak with three relatives and gain their feedback. We looked at the care records of four people who used the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People were protected from abuse and harm. Relatives we spoke with said, "Yes. [Staff] keep [relative] safe." While another relative said, "They seem to be well trained on how to use the safety equipment."

Care plans contained risk assessments which enabled staff to keep people safe within the service and when they were supported to go outside into the community. Risk assessments included key areas which related to people's daily needs. Risk assessments and support plans were reviewed on each visit the person made to the service. We saw that support plans and assessments were in place for people who were prone to seizures. These contained detailed information about how staff should support people while they were having a seizure. These plans also identified signs for staff to watch for which could indicate that the person was about to have a seizure. In one person's plan there were several warnings for staff to ensure that the person did not sit in direct sunlight, as this had been considered to be a possibly trigger causing a seizure. Where required additional equipment was used to keep people safe, for example helmets, crash mats and bed sensors. When required staff also completed falls diaries to monitor and record incidents.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to support the people who visited the service. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

Through our observations we saw that there were enough staff of varying skills on duty to support people. Relatives we spoke with also confirmed this. One person said, "Yes there seems to be enough staff around." Staff we spoke with also agreed and said that there was enough staff on shift to support people safely. We saw that when required people were supported with two to one care and some people were also allocated a waking night member of staff for their own safety.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines.

Is the service effective?

Our findings

People received care and support from staff who had the required skills and knowledge to support them effectively. One staff member said, "We get lots of training." While a second member of staff said, "I must say the training is very good."

Training records we looked at showed that staff had received training in areas such as medication, safeguarding, infection control, and first aid. Staff also received a full induction when they joined the service and were given the opportunity to shadow more experience staff. Staff appraisals were carried out regularly and staff told us that they gave them the opportunity to discuss their work and experiences with their line manager. Team leaders also carried out observations with staff to ensure they were carrying out good practice and were competent in providing support to people.

People or their representative had signed to give consent for their care and support. Although, we were unable to observe staff interaction with people using the service. We did however ask them to talk us through how they would gain consent from people they supported. We especially asked staff how they would support people who were unable to verbally provide consent. One member of staff said, "We can tell if a person is happy or not by their actions and expressions." A second member of staff said, "Consent is so important, we have to make sure they [people they supported] understand what has been said and what they are consenting to." One relative said, "[Relative] has been coming here for [number of years] staff know them really well and so know what support they need."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). Staff told us how they would put this training into practice providing care to people.

People were supported to eat, drink and maintain a balanced diet. Their preferred meal choices were recorded on their support documents and meals were prepared as per their choice. Staff told us about regular people who would use the service. Some people were on Gluten free diets and others required halal options or pork free options. Staff were aware of what people's choices were and would prepare their meals accordingly.

Is the service caring?

Our findings

People were supported by staff who were caring and supportive towards them. A relative we spoke with said, "Staff pull all the stops out for us. They are very good." A second relative said, "[staff] are absolutely marvellous".

We observed that people's needs were reflected in their support plans and staff were able to maintain positive caring relationships with the people they supported. One relative told us how their relative had been attending the home for many years. They told us how staff were aware of the person needs and had maintained a positive relationship with them and the family. This person's relative went on to say, "Staff don't just support [relative] they also support us. We can visit whenever we like and they call with updates all the time."

We saw that one person who had been at the home for a longer period of time was given the opportunity to decorate their room and communal area with their favourite objects.

Staff supported people to express their views and preferences. For example, some people in the home had a condition which meant that they were unable to feel secure without having an open exit point available to them. Staff explained that this meant that when these people visited the service they were unable to follow the homes fire safety procedures as this meant that fire doors had to be kept closed. We saw that staff were able to discuss the concerns and wishes of the people with the local fire safety officer and put in place a strategy. This meant that when those people visited the home they were able to open the doors they wanted opening. One member of staff said, "We carried out the assessments and got the advice. We also make sure both people are not in (the service) at the same time so as to limit any risks. They are happy now and so are their families."

During our inspection there were no people at the service so we were not able to observe staff interaction with people. Staff we spoke with told us that they always endeavoured to respect people's privacy and dignity and that when undertaking personal care, doors and curtains were shut so that people were supported in private. One staff member said, "We care about people's privacy and dignity."

