

Glancestyle Care Homes Limited

Beech Manor

Inspection report

21 Banstead Road South
Sutton
SM2 5LF

Date of inspection visit: 30/09/2015
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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 30 September 2015 and was unannounced. At the last inspection on 5 March 2014 we found the service was meeting the regulations we looked at.

Beech Manor is a small care home which provides care and accommodation for up to eight adults with mental health needs. The service specialises in supporting people in the rehabilitation of their mental health to help them achieve greater independence in daily living. At the time of our inspection there were six people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and relatives told us people were safe at Beech Manor. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew

Summary of findings

how and when to report their concerns if they suspected someone was at risk of abuse. The provider had a formal procedure in place for staff to follow to ensure concerns were reported to the appropriate person.

Risks to people's health, safety and welfare were routinely assessed by senior staff. Plans and guidance was in place for staff to minimise identified risks to keep people safe from injury or harm in the home and community. Regular maintenance and service checks were carried out of the premises to ensure the environment and equipment was safe. Staff kept the home clean, tidy and free of hazards to reduce the risk of harm or injury to people.

There was an established and stable staff team at the home. Staffing levels were planned in advance and took account of the needs of people on a daily basis. The provider had carried out appropriate checks to ensure staff were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff were supported by the senior staff team and had a good understanding and awareness of people's needs and how these should be met. The way they supported people during the inspection was kind, caring, and respectful.

People were supported to keep healthy and well. Staff ensured people were able to promptly access healthcare services when this was needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Support plans had been developed for each person using the service which reflected their specific needs and

preferences for how they were cared for and supported. They gave guidance and informed staff on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People said they felt comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints, appropriately.

The senior staff team demonstrated good leadership. They sought people's views about how the care and support they received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

The provider and senior staff team carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. Staff took appropriate action to make changes and improvements when this was needed.

Staff had sufficient training in the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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 knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the home and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff received regular training and support to ensure they could meet people's needs. Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS.

People's capacity to consent and to make specific decisions was assessed and reviewed by staff. Staff demonstrated a good understanding about how to support people in a positive way if their behaviours became a risk to themselves or others.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Good



Is the service caring?

The service was caring. People said staff treated them well and respectfully.

People were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could be in the home and community.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and support plans were in place which set out how these should be met by staff. Support plans reflected people's individual choices and preferences for how they received care and support. People were encouraged to retain as much control as possible in how their care and support was provided.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led. People were regularly asked for their views about the quality of care and support they experienced their ideas and suggestions for improvements to the service were sought and acted on.

The senior staff team demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by their line managers. Staff were encouraged to report their concerns about working practices that impacted on the quality and safety of care people experienced.

The senior staff and the provider carried out regular checks to monitor the safety and quality of the service.

Good



Beech Manor

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

This inspection took place on 30 September 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection we spoke with four people using the service. We observed the support provided to people. We also spoke with the registered manager, the team leader, one senior care support worker and one care support worker. We looked at records which included three people's care records, two staff files and other records relating to the management of the service.

After the visit we spoke with two relatives of people using service and asked them for their views and experiences of the service. We also spoke with a social care professional from a local authority.

Is the service safe?

Our findings

People told us they felt safe at Beech Manor. Relatives also said their family members were safe at the home. Staff had received training in safeguarding adults at risk and knew how to protect people from abuse, neglect or harm. Staff were able to explain the signs they would look for to indicate someone may be at risk of abuse and told us the actions they would take to protect them. One member of staff said, "If I thought someone was being abused I would talk to the senior straight away. I wouldn't tolerate it." The provider had a policy and procedure in place which set out the steps staff should take to report a concern. Staff also had access to a whistleblowing hotline which they could call if they wanted to anonymously report any concerns they had. The number of the hotline was displayed in the home so that this was easily accessible to staff.

There were plans in place to minimise identified risks to people in the home and community. During the planning of people's care, staff discussed and assessed with people how their circumstances and needs could put them at risk of injury and harm in the home and community. Using the information from these assessments, plans had been developed which informed staff how to minimise these risks when providing people with care and support. Records also showed there was guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment which included a personal emergency evacuation plan (PEEP) for each person using the service. We noted regular fire drills took place to check that evacuation procedures were robust.

