Mrs Ann Gibbins & Dr Edward De Saram

Beechwood House

Inspection report

109 Devon Drive
Brimington
Chesterfield
Derbyshire
S43 1DX

Tel: 01246476444

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Beechwood House provides accommodation for up to 10 people with a learning disability who require personal care. There were 9 people using the service at the time of our inspection.

This inspection took place on 14 June 2016. The inspection was unannounced.

There was a registered manager at the service. 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.

People's records were not always up to date and did not always indicate what action had been taken when people required positive behaviour support. There was also inconsistent practice in the use of alarms intended to keep one person safe.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. Care provided was in line with people's assessed needs. People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

There were sufficient, well trained staff to keep people safe. Recruitment procedures ensured suitable staff were employed to work with people at the service.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed consistently where people were potentially restricted.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. People were able to take part in hobbies and interests of their choice.

Complaints were well managed. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received care from suitable staff but there were inconsistencies in the way people were kept safe from harm. There were sufficient staff to meet the needs of people using the service. People received their medicines from trained and competent staff and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to enable them to care for people effectively. Staff gained consent before caring for people. There was a varied and nutritious menu that included people's choices and suggestions.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate and enjoyed their work. Staff developed positive, supportive relationships with people based on mutual respect. People's dignity and independence was promoted by caring staff.

Is the service responsive?

Good

The service was responsive.

People contributed to their care plans and made decisions about their daily lives. Staff spent time getting to know individuals and their preferences and developed personalised activities that people enjoyed. The service responded well to comments and suggestions, using them to improve care.

Is the service well-led?

Good

The service was well led.

There was an inclusive and empowering culture within the organisation, where people, families and staff were able to

comment and make suggestions. There was good visible leadership and staff felt supported and motivated. There were effective quality assurance systems in place that were used to improve the service and care of people.

Beechwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was unannounced.

The inspection team consisted of an inspector and a specialist professional advisor in learning disabilities and autism.

Before the inspection, we asked the provider to complete 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. The provider returned this form and we used it when planning our inspection. We also contacted commissioners for feedback before the inspection and viewed notifications sent to us by the provider. Notifications are events or incidents that the provider must tell us about under the terms of their registration.

We spoke to three people who used the service, two relatives and four staff including the registered manager. We also met with the registered manager and the provider to discuss the leadership and management of the service. We observed interaction between staff and people using the service. We also viewed three staff training and recruitment records, three people's care records and the provider's quality auditing system.

Requires Improvement

Is the service safe?

Our findings

We found records were not always up to date. We found that the action taken by staff in response to one person's behaviour was not available so it was unclear whether the appropriate guidance had been followed. We discussed this with the deputy manager but they were unable to give an explanation of why this information was not available.

We found the guidance to keep people who were not safe to go out alone was inconsistent. The registered manager told us that the main entrance was alarmed but was not always used. There was one person who had left the building alone who had a history of absconding. Staff told us that the building was alarmed for their safety and to alert staff if the person tried to go out alone. We found that the alarm was on for part of our inspection but it was not always clear that staff knew the location of the person who absconded. The registered manager told us following the inspection that the person was able to leave the building if they wished and the alarm was not used in connection with their safety. She explained that the alarm was used as an alert for staff when there was no one in the entrance area. This lack of clarity around the use of the alarm led to inconsistent staff responses to the person who absconded and therefore increased the risk of potential harm.

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said, "I do feel safe here" and a relatives also confirmed people were safe. One said, "I have no worries about them [family member]."

Risk assessments covered health and safety areas applicable to individual needs. They were reviewed annually or more frequently if required to ensure the information was up to date and reflected current needs. However, the review of the information was repetitive and did not give any indication of any progress. Most stated 'remains the same' and it was unclear whether people's conditions had improved.

The assessments included taking positive risks; for example, using equipment safely to maintain independence. We observed people being encouraged to be independent, for example, staff offered guidance on preparing drinks safely. We found that positive behaviour support plans were in place. For example, an assessment tool was used to indicate the support people needed and to help staff diffuse situations that could potentially cause harm.

We found medicines were managed safely. People said they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed. Staff also knew what to do if an error was made and we saw these were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the

prescriber's instructions.

