East Sussex County Council

Beacongate

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We visited Beacongate on 23 November 2016. The inspection was unannounced.

Beacongate is a residential care service that provides accommodation for up to five individuals with learning disabilities. At the time of our inspection five people were using the service. At our last inspection in April 2014 the service was meeting the regulations inspected. During this inspection we learned the service was due to merge with two other services run by the same provider and move to a new purpose built building during 2017.

The service had 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 helped make sure people were safe at Beacongate and in the community by looking at the risks they may face and by taking steps to reduce those risks.

There were enough staff to support people to live a full, active and independent life as possible and staff and managers were able to offer support when required from an adjacent home under the same provider. People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by their manager.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Care records focused on people as individuals and gave clear information to people and staff using a variety of photographs, easy to read and pictorial information. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly by staff.

Staff encouraged people to follow their own activities and interests. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people

experienced.

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. There were arrangements in place to protect people from the risk of abuse and harm. Staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had an effective staff recruitment and selection process in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and staff supported people to eat healthily.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the management team. Staff told us that the manager was approachable, supportive and listened to them.

The provider encouraged feedback about the service through regular house meetings and stakeholder surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Beacongate

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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

One inspector undertook the inspection. The inspection took place on 23 November 2016 and was unannounced.

During our inspection we spoke with the operations manager, the registered manager, the deputy manager and three staff members. We met four people who used the service and we conducted observations throughout the inspection as some people were unable to speak with us. We looked at two people's care records, two staff files and other documents which related to the management of the service, such as medicine records, training records and policies and procedures. After the inspection we spoke with two relatives of people using the service.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe living at the service. One relative told us, "[My relative] is very, very happy, they have all they want …they are very much in a safe environment." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the management team, the local authority's safeguarding team and the Care Quality Commission. Records confirmed staff and the management team had received safeguarding training new staff via the induction process and existing staff through an ongoing training schedule. A yearly competency checks were undertaken by managers to ensure staff had a full understanding of safeguarding procedures. People's finances were protected and there were procedures in place to reconcile and audit people's money.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us if they had concerns they would speak to their manager. The operations manager told us how they regularly met with staff to give them the opportunity to ask questions or raise concerns. Details of incidents were recorded together with action taken at the time, notes of who was notified such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. These were monitored to look for any emerging trends or patterns.

Staff followed effective risk management strategies to keep people safe. People's care records contained appropriate risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's risk both at the service and in the local community. Staff told us how important it was to read and understand peoples risk assessments and gave us examples where this had helped them manage a situation. One staff member explained how one person could become upset when they were in certain situations in the community and the various techniques they used to avoid these situations to prevent risk to the person.

The provider had systems in place to promote a safe environment. The home was well presented and safely maintained and there were records to support this .People had their own personal emergency evacuation plan (PEEP) and copies were kept by fire exits so emergency services could access these easily should the need arise. Health and safety and fire checks were routinely carried out at the premises.

The arrangements for the recruitment and selection of staff were thorough and helped ensure people were protected from unsafe care. Records showed the required checks had been carried out before staff started working at the service so that only suitably vetted staff was employed. These checks included completed application forms and supporting information such as proof of identification, two references, qualifications, full employment history and criminal records checks. Staff recruitment files were audited at frequent

intervals by the provider and reported on to ensure that processes were robust.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were three staff on duty. The deputy manager was also responsible for another adjacent care service connected to Beacongate by their gardens and this allowed them to move between services frequently during the day. Staff told us they could call on the deputy manager at any time and that staff could move between services offering additional support when required. The registered manager explained that in the future they were looking at merging three registered services into one new building and had introduced a flexible staffing rota. This enabled staff from other services to get to know people using the service and for people to feel comfortable and confident with staff that may be new to them. Agency staff were used to cover staff absence, two agency staff were on duty on the day of our inspection, people seemed comfortable in their presence and they appeared to know people well. The registered manager explained when agency staff were used they would request the same staff members for continuity.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Staff talked us through the procedures for ordering, storing, administering and recording of medicines and explained that two members of staff always monitored the administration of people's medicines and countersigned the relevant entries on people's medicine records. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received training in medicines management were allowed to administer people's medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. A staff member told us, "The training is extensive, they are very supportive of staff."

