

Morley Care Services Limited

# Beech Haven

## Inspection report

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South Yorkshire  
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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

### About the service

Beech Haven is a care home run by Morley Care Services Limited. The home provides care and accommodation for up to two people who may need assistance with personal care and may have care needs associated with living with learning disabilities. The home is a three bedroomed domestic style property. At the time of our inspection there were two people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us they felt safe living at Beech Haven. Systems were in place to safeguard people from abuse and staff knew their responsibilities in keeping people from harm. There were enough staff to meet people's needs and the same staff supported people which ensured continuity of care. Risks to people were assessed and managed. Medicines were managed safely, and systems were in place to reduce the risk of the spread of infection.

People gave us positive feedback about the service and staff. Health professionals' feedback demonstrated a responsive service. Staff were attentive to people's needs and knew individuals well. Staff spoke passionately about the people they supported and worked to uphold their rights. The service achieved positive outcomes for people through attentive care, understanding and responsiveness to the needs people communicated to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had a positive experience whilst living at Beech Haven and were comfortable in the company of staff who supported them. Staff knew people well and consistently interacted with people in a person-centred way. Staff understood how to provide care which promoted people's privacy, dignity and independence.

People and relatives were confident any concerns and complaints would be recognised and investigated. People were given feedback from complaints and told the outcome of safeguarding investigations.

Information provided to people was easily accessible and met the requirements of the accessible information standard.

The registered manager had a system of quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. Governance arrangements were effective and reliable. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Beech Haven

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Beech Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Rotherham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered provider, the registered manager and one support worker.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I feel safe here, I get on well with all the staff and can trust them." Relatives told us they had no concerns about the safety of their family member. One relative told us, "If there was any doubt in my mind that [name] wasn't safe here I would move them elsewhere, but I have complete peace of mind."
- Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.
- The management team understood their legal responsibilities to protect people and share important safeguarding information with the local authority and CQC.

Assessing risk, safety monitoring and management

- Individual risks were assessed and identified as part of the support and care planning process.
- Risk assessments were detailed, and person centred. For example, one person was at risk when using their mobile telephone and another person posed a fire risk. Information for staff to help avoid or reduce the risk of harm was recorded and reviewed.
- Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.

Staffing and recruitment

- There were enough skilled and experienced staff to meet people's care needs.
- We saw when people needed support or assistance there was always a member of staff available to give this support.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.

Using medicines safely

- Policies and procedures were in place to ensure medication was managed safely.
- At the time of our inspection nobody was taking any prescribed medicines or homely remedies. Nonetheless, all staff were trained in the safe administration of medicines.
- The registered manager told us when short term medicine, such as antibiotics were prescribed for a person staff competency was checked before they could administer.

Preventing and controlling infection

- The home was clean, tidy and odour free.

- Cleaning schedules were in place to ensure rooms were thoroughly cleaned.
- Staff received infection control training and food hygiene training. They followed infection control procedures for example, regularly washing their hands with sanitizer.

#### Learning lessons when things go wrong

- The provider looked to make improvements where things had not gone as planned. They shared examples of incidents where action was taken to reduce the risk of the same thing happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people using the service, the management team undertook a needs assessment, in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between management and care staff meant people's needs were well known and understood within the staff team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff support: induction, training, skills and experience

- Staff told us there was an organised and planned system to ensure they were all up to date with their training.
- Staff had completed training the provider considered to be mandatory. Staff were also encouraged to complete specialist training and social care qualifications. One staff member told us, "Most of our training is in the classroom. Some can be completed on-line, but I've asked for mine to be in a classroom setting because this is how I learn best. The registered manager has said I can do that."
- Supervisions and appraisals were completed at regular intervals. These allowed staff the time to express their views and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to stay healthy. There was great emphasis on encouraging people to eat a well-balanced diet.
- People told us on Thursday evening each week they would plan their menu for the following week. Every Friday staff would then support them to go and buy what was needed from the supermarket.
- People told us, "We have healthy meals most of the time, with the occasional take away as a treat. We take a salad bowl and fruit with us to work, but also have crisps as a treat," and "If I've been in my room a long time the staff ask me to come downstairs and sit with them for a drink. They make sure I'm drinking enough and having a break from my play station."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their health needs and details of the healthcare professionals involved with their care. Where required people had been supported by the staff to access healthcare professionals in hospitals and surgeries.
- Records showed the service communicated with health and social care professionals such as social workers, community learning disability nurses and psychiatrists, to make sure people's health and care needs were met.
- The registered manager was aware of the Care Quality Commission's 'Smiling Matters' report on the state of oral care in England. We observed staff supporting people to maintain good oral health. One person told us, "I visit the dentist every six months."

#### Adapting service, design, decoration to meet people's

- The home was a domestic style house. Furnishings and fittings were of a good standard, homely and comfortable.
- Each person had their own bedroom, with their own belongings. People were free to move around the home and take time out in their own rooms when they wished to. People told us they had new large screen televisions for Christmas which was like being at the cinema. They also said they were having new furniture in their bedrooms which they were going to choose themselves.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions.
- Staff involved people and their relatives in making decisions about their care, staff ensured these were in people's best interests and recorded the outcomes.
- Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality, diversity and human rights had been considered when people moved into the home and upheld during the care and support provided to them.
- People received care from staff who knew them well. Staff took great pride in people's progress and spoke fondly about the people they cared for.
- People spoke positively about the care and support they received. Their comments included, "The staff are all great. I get on with them all, we have fun, I have a pretty good life," and "I don't want to change anything. I think I'm really well cared for and supported by all the staff."
- Relatives could not praise the service more highly. A relative told us, "The staff do a great job, they are second to none. They couldn't do anymore for [name], they are brilliant. They deal with [names] behaviours really well and treat them as an equal. There is no better place on earth."