There were enough staff to meet people's care and support needs in a safe and consistent manner. Most people told us they received the support they needed. Relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. However, one person and one member of staff we spoke with told us staffing numbers were inadequate to meet people's needs and that social activities were not undertaken. The staff member said, "There's never enough staff" and the person using the service said they sometimes could not go out as there were not enough staff.

We looked at rotas for the day of the inspection. This confirmed that staffing levels were adequate to meet the individual needs of people and the manager ensured there was always the right skills mix of staff on duty. For example, there was always someone on duty who could administer medicines and a senior worker who could support the staff team. The registered manager told us that where any absences were identified, cover was usually obtained from within the existing staff group. Our observations during the day confirmed people received assistance in a timely manner. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were cared for by staff who were suitable for the role.

Good

Is the service effective?

Our findings

People were supported to make choices and asked for their consent whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed by the person if they were able to do so, dated and their purpose was clear.

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.

We checked whether the service was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. There was a decision making profile for each person and we saw specific decisions recorded, for example, in relation to managing money. We also found relatives had been asked to contribute to assessments. They confirmed they had been actively involved in the best interest decision making process. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff mostly understood the principles of the MCA and DoLS although not all were sure about the complete process. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this.

Information supplied by the provider stated that four people were restricted in some way. We discussed this with the manager who told us that applications for authorisations for eight people using the service had been applied for but the outcomes were not yet known.

People and their relatives told us they liked the staff and felt well supported. One person said of the staff, "They're ever so good to me" and a relative told us, "They're very good."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. A staff member told us, "The training's alright, we get listened to." Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. We saw staff encouraging people in household tasks and leisure activities and communicating with them effectively. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service.

Training records showed staff were up to date with health and safety training and they identified which staff

needed refresher training. Records confirmed training for specific needs such as dementia and diabetes had occurred in the last two years. Staff were able to provide effective care based on the support and training they received.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health needs were met. One told us they were very pleased about the way their relative's health needs were met and said, "[Family member] goes to the dentist, chiropodist and for blood tests." Another said they thought the person had improved as a result of using the service and said, "They're much better when attending hospital appointments, they don't get upset." We also found where people's need had changed, for example with their eyesight, appropriate referrals had been made in a timely manner.

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included opticians, chiropodists and specialist nurses. This was confirmed by an external health professional we spoke with. They told us the staff and registered manager were receptive to guidance to ensure people's health needs were met. We were confident that people's health care needs were addressed effectively.

People were supported to eat healthily. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said it was, "Good" and another said, "The lasagne is ever so nice." A third person told us, "We get good meals and big portions." A relative also described the food as, "Very good."

Staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose a balanced diet, for example, to avoid unnecessary weight gain.

People's records showed relevant information and advice was available in relation to dietary needs and healthy eating. People were weighed monthly and any fluctuations in weight were monitored. We discussed meals with the staff and they told us that healthy options were encouraged and any special dietary needs such as allergies catered for. People's dietary needs were met and this enabled them to maintain a healthy lifestyle.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "I like the staff" and another said, "Some staff are nice and some are ok ." Another told us, "Staff are ever so nice to me." A relative told us they were always made to feel welcome and said, "We are never made to feel like we shouldn't be there."

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. They were listened to and were comfortable with staff. However, one person we spoke with told us they sometimes got anxious and if they repeatedly asked something were told "If you keep asking you will have to wait longer." We discussed this with the registered manager who agreed to look into this. She advised us following the inspection that this had been addressed with staff and by reviewing the person's risk assessments and care plans.

We saw staff sat with people and engaged them in conversation and encouraged them in their interests. For example, some people were being encouraged to listen to and discuss music.

Visiting professionals also confirmed that people were supported by caring staff. One said the staff were "Really good." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. We saw staff always knocked on doors before entering and maintained eye contact when conversing with people. Staff were able to give us examples of respecting dignity and choice. For example, they explained how they would ensure the person was covered up and in private before delivering personal care. People were asked before they were assisted e.g. moving around the building and during leisure activities. People's care was therefore provided in a dignified manner.

We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. A relative told us, "She [family member] has her room changed regularly and they always ask what she wants."

People and their relatives were involved in their care planning. One person told us staff, "Sit down with me to go through my file." A relative told us, "They keep me informed" and said they were pleased with the progress their family member had made. We observed that people were given clear explanations about their care and support. We saw people were able to express their views and they were listened to. However, we found an example where one person's preferred communication system using widgets, a pictorial based system, had not been used when discussing consent to their care. This meant there was the potential for people's view not to be taken into account.