A comprehensive training plan was available for staff. This included induction when staff first started working for the service and mandatory refresher training thereafter. The registered manager explained if new staff did not have recognised qualifications it was mandatory for them to undertake the Care Certificate as part of their induction. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults, basic life support, health and safety, medication and infection and prevention control. Records were kept of the training undertaken by staff.

We were shown how the manager monitored the system to ensure all staff had completed their mandatory training within the providers specified time scales. This included emergency first aid, fire safety, food hygiene, infection control, health and safety, safe handling of medication and safeguarding adults as risk. Staff also received additional specialist training to meet people's needs in subjects such as epilepsy, dementia and end of life care. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. Records confirmed supervision was undertaken at regular intervals and yearly appraisals had taken place.

The registered manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of DoLS and knew how it applied to people in their care. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff understood the main principles of the MCA and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how they applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood, records confirmed applications had been made and authorisations received. We saw where authorisations were due for renewal these had been applied for appropriately.

People were supported to have a balanced diet and were involved in decisions about their food and drink. A menu was clearly displayed in the dining room in easy read and pictorial format, staff told us most people were happy with the meals each day but alternatives were always provided for those people who wanted something different. People were involved in choosing the meals they wanted and staff told us menu planning meetings were held every Sunday. Some people using the service were non- verbal and we saw a series of pictorial menu selections that people could use to express their preferred choice.

People's healthcare needs were met. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to GPs, consultants and other healthcare professionals such as the dentist and optician. Detailed guidance was available for staff to recognise when a person may be unwell. Records gave staff information about the signs and physical gestures that could indicate the person was in discomfort. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Good

Is the service caring?

Our findings

People indicated by their comments and gestures that they were happy living at Beacongate. Relatives commented, "The staff are very caring and sensitive" and "The staff are extremely caring …from what I've seen it's a very friendly environment." One relative told us about a recent birthday party the service had organised for their family member, they said, "They [the staff] made it really special for [them]." One staff member told us about their colleagues they said, "I don't think any of the staff put themselves first it's because these guys [people who use the service] are really important to them."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. Staff were attentive to what individuals had to say.

People and their relatives were involved in making choices about their care and support. We saw people making choices about their day to day life, for example, during our inspection people moved freely around their home, choosing to spend time in their rooms or the main living room. People's views were also gathered during regular house meetings. Minutes from these meetings covered issues such as menus, up and coming events such as Halloween and Christmas, activities, discussions around improvements and how people felt about staff. People's individual views and responses had been recorded in the minutes. Minutes were displayed with pictures of the topics discussed on the notice board. We saw how staff involved people with everyday choices, for example, people were involved in choosing furnishings and colours for their rooms and staff involved people to make choices about decor for their new home so they would feel comfortable and happy when they moved in.

During the morning staff took their time to sit and engage with people in a kind and friendly way. One staff member sat and counted money with a person in preparation for their lunchtime outing. Another member of staff involved people in decorating a Christmas cake they had made previously.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Some people living at the service were not able to verbally communicate and staff explained how they found other methods of communication. We noted pictures were used to help people make choices about food, activities and daily care. Staff talked about people with care and compassion. One staff member told us how they were greeted by people, "Everyone has their own personalities and sense of humours …you can put a wonderful smile on [name of service user] face…when you hear them laugh it's beautiful." Another staff member explained how they empowered people to do the best they could and achieve their goals and told us, "seeing someone thrive is pretty satisfying."

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, what made them happy or sad, what activities they enjoyed and their preferred method of communication. For those who were unable to verbally communicate there was guidance for staff on how to recognise signs of happiness or anxiety using the

person's body language and facial expressions.

People's right to privacy and to be treated with dignity was respected. Staff knocked of people's doors before entering and were discreet when assisting people with their personal needs. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. People's values and diversity were understood and respected by staff. For example, people were supported to take part in activities which reflected their culture and preference.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people could continue with those relationships. Relatives told us they came to visit when they wanted, they told us, "There are no limitations on visits, I go whenever I like" and "It's very welcoming, there is never a problem with visits."

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member's received. One relative told us when their family member first arrived at the service how they were asked for information about their relative. They said, "They asked about [their] needs and preferences, things [they] liked to get up to, favourite juice. I was really impressed and involved in everything, they even asked us what colour [they] wanted [their] room painted in."

