

# Beech Cliffe Limited

# Beech Cliffe

## 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

The inspection took place on 1 and 3 December 2015 and was unannounced on the first day. We last inspected the service in July 2014 when it was found to be meeting with the regulations we assessed.

Beech Cliffe Care Home is located on the outskirts of Rotherham across from Clifton Park. There are local facilities close by and good public transport links. The home supports up to eight younger people, over the age of 18 years old, who have a learning disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Throughout our inspection we saw staff supporting people in an inclusive manner, enabling them to follow their preferred interests and be as independent as possible. People's comments, and our observations, indicated people living at the home received appropriate support from staff who knew them very well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet people's needs. The company's recruitment system helped the employer make safe recruitment decisions when employing staff. We found new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher and specialist training to update and develop their knowledge and skills.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and people who used the service had been assessed to determine if a DoLS application was required.

People were involved in choosing what they ate from a varied menu. People's comments, and our observations, indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

Care records reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with detailed guidance about how to support people and keep them as safe as possible. Support plans and risk assessments had been reviewed and updated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives.

Each person had access to an individualised programme of activities that reflected their hobbies and interests. People's comments, as well as our observations, demonstrated they enjoyed the activities they

took part in.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

We saw people who used the services had been encouraged to share their views on the service provided, but this was not always fully documented. Surveys had also been used to gain relative's opinion of the service provider to their family members.

We found a system was in place to check if company policies had been followed and the premises were safe and well maintained. However, action plans did not have timescales for completion and records had not been kept up to date with actions taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and respond to suspected abuse and they had a clear understanding of the procedures in place to safeguard people.

Care records identified potential risks and provided staff with guidance on supporting people.

There was sufficient staff employed to meet peoples' needs. We found recruitment processes were thorough, which helped the employer make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely and in a timely manner.

### Is the service effective?

Good ●

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

Staff had completed a structured induction and a varied training programme was available to help them meet the needs of the people they supported.

People were supported with their dietary requirements. They had choice and involvement in meal planning.

### Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care. Staff communicated with people in a friendly and inclusive manner that reflected their communication needs.

People were treated with dignity and respect and their privacy

was protected.

People were happy with how staff supported them and no-one raised any concerns with us about the care and support provided.

### Is the service responsive?

Good ●

The service was responsive

People were involved in developing and reviewing their support plans, but this was not always clearly evidenced in the care files we sampled. Plans reflected people's individual needs and preferences in good detail, and had been reviewed on a regular basis.

People had access to a programme of activities and stimulation that was tailored to meet their individual needs and preferences. This included in-house activities' and outings into the community.

People were made aware of how to raise concerns and systems were in place to manage any concerns received.

### Is the service well-led?

Requires Improvement ●

The service was well led.

There were systems in place for monitoring the quality of the service provided. However, action plans did not give a timescale for work to be completed and had not always been updated when action had been taken.

Questionnaires had been used to ask relatives their opinion on the service their family member received. We saw people who used the services had been encouraged to share their views on the service provided, but this had not always been fully documented.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

# Beech Cliffe

## 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 was 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.

The inspection was undertaken by an adult social care inspector on 1 and 3 December 2015, and was unannounced on the first day.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we did not request the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were eight people using the service. We spoke with four people living at the home and spent time observing how support was provided, as well as how staff interacted with people.

We spoke with the registered manager, the nominated individual and five staff, including care workers and the cook. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this.

Care files contained records to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe.

We looked at the number of staff that were on duty on the days of our visits and discussed how staff rotas were formulated. We saw people were mainly supported on a one to one basis, which meant staff were able to meet their needs in a timely way and support them to go out into the community. This included attending appointments and taking part in social activities. People who used the service and the staff we spoke with told us there was enough staff available to meet people's needs. This was confirmed by our observations on both days we visited the home. Staff had a clear understanding of people's routines and preferences without being told, and said they mainly worked with the same people on a regular basis.

Records and staff comments indicated that staff had received training in supporting people whose behaviour could be challenging. Staff described the training they had attended and how they felt the communication passports in people's files helped them understand the best ways to support people. They explained how they would use the least restrictive methods to manage situations. One member of staff said, "I have mainly used what the trainers call the walk round and calming techniques."

