

D J Barzotelli

The Beeches Residential Home

Inspection report

35 Ethelbert Road
Canterbury
Kent
CT1 3NF

Tel: 01227769654

Date of inspection visit:
12 September 2017

Date of publication:
23 October 2017

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 ●

Summary of findings

Overall summary

This inspection took place on 12 September 2017.

The Beeches is a care home, run by D J Barzotelli, providing accommodation with personal care and support for up to 18 adults with learning disabilities. The home is situated close to Canterbury town centre. 17 people were living there at the time of the inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good.

People told us they were happy in the home. The majority of people had lived there for many years and were supported by the registered manager and staff whom they had known and had worked there for the last 10 to 15 years. There was an established warm culture of support and friendly banter amongst people and staff that they described as being like a 'large family'.

The registered manager worked alongside staff and spent time with people. People said they were comfortable and confident to say what they thought and there was a clear easy to understand complaint procedure. People's views about the service offered were routinely sought. What people liked and what could be better were taken into consideration in the development of the service, alongside current good practice guidance from professional organisations. The entrance hall area had been decorated following feedback and with involvement of people who had chosen a new colour scheme and furnishings.

There were plenty of staff to support people and staff were recruited safely. Staff were kind and caring to people and people were treated with dignity and respect. Staff knew how to recognise and respond to abuse and the registered manager had reported any safeguarding concerns to the local authority. Action had been taken to prevent incidents happening again as far as possible.

There were clear ways to help people make decisions. Staff had a good understanding of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were some restrictions in the environment to protect people. These did not affect everyone, for example some people had keys and all restrictions were kept under review by the registered manager.

People were occupied with their own routines during the day and had established their preferred lifestyle. Each person had their own interests and preferences and these were supported with a variety of planned and spontaneous activities. People's care plans were informative and person centred and included assessments of risk to protect people. People were supported to develop their independence as much as they wanted to.

People said they enjoyed the meals and some people chatted with the cook about the food. There was a set menu and people, who needed them, had variations to accommodate specialist diets and health care conditions.

People were supported to keep as well and healthy as possible. If people became unwell the staff responded promptly and made sure that people accessed the appropriate services as quickly as possible. People received their medicines safely and when they needed them, by staff who were trained and competent.

The registered manager and staff made sure they had the skills, accessed the right specialist support and had appropriate equipment to support people if their needs changed and the team had gone the extra mile to care for people at the end of their life.

The registered manager carried out checks of the home and systems to make sure it was safe and staff knew how to respond if there was an issue or an emergency. The Care Quality Commission had been notified of important events within the service, as required by law.

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.

Is the service safe?

Good ●

The service remains Good.

People were protected from abuse. Staff knew signs of abuse and had received training to keep people as safe as possible.

Risks to people had been identified and action had been taken to keep people safe and well.

Staffing levels were flexible and determined by people's needs and staff were recruited safely.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service remains Good.

Staff received training to have the skills and knowledge to support people and understand their needs.

Staff offered people choices in all areas of their life and followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to eat a healthy varied diet and eat at their own pace.

People were supported to maintain good health and when people became unwell their individual needs were supported.

Is the service caring?

Good ●

The service remains Good.

People had built up strong relationships with each other and staff.

People had the opportunity for sociable support and their privacy was respected.

Staff were flexible and responded quickly to people's changing

needs or wishes.

People were supported to be as independent as they wanted to be.

Is the service responsive?

Good ●

The service remains Good.

People received support and care in the way they wanted. Care plans had been updated and were person centred.

There was an easy read complaints procedure that people used.

Is the service well-led?

Good ●

The service remains Good.

There was a warm, well established culture.

The registered manager worked alongside the staff team and was visible and available to people.

People and their relatives were regularly asked for feedback on the service and this was acted on.

The registered manager completed a range of checks and audits.

The Beeches Residential Home

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 was a comprehensive inspection.

This inspection took place on 12 September 2017 and was unannounced. An inspector and an assistant inspector carried out this inspection.

The provider 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and four staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with eight people. We observed how people were supported and the activities they participated in.

We inspected The Beeches Residential Home on 11 and 12 December 2015. There was one breach of regulations that was followed up in a focused inspection on February 2017 and service was rated Good.

Is the service safe?

Our findings

People expressed that they felt safe in the home and everyone looked comfortable in the company of each other and staff. A person told us, "Yes I feel safe here." All responses to the survey given out by the home were positive about feeling safe and getting the right support from staff if they had concerns. One person commented in the survey, "I feel safe at The Beeches".

Staff had a good awareness of what abuse was and there were effective systems in place to protect people from abuse and harm. There was a step by step safeguarding and whistleblowing policy for staff to follow. Staff knew how to report incidents and concerns and were confident that the registered manager would respond appropriately to keep people safe. The registered manager and staff explained that they had recently had to manage a situation that had put people at risk and they had made a difficult decision based on this. They had liaised closely with the safeguarding team and community learning disability team and during that time there was a higher level of reporting of safeguarding alerts from the registered manager. Since this situation was resolved no further alerts had been raised.