Care records gave staff important information about people's care needs. Some people at the service were unable to verbally communicate and we saw some good examples of how staff could support these people. There was clear guidance for staff on how to interpret people's facial expressions and body language with advice for staff on what action they should take in response to each gesture. For example, there was information about one person who made certain hand gestures that indicated to staff they may be frustrated or bored. Staff told us this guidance was really useful for people's day to day care.

During our inspection one person became upset. Staff immediately attended to them, gave reassurance and encouragement and allowed them space while still monitoring them. We read the person's care record's and the detailed information recorded. We noted staff acted in line with the guidance on the person's care record's ensuring they received the right care and attention for them.

Daily handover meetings and the communication book were used to share and record any immediate changes to people's needs. We observed a handover meeting and saw how this helped to ensure people received continuity of care, share information at each shift change and to keep up to date with any changes concerning people's care and support.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked to look at magazines and we observed this during our visit.

People were supported to follow their interests and take part in social activities. One person told us they were going out to lunch that day and we observed their preparations for their outing. A relative told us how staff asked them what activities and interests they enjoyed. They said, "[My relative] likes horse racing… [Staff] have taken him."

Each person had an individual activities planner which included visits to the local shops and restaurants, day centres and time spent in the home and the garden. Staff knew how people liked to spend their time and we saw detailed guidance in care records. For example people's favourite television shows were detailed together with their favourite songs and music. People, where they were able to, were supported to get involved in household chores such as laundry and baking to help encourage their independence.

The service shared a vehicle with its sister home that enabled people to enjoy activities outside of the local

area. The registered manager explained they talked about new activities with people during regular one to one meetings with their keyworker and how they used pictures to help people make choices. The service had just begun to collate pictures of people's activities in separate folders and we were shown photographs of people enjoying outings and trips, for example, to the seaside or bowling.

People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I know the manager and staff, if I have a problem I have a conversation straight away, they are usually very receptive." Another relative told us they were confident approaching the registered manager with any issues and told us complaints were, "immediately dealt with." The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. Records confirmed there had been no complaints made about the service in the last 12 months. Information on how to make a complaint was available for people in their welcome packs when they first started to use the service and available in an easy read and pictorial format. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged with the provider and were regularly monitored.

Good

Is the service well-led?

Our findings

Relatives knew who the management team were and spoke positively about how the service was run. One relative said, "I've been impressed how [the service] is run, with the management and documentation." Another relative told us, "The management are very good." We observed people were comfortable approaching the management team and other staff and conversations were friendly and open.

We spoke with the registered manager about the ways the service gathered and acted on the views of the people that used the service as some were unable to verbally communicate. The manager explained they would speak to people's relatives and each person had a keyworker who worked with that person closely and knew them well. We observed people's everyday needs were noted and discussed during staff handovers, staff meetings and people's likes and dislikes were included in their care records. The service had just introduced a pictorial feedback form for people this gave a clear and easy way for people to comment or indicate their feelings about the service and how they felt about staff. The provider sent regular surveys to staff and stakeholders across all of their learning disability services. Results were collated and analysed and used to highlight areas of weakness and to make improvements.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, "The door is always open with [the manager], I feel supported" and "I can talk to the manager openly…you feel like you can talk and have been listened to." Staff told us they felt they worked well as a team they told us, "It's how a team should be" , "All the staff that work here really care and want to make a difference, we have continuity and a great team" and "It's good, one of the nicest places I've worked, all the staff are really lovely. Everyone looks after each other."

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about, people's needs, updates including new legislation and guidance on the day to day running of the service. Monthly management meetings shared intelligence on health and safety including accidents, incidents, safeguarding and issues relating to the management of the service.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine's. The provider also carried out regular reviews of the service including checks on care records, people's involvement of their care, accidents, incidents and complaints. In addition unannounced spot checks were conducted. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided. At provider level there were various systems in place to analyse complaints, accidents and incidents and identify areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events and looking at different ways to make things better.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service.

Our records showed that since our last inspection the registered manager had notified us appropriately of any reportable events. We saw that records were maintained and held securely but easily accessible when required.