Staff confirmed there was a restraint policy available to guide staff. They said restraint was rarely used, but confirmed they had received training on how to use the least controlling techniques. For example, a staff member described how blocking techniques could be used effectively.

Policies and procedures were available about keeping people safe from abuse and reporting any incidents or concerns. The registered manager was aware of the local authority's safeguarding adult procedures, which helped to make sure incidents were reported appropriately. Our records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that. There was also a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

Records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. The staff files we checked contained all the essential pre-employment checks required. This included at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure

and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. We saw there was a robust system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. We sampled three medication administration records [MAR] which we found to be appropriately completed.

We discussed the process for administering medication with one of the owners and observed a care worker administering medication. We saw two staff checked medication being administered and both signed to say it had been taken. Staff understood the importance of giving people their medication on time and clear guidance was available to tell staff about any specific actions they needed to take. For example, we saw when people were prescribed medicines 'to be given when required' [PRN] there were protocols in place telling them what the medicine was for and when to give it. Staff told us they always contacted the head of care or one of the owners for authorisation to administer a PRN medicine.

Records showed regular checks and audits had been carried out to make sure medicines had been given and recorded correctly. These included daily and weekly checks. One of the owners told us this meant that if any discrepancies were found, such as gaps in signing for medicines, these could be identified quickly and addressed straight away. Annual external audits had also been undertaken by the dispensing pharmacy.



# Is the service effective?

## Our findings

People we spoke with told us they were happy with the care and support they received. We saw people were cared for by staff who were supportive, understanding and responsive to their needs and preferences.

Each person had a health file which contained a health action plan and information about how the person had been supported to maintain good health and access healthcare services. This included accessing health care professionals such as dietitians, dentists, chiropodists, GPs and social workers. People's weight and wellbeing had also been monitored regularly and action taken to address any concerns.

Staff described how important information was communicated effectively between shifts through written handovers, as well as in care records. We also saw each person had a communication book in the front of their care file which detailed information that needed to be shared with other staff.

We found staff had the right skills, knowledge and experience to meet people's needs. Records and staff comments demonstrated that new staff had undertaken a structured induction that had included completing the company's mandatory training and an induction workbook. We saw initial training had included health and safety, food hygiene, safeguarding people from abuse, first aid, fire safety and infection control.

Where applicable, new staff had commenced the care certificate, which was introduced by Skills for Care in April 2015. The registered manager told us they had attended meetings to increase their knowledge so they could check if any changes were needed to their induction programme. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

There was a structured training programme in place that was undertaken by all staff, this included regular refresher training as well as specific training in respect of their job role. Topics covered included how to manage behaviour that challenged in the least restrictive way, positive behavioural support up to gold standard and understanding autism. One staff member said they were to undertake Makaton training shortly to enable them to communicate better with some people who lived at the home. We also saw staff were encouraged to undertake nationally recognised awards in care and autism.

Staff had received regular support sessions and an annual appraisal of their work performance. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles. One care worker told us, "The head of care is 'cracking' and the owners are here every day."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We found the requirements of the Act had been followed.

We saw policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. Care files provided details about the best time for individual people to make decisions, and the times that were not so good. This enabled staff to discuss things with people at the best times for them.

At the time of our inspection some people living at the home were subject to a DoLS authorisation with further applications pending. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The management team who were responsible for monitoring DoLS authorisations demonstrated a good understanding of the legal requirements. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They confirmed they had received training in this subject to help them understand how to protect people's rights.

Staff told us mealtimes were relaxed and arranged around what activities individual people were doing that day. People told us how they sometimes shopped for their own meals and staff helped them to prepare them in the training kitchen. One person living at the home showed us how meal options for the day were displayed in picture format on a magnetic board in the dining room. We saw the cook was preparing lasagne for the main evening meal, but one person told us they were going to make a curry with their care worker. Another person said they had eaten out at lunchtime so they would decide what they wanted later.