Risk assessments were clearly recorded and contained all the guidance staff needed to protect people. Risks to people were well thought out and managed to keep people safe without unnecessary restriction. Some people were learning new skills and others were maintaining the skills and routines they had developed that they were happy with. When people's needs changed adjustments were made to support them. People had got to know each other and the staff very well. Staff were able to anticipate what triggered people's anxieties and knew how to assist them to prevent reactions.

The registered manager kept the staffing levels under review and made sure that there were sufficient staff to support people safely. The support people needed was assessed and if people's needs changed staffing was modified to support them. When required the registered manager reported changes to the funding authorities. The majority of staff in the team had worked in the home for many years.

There was a thorough recruitment process that included safety checks, an interview and checks of previous employment to make sure people were only supported by staff that had been considered suitable and safe to work with them.

People's medicines were managed and stored appropriately. Medicines were stored securely and at the right temperature to make sure they worked properly. There were guidelines and protocols in place that included how staff should assist people to take their medicines. People took their own medicines with assistance from staff. People had developed their preferred routines with how their medicines were taken and did as much for themselves as possible. A person showed us how they managed a health condition with the medicines they took and talked about the routine they had developed to take the medicines that kept their condition under control.

There was information in people's health action plans about their medicines and what they were for, in a way that people could understand. Staff signed that people had taken their medicines in the presence of

people and these records were checked by the registered manager and senior staff to make sure there were continuous, accurate records. All medicines that needed extra checks because of the risks associated with them, were given safely and recorded according to best practice guidelines.

Is the service effective?

Our findings

People told us they were helped to make decisions and were supported well to keep healthy. A person's relative told us that their loved one, "...is so well looked after. They are providing better nursing type care than [person] would get in a nursing home." Some people talked to us about their mental health and we observed how staff supported them when they felt tearful or anxious.

A good range of training continued to be provided and staff kept up to date with essential knowledge so they had the skills they needed for their role. Training included practical training like moving and handling and training involving discussion like equality and diversity. When people's needs changed and the staff needed different skills, the registered manager was quick to organise necessary training including specialist training when appropriate. The staff had recently received some specialist training and this had enabled a person to come home from hospital as they wished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were given the support they needed to make day-to-day decisions about what they wanted to do, eat and wear. When people lacked capacity there were clear processes to follow to support people to make decisions about their care that included best interest meetings with people's representatives. Staff had a good understanding of MCA. There were MCA assessments in people's care plans and the relevant documentation showed the decision making processes.

Some people had the flu jab on the day of the inspection and said that they had been able to choose whether to have it or not. People were aware of the health benefits which had been explained to them in a way they could understand and they had been given sufficient time to process this information and give their consent. A person told us, "We can all have it. It stops us getting flu." If anyone had decided not to have this injection the registered manager said this would be respected. The GP had arranged to return another time to give the injection to people who were out during his visit and people said they were happy with this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people were constantly supervised by staff to keep them safe. The registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for people who required them, to make sure that the constant supervision was lawful. The registered

manager tracked the applications that were still being considered by the local authority and when they were due for renewal.

A cook was employed to make the food and people said they helped as much or as little as they wanted to. At times the kitchen was locked for safety. Access to the kitchen at these times was based on a risk assessment, so some people had keys and others asked staff for assistance. This restriction was kept under review to make sure it was the least restrictive option.

Mealtimes were relaxed and informal and people had an established routine that they said they liked. The menu was planned in advance with people and people who needed specialist diets had an adaptation of the main meal unless they wanted something else. People had the equipment they needed to help them eat independently, for example, plate guards and adapted cutlery.

People were supported to understand how to stay healthy. Each person had a health action plan in their care plan folder that gave all the information and guidance needed to support them and included health checks and appointments. If people became unwell staff were vigilant in caring for people to make sure when they were poorly their skin was protected and they were well hydrated and nourished.

Is the service caring?

Our findings

People told us they liked the staff and had good friends in the home. A person told us they were going out with their relative that afternoon and that they did this regularly and looked forward to it. A person's relative told us they visited regularly and afterwards, whenever they had taken their loved one out, "[loved one] always used to say they wanted to go home, if you didn't kiss them goodbye outside they were gone!".

People had formed good relationships with each other and staff. Staff had taken the time to get to know people well. Some people had lived together for a long time and some of the staff team had worked in the home since it had been set up. People had opportunities to go to clubs where they met their friends. People's friends and families were encouraged to visit and several parties were arranged each year where everyone's friends and families were invited. People were just starting to plan the next big party in October for Halloween. People were smiling and chatting to each other and staff and there was a friendly banter much of the time during our inspection.

People were given information in a way they could understand so that they were able to make decisions about their care. People had a named member of staff who helped them plan their support, activities and made sure they had what they needed. Regular meetings were held with the person to talk about their plans. People were also able to access independent advocates. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People had the opportunity for sociable support with each other and their privacy was respected. People had keys to their rooms if they wanted them. People were supported to keep their belongings safe if they did not have or want a key. All people's bedrooms had been decorated and furnished the way they wanted and they had lots of personal possessions. Some people had specially adapted furniture and equipment to keep them comfortable and safe and this had been made to look as homely as possible. People's choices and preferences were respected. One person spent time in their room but liked the door open to look out. A magnetic door holder had been fitted so that the door would stay open and people could pop in which the person enjoyed.