Supporting people to express their views and be involved in making decisions about their care

- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.
- Staff regularly met with people to ask their views of the service and if they wanted any changes made. We saw discussions were recorded in support plans and saw where changes were made to care and support when people had made suggestions.
- People and their relatives told us they had been involved in decisions about the care and support provided. One person told us, "I recently got into some trouble. We [staff and social worker] talked about this and decided the best way to make sure I don't do this again. The plan is working well."

Respecting and promoting people's privacy, dignity and independence

- Our observations confirmed staff had a good understanding of people's care and support needs and knew people well. Staff spoke to people with warmth and respect and considered people's privacy and dignity.
- People's independence was promoted. Care plans and risk assessments clearly showed how staff could best support people without taking away their independence. Activities were assessed individually so it was clear to the person and staff what the person could do independently and what they would need support with. For example, one person walked to and from work independently but went with staff to the cinema. Another person travelled independently to their day centre but was supported by staff to attend aqua aerobics.
- People's information was stored securely, and we saw staff and managers had discussed the importance

of keeping people's personal information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided person-centred information about how people wished to receive care and support. These were reviewed at least yearly.
- These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, shopping and dressing. The care plans also included daily routines specific to each person which helped to ensure people received care and support personalised to them.
- People felt staff knew them well and understood their personal routines. One person told us, "I have four regular staff who support me. I get on with them all, we have fun."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood people's information and communication needs. These were identified, recorded and highlighted in care plans.
- Staff knew people's communication needs and addressed them in the way they understood, giving them time and space to digest information and respond.
- Where it would assist with people's understanding, information was provided in picture format, on white boards and in large print

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a full range of activities and work they were involved with. People were involved in the local community and followed their interests. Where necessary staff supported people to attend such things as aqua aerobics, youth club, visits to the cinema, and holidays.
- People told us, "When I lived at home I didn't get out, now I'm very busy. I work in the day which is real fun and go to a club for people with learning disabilities and autism. I go to the cinema, shops and on holiday, I've got loads of friends," and "I'm going out soon for some fresh air and then going swimming later. I love being outside. I go to clubs and run the disco, I go to day centre and I'm going out with [staff name] on Thursday night to play snooker and have a beer."
- We saw people being supported to enjoy activities that were important to them. There was lots of laughter and positive interactions between people and their support staff. A relative told us, "[Name] looks a million times better since they came here, they're healthier, lost loads of weight (in a good way) and can get out and

walk and they love doing this."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure on display in the home, which showed what people could expect to happen if they raised a concern.
- People and their relatives could raise concerns and told us they would if they needed to. They said they were confident the provider would ensure their problems were dealt with in a timely manner. One relative told us, "I would feel confident to make a complaint but there's nothing to complain about. The staff listen to me if I have any concerns and I have complete peace of mind."

#### End of life care and support

- People were given the opportunity and support to talk about their end of life choices if they wished to do so.
- In care plans there was a section at the end of each review which give people the opportunity to talk about planning for the future. One person had wanted to talk about this but the other had chosen not to.
- Records had been made about people's choices in relation to leaving someone a personal belonging or having a piece of music they would like played at their funeral.
- People had watched a video called 'living well but dying matters,' which was a very upbeat way of looking into their later life. This was in the hope this would strike up a conversation about end of life, which did for one person but not for the other.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff team promoted a positive culture within the service. Staff knew people well and supported them to communicate and express their needs. This led to an inclusive approach which empowered people to achieve a good quality of life.
- The provider and registered manager were visible and available to speak with staff when they needed additional support or advice. Comments from staff included; "All the staff have worked here a long time and that's because it's a great place to work," and "We work well together as a team and support everyone, including families."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- In the event of accident, incident or untoward event, the management team were open and transparent in informing relatives in a timely way.
- Relatives told us they were kept fully informed and were in regular contact with staff at the service. One relative told us, "They [staff] keep me involved with all [Name's] care and contact me to let me know everything that's going on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider, registered manager and staff team were knowledgeable about people who used the service. They could talk in detail about their care and support needs.
- Record of incidents and behaviours were completed each time there was an incident, detailing what happened before, during and afterwards, who was there, and any action taken. Each month these were evaluated to look at any themes or trends and assessed to see if any further action needed to be taken.
- Audits and monitoring of such things as building maintenance, care plans, staff support, complaints and safeguarding were completed monthly by the registered manager. Any required actions were then taken by the provider.
- The management team were open and transparent during the inspection process. They shared areas where they wanted to improve and their vision for the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were supported to provide feedback.
- The provider told us they had struggled to gain feedback from quality surveys sent to people, relatives and healthcare professionals. They had been told this was because there were on-going and regular opportunities for people to give their feedback via meetings and reviews. There was also an open-door policy in place which people, relatives and staff said worked very well.
- House meetings were held every three months, and people had daily and weekly 'catch ups' with the staff to discuss anything they wished. House meetings were recorded and on display in the kitchen. The last one was on 26 November 2019 where people had talked about mobile phones, bedrooms, menus, staff, activities and Christmas celebrations. There was an action plan from the meeting which was signed by people and staff. We saw the agreed actions had been completed.
- Staff told us staff meetings were held every three months when the provider, registered manager and all staff attended.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.
- The registered manager and staff team worked well with other external services to achieve positive outcomes for people