We saw that information on an advocacy service was made available for anyone who needed it.

Is the service responsive?

Our findings

Relatives told us how the home was responsive to changes in circumstances which meant that sometimes they would accommodate people at short notice. One relative said, "The way they supported our family is marvellous." A second relative said, "We needed [relative] to come in at short notice and they were able to help us." A third relative said, "Sometimes an appointment comes up between a visit and they are very good at accommodating changes."

Staff we spoke with also told us they knew the preferences and choices of the people they supported and respected them. One member of staff said, "We will do what [person using the service] wants." They went on to explain, "[Person] was ready for day centre, I had made the packed lunch and transport had arrived, but they didn't want to go so I didn't force them to go. We are able to deal with changes; instead we just spent the day at George Beal House and went locally for a walk." The member of staff went on to say, "At the end of the day, it's their choice."

There was clear evidence that the care provided was person-centred and that the care plans reflected people's needs, choices and preferences. Routines were set out according to the person's preferences and were discussed before every visit to the home. We saw that appropriate care plans were in place so that people received the care that met their individual needs. Each care plan contained information on how best to support the person. Information included was communication passports which detailed how people communicated, for example if they were able to use certain words to express what they needed support with. Assessments were completed prior to the person staying at the home were completed to ensure there was sufficient staff available and that the home was able to support the people's individual needs. Pen portraits gave staff key important areas of information about the person they were supporting.

We saw that reviews of care plans were recorded and with each visit staff would ensure that care plans were updated. One member of staff showed us a list of the reviews, we saw that one review had not been completed for many months, they explained, "We haven't reviewed [persons] care plans, they visit us [timescale] so when they visit next we will go through it to make sure nothing has changed."

Newsletters were available for people using the service and relatives. These provided information on the service, staffing changes and activities around the service. One relative said, "Yes we are kept up to date with what's going on."

Staff told us that if a person wanted to make a complaint they would support them to do so. Either by providing them with information on how to make a complaint, documenting the complaint on their behalf, or informing the registered manager or shift leader.

There was a complaints policy and procedure in place and people were made aware of this when they joined the service using an easy read format. Relatives told us that when they had a complaint the staff would take action. One relative said, "If I have any issues then I will go to [registered manager] or [team leaders]."

Is the service well-led?

Our findings

At this inspection we found that staff did not feel supported by management and staff felt that communication from the top down was not consistent. The home was therefore not well-led.

The service had a registered manager in place. Relatives told us that they knew who the registered manager was and would speak with them or team leaders if they had any issues. One relative said, "Yes I know [registered manager] I can go to [registered manager] but I tend to speak with [team leaders]." Another relative we spoke with also told us that they knew who the registered manager was but would generally go to the team leaders, if they needed to speak with anyone.

From our discussions with staff we found that there was mixed opinions about how well they felt supported by the management of the home. One member of staff said, "[Registered manager] is here but I wouldn't go to [them], I would go the [team leader] if I needed anything." Another member of staff however said, "[Registered manager] is supportive, the door is always open and I can ask [them] for support if I need it."

Staff told us that there was a lack of communication between staff and management which sometimes meant that they were unsure if concerns or actions were listened to and acted upon. One member of staff said, "[Registered manager] doesn't take ownership and doesn't follow actions through." This person went on to say, "[Registered manager] doesn't attend meetings and doesn't go into the bungalows or interact with service users." A second member of staff said, "I find it very disorganised, there is no structure and staff don't always know what's going on, we don't get support from management, but we are supported by the team leaders." A third member of staff however said, "I feel supported, there have been lots of changes so we are learning together, I am able to ask the registered manager or the operations manager for support." This member of staff went on to say, "We have been through a big change, we have improved a lot, there are some teething problems, but the operations manager has improved things."

Feedback received from staff indicated that there was a positive working relationship between care staff and team leaders. Staff did not all however feel that the same support was available from management and did not always feel valued by the service.

Monthly staff meetings were in place which allowed staff to discuss how to improve the service and learn from experiences. We saw that professionals were invited to discuss any matters concerning peoples support needs. Regular residents meetings took place and relatives were also invited to attend these.

There was an effective quality assurance system in place. The registered manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The registered manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner.

Records were stored securely and were made readily available when needed.