Risks to people were reviewed regularly and reassessed when any new risks had been identified. This included any learning from accidents and incidents identified following analysis and review of these by the senior staff team. Records and support plans were updated promptly so that staff had access to up to date information about identified risks to people, to ensure people were sufficiently protected. Staff had a good understanding of the specific risks to each person and what they should do to minimise the risks of these occurring without restricting people's rights to undertake activities or tasks. We saw a good example of this during the inspection of how staff

continuously observed and monitored one person who was undertaking an activity to look for any changes in their mood and behaviour that could lead to them becoming a risk to themselves or others.

People and relatives said there was a consistent level of continuity in the support they received from staff which indicated there was an established and stable staff team at the service. The staffing rota for the service was planned in advance and took account of the level of care and support each person required each day, in the home and community. Staff we spoke with had worked with many of the people using the service for a long period of time and it was clear from discussions with people and staff they knew each other well.

The provider had appropriate recruitment procedures in place to ensure staff were suitable and fit to work at the home. Staff records showed employment checks were carried out and evidence was sought of people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to ensure they took their prescribed medicines when they needed them. Staff encouraged and supported people to self-administer wherever this was possible. People we spoke with were well informed about the medicines they needed to take to keep them safe and well and knew why and when these should be taken. One person told us they saw their medicines as instrumental in improving their mental health and said staff made sure they received them as prescribed. Medicines were stored safely in lockable cupboards. Each person had their own medicines administration record (MAR sheet) and staff signed this record each time medicines had been given. Medicines were clearly labelled and each person's stocks were kept separately from each other's. This reduced the risk of staff administering medicines to the wrong person. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was

Is the service safe?

refreshed on a regular basis. The senior staff team checked medicines administration and stocks and balances, daily, weekly and monthly to ensure any errors could be immediately identified and rectified.

The environment and the equipment in the home was regularly checked to ensure these did not pose unnecessary risks to people. Regular service and

maintenance checks of the premises and equipment had been undertaken. Records showed regular checks had been made of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances and gas heating systems. We observed the home was maintained to a good standard, clean, tidy and free of hazards and obstacles.

Is the service effective?

Our findings

Staff that worked at the home had a good understanding of how to meet the needs of people they supported. A relative told us staff that supported their family member had known and worked with them for many years and they felt this continuity meant their family member had received a consistent level of support which had made a positive contribution to the overall quality of their life. They said about the registered manager, “She is very committed, does a lot of courses and keeps herself up to date. She has a really excellent understanding of the law and mental illness.” Staff we spoke with had a good understanding and awareness of what their priorities and objectives were for ensuring that people received the care and support they needed.

Staff received regular training to enable them to meet the needs of people using the service. Records showed staff attended courses regularly in topics and areas relevant to their work and role. Training was regularly monitored by the registered manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. Staff confirmed they received training to help them in their roles. Staff also received regular support from the senior staff team through individual one to one (supervision) meetings. Records showed staff met with a member of the senior staff team regularly and were provided with opportunities to discuss any work based issues or concerns and their learning and development needs. Staff told us they had regular supervision meetings with the senior staff team and felt well supported by them.

Records showed people's capacity to consent and to make specific decisions was assessed and reviewed by staff. People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about how and when people were able to make choices and decisions and how staff could support them to do this. Staff had received training on the Mental Health Act 1983, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered

manager had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one.

Staff did not use restraint or other restrictive practices in situations where people's behaviour may have challenged others. People's records showed there was guidance for staff about the techniques and strategies they should use to positively distract people when they became anxious or upset. Staff demonstrated a good understanding about specific triggers and situations that could cause people to become upset and how they could support people in a positive way to distract and calm them if this should occur.

Staff encouraged people to eat and drink sufficient amounts to meet their needs. As part of their rehabilitation people were encouraged and supported to assist in the preparation and cooking of their meals. Some people were independently able to do this but where people needed help with this, staff were on hand to provide this. Staff demonstrated a very good awareness of people's specific preferences for the food they ate and supported people to eat meals of their choosing. People were given time to eat their meal and were unhurried by staff. Records showed staff monitored people's food and drink intake to ensure they were eating and drinking enough. People's weights were monitored where they consented to this to help them maintain a healthy weight.