Staff said the main meal was served at teatime as most people were out in the community during the day. The cook, and the care staff we spoke with, demonstrated a good knowledge of people's preferences. They described how menus were changed to suit people's preferences and special dietary needs were catered for. For example, we saw one person required a dairy free diet while another person was restricted regarding eating foods with certain sugars in them.

Care records contained information about people's dietary needs and any specific guidance staff needed to make sure people ate and drank enough. Where people were at risk regarding their nutritional intake records were in place to monitor progress or deterioration and people's weight was monitored regularly.

# Is the service caring?

## Our findings

People's comments indicated they were happy with how staff supported them. We saw people were supported in a caring and responsive manner while staff assisted them to go about their daily lives and take part in social activities. Staff were dedicated to the person they were supporting so were available to provide hands on care and support as required. Throughout our inspection we saw staff interacting positively with people. They listened to what people wanted and gave each person appropriate support and respect.

Staff described how people who used the service and their families had been involved in planning and reviewing the support provided. We saw staff treating each person as individuals by asking what the person wanted to do and acting on their answer, giving the person control over what and how things were done. For example, we saw one person making a drink in the training kitchen and another going swimming with their care worker, which they said they loved to do.

Where people using the service could not communicate their wishes to staff easily we saw their key worker had addressed this. For example, one key worker had compiled a list of words and expressions the person they supported used to communicate what they wanted. They said this helped to make sure all staff knew what they were saying.

People's needs and preferences were detailed in their support files. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs, their likes and dislikes. We saw staff interacting positively with people, giving each person appropriate support and respect while taking into account their wishes and encouraging them to be as independent as possible. On the second day we visited we saw some people had chosen to stay in bed while other people had got up early and been shopping before lunch. We saw one person was having a late breakfast at 11.30am while others were planning what they wanted for lunch. This showed that people were treated as individuals and supported to do what they preferred.

Staff we spoke with gave clear examples of how they would offer people choice and respect their privacy and dignity. They spoke about closing doors while providing personal care and giving people privacy while using the toilet. One care worker said, "We offer people loads of choice, like what they want to eat, wear and do." Another staff member spoke about an incident when someone was taken ill, they added, "They were undressed so I covered them up with a quilt while waiting for help. You should treat everyone as you would like to be treated yourself."

Each person had their own accommodation, which we saw was individually personalised with personal items and family pictures. One person, and their care worker, described how they had chosen the colour they wanted their room painting and we saw photos of them joining in with the painting of the walls. They said they had enjoyed being involved in the redecoration.

There was no one being supported by an advocate at the time of our visit, but information was available about how to contact an independent advocacy agency should anyone need additional support. Advocates

can represent the views of people who are unable to express their wishes.

# Is the service responsive?

## Our findings

During our visit we observed staff providing care and support to people who used the service in a personalised and responsive way. The people we spoke with said they were happy living at the home.

There had been no new admissions to the home for several years, but we saw a structured assessment programme was available should a vacancy become available. We found people's needs had been continually assessed and there were records in place to monitor any specific areas where people were more at risk. These explained what action staff needed to take to protect them.

Each person had two files, one that contained care plans and risk assessments, and a second file about their health care needs. The files we sampled contained in-depth information about the areas the person needed support with and risks associated with their care. We found where intervention by staff was needed a support plan had been put in place along with details about how staff could minimise any identified risks. Plans also reflected people's individual needs and preferences in good detail. People who used the service told us they had been involved in developing and reviewing their support plans, and this was confirmed by the staff we spoke with. However, their involvement was not always clearly evidenced in the care files we sampled.

Care plans and risk assessments had been reviewed and evaluated on a regular basis to see if they were being effective in meeting people's needs and goals. We also saw care reviews had taken place periodically which involved the person using the service, family members, key staff who supported them and any professionals involved in their care.

Care files contained information about people's preferences, and what was important to them. We also saw there was a pen picture in each file which gave an overview of the person's main needs and preferred routines.

Detailed daily records had been completed for each person outlining how they had spent their day, what support had been provided and any changes in their general wellbeing.