Staff gave us examples of promoting independence, for example, enabling people to undertake specific cleaning tasks round the home. We observed people were offered choices in their daily routines. For example, one person had been out food shopping. Staff were able to describe how they offered choices to

people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures to help people decide what they wanted. They also said people had time alone, as appropriate, when they wished. For example, one person chose to remain in their room listening to music. When people declined options, such as joining in an activity, their choice was respected.

Records we saw showed reviews of people's care involved family and people important to the person. Care planning was therefore inclusive and took account of people's views and opinions. The provider ensured people and their families were actively involved in planning care and support.

Good

Is the service responsive?

Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked music and another said, "I like going out." They also said they enjoyed going out on day trips and to the shops. However, one person wanted to go out more and told us there were, "Not enough staff because we all can't go out." A relative told us, "They all go out" and was pleased that the service supported their relative to maintain family contact. We found people were encouraged to access services and activities in the local community and support was offered where required. For example, some people attended a local drama group and others went to the local pub for meals out. A visiting professional also said people went out into the community. They told us people were, "Always out and about."

People were supported to maintain contact with their families. Relatives confirmed they visited their family member and were made to feel welcome. Visiting professionals also confirmed relationships were maintained with families. One told us the person they were involved with was supported to see their family.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. We saw there were a range of hobbies and activities available, such as music and crafts, to suit individual interests. This enabled staff to offer people activities and opportunities that were more personal to them.

Relatives told us that the manager acted on their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. They spoke positively about the communication with the service and their involvement in their family member's care. One relative told us, "I'm invited to meetings about [family member's] care."

The manager told us they listened to people and staff. We found the provider gathered feedback from staff and people via surveys and used this to identify improvements. An external professional told us the service was professional and any issues raised were resolved. They gave an example of how an issue regarding the personal appearance of the person they were involved with had improved. The provider strove to ensure that any issues raised were used to improve the service.
People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said, "I would talk to staff" and a relative said, "I would go to the manager". Another said "Everything is okay" with the service so the need to complain had not arisen.

We reviewed complaints that the service had received. There had been some repeated complaints in January 2015 about the same issue. We saw these had been dealt with appropriately and the issue resolved to people's satisfaction. Responses to other informal issues, such as activities and meals, were dealt with as they were raised or discussed at meetings with people. For example, we saw meeting records which showed people had their say about menus and outings. This meant people's concerns were addressed properly and appropriate action taken.

Good

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said, "I like the staff here" and a relative said, "They're very welcoming." They were confident any concerns would be addressed. Social care professionals also praised the way the service dealt with any issues and one said the manager had made a big improvement in overall management of the service. One professional told us, "There is good leadership."

We found the provider had gathered people's views on the service through regular meetings. We saw suggestions made had been acted on, for example in relation to social occasions and events. Surveys had been completed by professionals in 2016. These were positive and commented on the improvements made in care and support, such as being more person centred. The provider used people's comments and opinions to monitor the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the registered manager. Staff told us they received guidance and supervision from the manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said, "We have a chance to say what we want, it's rewarding working here."

Records confirmed supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. An external professional we spoke with praised the registered manager describing them as approachable and receptive to suggestions.

There was a staff team in place to support the registered manager, including senior care staff. The registered manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission.

The registered manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as shops and sports facilities. They also maintained professional contacts with relevant agencies such as social services and local medical centres. They told us they were trying to improve the service in order to meet people's needs and aspirations and provide occupation suitable for people's age group. The provider was striving to promote a positive culture that was inclusive and empowering. For example, people using the service had a say in staff recruitment. The provider was therefore proactive in improving the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us regular visits were undertaken by the provider and that a range of audits were undertaken in the home. They also told us daily and monthly checks were undertaken on the operation of the service, for example of care records and any accidents and incidents. We saw the audits were thorough and up to date and identified any actions required. Where an issue had been identified, we saw it had been addressed; for example, where there had been a repeated incident with one

person, the relevant risk assessment had been updated to minimise the risk of further incidents. We saw regular checks of the safety of the building were undertaken, although there were no checks in place to monitor the door alarm system to ensure people could be located at all times. The manager told us the alarm was used as an alert for staff when no one was in the entrance area and not as a safety issue for service users. The provider had systems in place to ensure the service operated safely.