People were supported by staff to maintain their physical and mental health. A relative said, “The staff know when [family member] isn't feeling well and how to help [them] through a crisis.” The support people needed from staff to maintain their health was documented in their records. We noted there was regular involvement and input from a wide range of health and social care professionals in order to support people to maintain good mental health and promote their overall wellbeing. People's records contained important information about the support they needed to access healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented. Staff monitored and noted daily their observations about people's general health and wellbeing. Information was shared by staff at each shift handover, particularly any concerns noted by staff about an individual's health or wellbeing. Where there was a concern

Is the service effective?

about an individual we noted prompt action was taken by staff to ensure this were discussed with the senior staff team and the appropriate support from healthcare professionals was obtained.

Is the service caring?

Our findings

People told us staff treated them well. One person said, “Best place I’ve ever been in. I feel like I’m moving forwards every day. I’m happy with the staff.” A relative told us, “[Family member] is happy and doing their own things.” Another said, “[Family member] tells us they are very happy there.” We observed friendly and warm interactions between people and staff. People appeared comfortable and relaxed in the presence of staff.

Senior staff ensured people were as involved as they wished to be in the planning of their care and support. One way they did this was to ensure people had access to advocacy services which people were encouraged to use. One person said, “We have an advocate that comes here and talks to us and they can talk for us.” Records showed staff sought and acted on people’s views when planning their care and support. Staff discussed with people their wishes and preferences for their living environment particularly any concerns they may have about living with people of different genders to ensure people would be comfortable and happy with this arrangement. A member of staff said they used different techniques to communicate with and inform people as people had varying needs for example due to poor eyesight or hearing.

People could have privacy when they needed this and were treated with dignity and respect. One person said, “You can have privacy when you want it. It’s more relaxing and quiet here.” A relative told us, “They most definitely treat [family member] with respect and dignity and they are very kind and compassionate. Not just with [family member] but with all of them [people using the service].” We saw staff spoke to people respectfully. They involved people in making decisions about what they wanted. For example during

lunchtime people were offered choices about what they wanted to eat. People were given time to communicate their needs and wishes and staff then acted on these. We observed staff were alert and quick to assist people when this was needed. In our conversations with staff we noted they spoke about people in a kind and respectful way.

The service specialised in supporting people to live more independent lives. One person said, “Staff try and motivate people to do things for themselves which is a good thing I think.” Another person told us, “I love it very much. I look forward to all the tasks. It keeps my spirits up. I can cook for myself now and I try out new recipes.” A relative said, “I must say how I’m extremely pleased how the care and support has gone. [Family member] has much more autonomy now and can manage in a way [they] couldn’t before. [They] can cook, dress, shave and shower and will go out in the local area by themselves.”

During the inspection people who were at home were supported by staff to undertake tasks and activities aimed at promoting their independence. For example, staff supported people with cleaning tasks and preparing meals. If people wanted a drink they were encouraged to get this for themselves. There was detailed information for staff within people’s support plans on how to provide care and support which enabled people to undertake daily living tasks and activities in such a way as to ensure people retained as much control and independence as possible. Records also showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. Staff told us they would only step in and assist people if they were not able to do activities and tasks by themselves in a safe way.

Is the service responsive?

Our findings

People were supported by staff to contribute to the planning of their care. One person said, “I feel very involved. I can negotiate.” A relative told us, “I’ve never missed a meeting and feel we are listened to.” Records showed people attended meetings, along with their family members, representatives and/or with other healthcare professionals to discuss and plan how care and support should be provided to them. The outcomes of these discussions informed people’s individual support plans. These set out how their needs were to be met by staff taking account of their specific likes, dislikes and preferences for how this was provided. For example where people had a preference for receiving care and support from staff of the same gender this was noted and met. People’s support plans reflected their personal care goals and objectives, which were focussed on their on-going rehabilitation, recovery and achievement of greater independence in all aspects of daily living. There was detailed information for staff within their plans on how to provide care and support which enabled people to undertake daily living tasks and activities in such a way as to ensure people retained as much control and independence as possible. For example, people were encouraged to undertake as much of their personal care as they possibly could by themselves.

People’s support plans were regularly reviewed with them to ensure what had been planned for them continued to meet their needs. Records showed staff met with people regularly to discuss their current support and any changes that may be needed if people’s needs had changed. We saw when changes were needed to people’s support plans these were made promptly and all staff were informed. We saw a recent example of this where the level of support one person needed had changed. Senior staff had updated their support plan and communicated the changes to all staff promptly. Annual Care Programme Approach (CPA) reviews, which are specific to people with mental health needs, had been carried out of each person’s care and support needs. These had been attended by people, their family members or representatives, social workers, staff and other relevant healthcare professionals involved in people’s care.