There was a varied programme of social activities facilitated that was tailored to each individual person. People were also involved in day to day tasks such as cleaning their room, cooking, and organising their laundry. During our visit we saw people preparing to cook a meal, making hot drinks and doing arts and crafts. Other people were supported by staff to go out into the community to go shopping, swimming and for walks. People told us other activities they enjoyed included baking, using their iPad, bike rides, bowling and visits to the pub. The people we spoke with were excited about forthcoming Christmas events such as the Christmas party and disco arranged by the company at a local venue and visits to family and friends. Staff also showed us photos of people enjoying summer visits to the company's caravan and on holiday with their families.

The home had a teaching kitchen where supported by staff people could make drinks and meals. Staff told

us this was to help people become more independent.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was a pictorial version of the complaints procedure also available. We saw a system was in place to record any complaints received and the outcomes. The owner told us four complaints and seven compliments had been received over the last twelve months. We saw the details of each complaint had been recorded along with any action taken and the outcome.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we spoke with told us they were happy with the care and support provided and how their support was delivered.

People living at the home had been encouraged to be involved in care reviews and one to one discussions so they could share their views on the service provided. The registered manager told us group meetings were not suitable as some people would become anxious at a group meeting. We were told informal discussions had been used to consult with people, but these had not been recorded. The owners told us that they were looking at different ways to gain the views of people using the service, such as a 'service user survey'.

The company had used annual questionnaires to ask relatives for their views on the service their family member had received. The registered manager told us the survey for 2015 was to be sent out shortly. We saw a new parent's forum had been established to provide support and enable parents to discuss their feelings on how the home was run and any ideas they had to improve the service provided. The minutes of the meeting showed people could share their views face to face, by phone, video chat or email. Areas identified that could be improved included, communication and more organised events parents could attend. The owners had not been part of the first meeting, but told us they were looking at ways to be more involved so they could explain things directly to parents and address any comments straight away.

Staff told us they took part in staff meetings and regular supervision sessions where they could voice their opinion freely and felt they were listened to. They said the management team was approachable and involved in the day to day running of the home. When asked about the leadership of the home a care worker told us, "They are great [the home owners] and the head of care is great too. There is nothing you can't ask them or tell them, they are very approachable."

When we asked staff if there was anything they felt could be improved, the majority said the only thing they could think of was that the general environment of the home needed attention. For example, general redecoration throughout the home a new television for the lounge and some new furnishings. We shared this information with the owners who were aware of the improvements needed and said a new television was being arranged.

Throughout our visit we saw the management team was involved in the day to day operation of the home and took time to speak to people using the service and staff. They knew people by name and were aware of what was happening within the home. The registered manager told us they had been involved in various forums and conferences to increase their knowledge and look at ways forward in care provision. This included the Learning Disability Forum and a conference regarding positive behavioural support.

Internal audits had been used to make sure policies and procedures were being followed. This included health and safety, the general environment, infection control and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. For example, the registered manager had identified that improvements were needed to upgrade and repair the premises. We saw that although an action plan had been formulated areas needing attentions had not been prioritised with identified timescales for the work to be completed. We also noted that records had not always been updated when the identified shortfall had been addressed. However, in many cases we saw that action had been taken.

We saw the service had recently been awarded a four star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. The highest rating achievable is five stars. Their report highlighted seven areas that needed attention. All but two had been addressed; these involved replacement of the fly screen on the kitchen door and new worktops for the kitchen units. The registered manager said these would be addressed in 2016. They said it was felt as this was due to general wear and tear it would not be possible to replace the worktops without replacing the kitchen units, so they planned to replace the kitchen as soon as possible. We noted these two areas had not yet been added to the environmental action plan.

The fire officer had assessed the service in September 2015 and their report identified three areas that needed attention. The registered manager told us an action plan was in place to address each area and we saw a fire door audit had also been completed in April 2015. However, timescales for completion of the work and an updated account of what action had already been taken was not evident.

When we visited the home on the second day of our inspection we saw the registered manager had ensured action plans reflected what work had been completed and what was still outstanding, but timescales still needed to be applied.

Policies and procedures were in place to inform people using the service and provide guidance to staff. We saw these had been reviewed regularly and updated as needed.