People were offered choices and experiences to develop their independence. One person said they liked cooking and baking at the day service but they did not want to do it at home. One person said they enjoyed preparing the meals and another liked to clear up afterwards and had a routine that they enjoyed and another person was learning to use the washing machine. People were helped to learn new things as much as they wanted but if they declined this was respected. When we asked other people who were not joining in with these activities if they liked to cook or wash up there was a resounding 'No'.

People's end of life wishes were considered and acted on. When people needed support to express what they wanted a best interest meeting was held with relevant people and decisions were made in people's best interest. The registered manager and staff team went to great lengths to make sure that people got the care and support they wanted in the way they wanted it and that where possible they were enabled to stay at home to the end of their life.

People's care plans and records were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People talked about their recent holidays and said how much they had enjoyed them. People were given information about holidays and different brochures were collected, so that people could choose where they wanted to go and make plans. Often people preferred to go to the same places but they also had the opportunity to try something new.

People had established their own routines and were supported in the way they wished. Each person had a written plan of care and support that was compiled with the person as much as possible. The style of the plans had been developed so that it was person centred and included a booklet that was in an easy read style, with pictures and photos and contained important personal details and preferences. Care plan folders included a hospital passport which contained information to take into hospital with the person to make sure their individual needs would continue to be met, particularly regarding allergies and communication support.

There were meetings between the staff every day to make sure important information was handed over between shifts. Discussions and meetings were held with people at least monthly to talk about their care and support and care plans were reviewed every six months and more frequently if there were any changes. Care plans contained clear information, were up to date and detailed enough to make sure people received the care and support they needed.

People attended different clubs and organised activities regularly, like dance and drama and other trips and outings were arranged that people could choose to go to. People told us they had gone to Dymchurch on the model railway last week. They said they did this a few times each year and really enjoyed it. There was a structured programme of activities that was carried out flexibly depending on what people wanted to do and what the weather was like. Some people joined in and others occupied themselves. Some people had been out in the morning and during the afternoon various board games were out on the table, one person was painting a model and another person was in their room playing music and singing along to it.

People were listened to and there was a clear easy read complaints procedure. People told us that they spoke to the registered manager and staff if they had a concern. A person told us they regularly spoke to the registered manager because at times they felt unhappy at the home and they were listened to. The registered manager showed us the records of complaints and concerns and the plans that had been made with people to address them. All complaints made had been resolved with satisfactory outcomes for people.

Is the service well-led?

Our findings

People told us that the home was well led. People said they would go to the registered manager or staff if they wanted anything and they were listened to. A person's relative talked to us about their loved one's care and praised the registered manager and staff team, commenting they were, "More than happy. Couldn't fault the home."

There was a warm, open culture in the home. People were happy and comfortable in their chosen lifestyle and surroundings, chatting amongst themselves and the staff and going about their day. There was a good mixture of solidity and familiarity that nurtured people due to the stable staff team and management.

There was an established registered manager who had worked in the home for more than ten years and had been the registered manager for seven years. 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.

The registered manager worked alongside staff to support good practice. They made sure they were available to people, to keep in touch with what was happening in the home and people's experiences. There were regular meetings with people and staff. When people needed support to communicate this was given and people also had one to one meetings with either the registered manager or their key worker.

Surveys were sent out to people, people's relatives, staff and given to visiting professionals to get as many people's views as they could, to find out what people thought of the home and what was provided. The registered manager kept the way they supported people under review and was always looking for ways to improve. The feedback received was collated into a report with themes that highlighted what they were doing well and any areas that could potentially be improved upon. All negative comments were followed up to see what was needed and positive feedback was passed on to the staff.

Staff said they were able to participate in discussions about the way they worked and supported people and the way the home was run with the registered manager. Staff meetings were held at least once a month. Staff said that they were able to suggest ideas and these were taken into consideration in the running of the home.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had links with organisations including Skills for Care and the Social Care Institute for Excellence to keep up to date with good practice. People and staff attended local learning disability district partnership groups to meet people and find out what was happening in the wider world to support people with learning disabilities and find out about new opportunities. New dementia research had been taken into consideration and used to support people who were starting to show symptoms of dementia.

Newsletters were sent out to families to share news of the service, keep them in touch with what was happening with their loved ones and to let them know about planned events. Information about dementia had been included in one of the newsletters and families had fed back to the staff team that they had found this information helpful to support their loved ones and to understand their conditions.

The registered manager researched other services that were rated good and outstanding by the Care Quality Commission to consider other ways to improve and develop the service provided in the home. Policies and procedures were clearly written and easy to follow so that staff had the right guidance to give person centred care and support. The staff team had recently developed their end of life policies and procedures, considering how best to support people as they got older, through ill health and to find out what people's final wishes were.

The registered manager had notified the Care Quality Commission (CQC) of important events as required. The office was well organised. Records and plans were up to date and readily available and were stored securely.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service and on the provider's website in line with guidance.