People were supported to pursue activities and interests that were important to them. One person said, “I feel like I can go out when I want to and visit the library.” A relative said, “[Family member] is going to college and is doing really well there.” Each person using the service had their own personalised weekly timetable which set out each day the activities and tasks they wished to undertake in the home and community. These ranged from undertaking courses at college, activities in the community such as attending social clubs and carrying out voluntary work. On the day of our inspection one person was being supported to help with the gardening as this was an activity they especially enjoyed doing. People also undertook personalised activities with the support of staff. These included shopping trips, visiting attractions and meals out. One person said, “They (staff) helped me buy clothes when I needed them.”

People were encouraged to maintain relationships with those that mattered to them. People told us they were able to visit with friends and family when they wished. Relatives said staff made sure their family member stayed in regular contact with them. Records for each person showed there was detailed information about the relationships that were important to them and how these were to be supported and maintained with staff’s support. Family, friends and other people involved in people’s lives were routinely invited to celebratory and social events at the home such as summer barbeques. People were also encouraged to attend events or go on outings with their family or friends in the community.

People and their relatives said they felt confident making a complaint to the senior staff team. One person said, “I wouldn’t hesitate to say something if I felt something wasn’t quite right.” A relative told us, “If I wasn’t happy I would know how to complain.” The service had arrangements to respond appropriately to people’s concerns and complaints. There was a complaints procedure in place which detailed how people could make a complaint and how this would be dealt with by the senior staff team. People had been provided with a copy of the procedure. We noted from records staff had explained to people, at their individual support review meetings, their rights and how they could make a complaint so that people were aware of what action they could take if they were unhappy with any aspect of their care and support.

Is the service well-led?

Our findings

People, their relatives and care professionals who worked with the service said senior staff were open, approachable and committed to ensuring people were supported to achieve their care goals and objectives. A relative told us the senior staff team regularly attended courses to keep up to date with the latest developments in mental health care practice. A social care professional from a local authority said, “I feel I can give them [registered manager] critical feedback and they would deal with this positively. The registered manager encouraged an open and transparent culture within the home. They ensured people were given a say in how the service was ran and how it could be improved. This was done in various ways. Regular ‘community meetings’ were held at the home at which people discussed the quality of care and support they experienced and their ideas and suggestions for how the service could be improved. One person told us the community meetings were ‘positive’ and gave us a recent example of staff making changes to the service following a suggestion they had made.

Surveys were sent to people and their relatives or representatives through which their suggestions for improvements were sought. People were also enabled to make suggestions about how the service could meet their on-going and future care and support needs through regular care review meetings with staff. Records showed that people’s views and ideas had been documented and the actions taken by staff in response were recorded. This meant senior staff took responsibility and were accountable for ensuring people’s views influenced how the service was developed so that it met their needs and wishes.

Senior staff had set clear expectations for all staff working at the service in how they should ensure people experienced good quality care and support which met their needs and wishes. One person told us the support and encouragement they received from staff had motivated them to working towards achieving their care goals and

objectives. Staff were set performance objectives by senior staff to achieve these aims, which were regularly monitored and reviewed by senior staff through meetings such as one to one’s, annual appraisals and staff team meetings.

Senior managers were also subject to regular review and scrutiny from their own managers to ensure they were achieving the service’s aims and objectives. Records showed through meetings, staff were given opportunities to talk about any work place issues they had. Staff were encouraged to question and raise their concerns about any poor practices they observed by reporting these immediately to the senior staff team, or anonymously through an established whistleblowing procedure. If staff did not feel comfortable speaking to the senior staff team a contact number within the provider’s organisation was made available so that staff could speak to someone in confidence.

There was a robust quality assurance framework in place through which the provider and senior staff team monitored and reviewed the quality of service that people experienced. At service level, staff were designated lead responsibilities for different areas of the service and were responsible for carrying out regular checks to ensure the expected standards had been met. These covered key aspects of the service such as the care and support people received, accuracy of people’s care records, the management of medicines, cleanliness and hygiene in the home, the safety and quality of the physical environment, health and safety, staffing levels, recruitment procedures and staff training and support. These checks were all documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks. Senior staff then carried out their own checks to ensure these had been done and to the required standard. Staff from the provider’s organisation also carried out their own visits to the home to review the service. We noted any issues or concerns identified were promptly raised with the service’s senior staff team who took the appropriate action to deal with these.