Care Quality Commission

Orchard End Limited

Beechcroft - Cheltenham

Inspection report

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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

Overall summary

This inspection took place on 7 and 12 May 2015 and was unannounced. Beechcroft - Cheltenham provides accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. There were three people living there at the time of the inspection.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

People's care was focused around their individual needs and support requirements. People were supported to take part in activities that were meaningful to them and to maintain relationships outside of the home. Staff knew people's preferences in food and dietary requirements. Specialist advice was requested where necessary such as the speech and language therapist.

Summary of findings

People's medicines were managed safely on the whole however protocols for the use of 'when required' medicines lacked the necessary detail to fully support staff in making decisions about people's care needs .

People living in the home, their relatives and staff were all encouraged to give regular feedback about the service. Any shortfalls were identified and actioned.

The registered manager led by example to provide a service which was tailored to each person's individual needs and preferences. As part of this, a balance was achieved between keeping people safe and supporting them to make choices and develop their independence. There was strong support and guidance from the provider with regular monitoring of quality.

Staff felt well supported and had the training and supervision they needed to provide personalised support to each person. The provider was committed to the on-going development of their staff and had developed training and managerial programmes to support this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was generally safe. Medicines were stored and administered safely however some specific medicine protocols lacked the necessary guidance for staff. Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse.

People's risks had been assessed and recorded. Staff were proactive in supporting people and reducing individual risks.

Sufficient staff with relevant skills and experience were available to keep people safe and meet their needs.

Requires Improvement

Is the service effective?

This service was effective. Staff were well trained to support people with complex needs. Staff were supported by regular supervision and appraisal to provide effective care.

People's health and wellbeing had been assessed and regularly reviewed. Their care was personalised. They were supported to access health care services when needed.

People's dietary needs and preferences were catered for.

Good

Is the service caring?

The service was caring. We received positive feedback from relatives about the support provided.

People's privacy, dignity and decisions were respected and valued by staff.

People and relatives were encouraged to express their views about the running of the home.

Good

Is the service responsive?

This service was responsive. People received personalised care. People and their relatives had been involved in planning their care.

Staff knew people well and were able to offer a choice of activities in the home and the community.

Concerns and feedback from people, relatives and the staff were encouraged by the registered manager.

Good

Is the service well-led?

This service was well-led. Staff were supported to develop their care skill practices by the registered manager and provider.

Staff demonstrated good care practices and the values of the organisation.

Good

Summary of findings

Quality assurance systems were in place to monitor the quality of care and safety of the home.	

Beechcroft - Cheltenham

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 12 May 2015 and was unannounced. This meant the staff and provider did not know we would be attending. The inspection was carried out by one inspector.

The provider had 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. We also examined other information that we held about the provider.

We looked around the home and talked with two members of staff, the registered manager, the deputy manager and the area director. We also spoke with a consultant psychiatrist who was visiting the home. We did not speak with the people that lived in the home as they were unable to communicate with us due to their complex needs. However, we saw how staff interacted with these people. We looked at people's care records and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

After the inspection we spoke with one relative by telephone . We looked at information sent to us after the inspection relating to staff training and support processes.

Requires Improvement

Is the service safe?

Our findings

People were given their medicines on time and as prescribed to them. The provider's medicines policy gave staff guidance on the management of people's medicines. This policy had been reviewed on 31 March 2013.

There was a protocol in place for medicines which were only to be used 'when required' (PRN), for example when a person becomes distressed or agitated. However the visiting consultant psychiatrist said that the link between people's behaviour management plans and the use of PRN medication was not as clear as it could be. The psychiatrist felt that the records did not clearly indicate if positive behaviour management processes were fully followed before a decision was made to give a person PRN medicine. One person had a positive behaviour support plan that did not include the use of PRN medicines. We observed staff needing to give this person PRN medicines because they were unsettled and at risk of harming themselves despite staff intervention.

Whilst staff demonstrated they were knowledgeable about people's needs and knew the signs when people were becoming upset the records did not always reflect this. The PRN protocol and some support plans lack sufficient, detailed guidance or information for staff and visiting healthcare professionals.

All homely medicines had been approved by the person's GP. Homely medicines are medicines that can be bought over the counter rather than on prescription. There was a homely medicines policy in place. This policy was dated 13 April 2011 and there was no evidence of a review.

Medicines were stored securely in line with guidance. Audit checks of the medicine charts were carried out daily as were medicine stock checks. Any errors found during the audits were recorded, the registered manager informed, and remedial actions were put in place. For example, if a medicines error was found staff would be given further training and supervised until found competent. The PIR states that a pharmacist also undertakes an annual medicines audit.

People were kept safe because staff were knowledgeable about recognising the signs of abuse and understood their responsibility in protecting them from harm. They were able to tell us about the signs of abuse and where they would report any concerns or allegations of abuse either inside or outside of the organisation. There was a safeguarding policy in place, including an easy read format, which gave staff clear guidance on how to report allegations of abuse. The provider information return (PIR), supplied to us before the inspection by the registered manager, stated that the safeguarding policy must be read and signed by all staff. The PIR also confirmed that all staff had been issued with information on 'whistleblowing' cards which provided them with contact details of who to inform if they were concerned about any aspect of the quality of care being delivered

The home offered the opportunity for people living there to undertake a 'Keep me safe' course. This helped people to understand different types of abuse and what they should do if they felt they were being abused in any way. The home also had easy read posters explaining to people how to keep safe.

People's individual risks had been regularly reviewed and managed. A system was in place to record accidents and incidents and this fed into people's risk assessments and support plans. For example the seating plan for staff and people when using vehicles had been assessed to reduce risk These records were audited on a monthly basis to identify any patterns of concern and identify measures to put in place to prevent them happening again or to minimise the risk. For example it had been identified that a person had been having a significant number of falls. Staff were aware of the risk and, whilst still encouraging the person to walk, had taken steps to minimise harm by providing a protective mat on the floor and a monitor in his room. The monitor would alert staff if the person fell when getting out of bed. These actions were reflected in the person's care and support plan. Some restrictions had been put in place to keep people safe, for example some of the kitchen cupboards were locked because specific people may be at risk of harm from handling sharp knives.

Physical intervention was used as the last resort. The physical intervention policy gave staff clear guidance on how to manage situations. There was a physical intervention log in place that recorded all incidents and the actions taken by staff. This log was overseen by the registered manager and the provider's psychologist who reviewed all incidents. We were told that the aim was to try and encourage positive behaviours strategies and reduce the need to administer medicines.

Requires Improvement

Is the service safe?

The grounds and building were well maintained and adapted to suit people's needs which contributed to their safety. The PIR states that regular fire drills and equipment safety testing took place including legionella checks.

People were kept safe by being cared for by suitable numbers of staff. Staff said they had no concerns about the staffing levels. However, the registered manager was currently recruiting more staff to enable an increased number of activities for people. No agency staff were used in the home which ensured that people received care from staff who knew them well.

People were supported by suitable staff because there were safe recruitment systems in place. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. A full employment history and the reason for any gaps in employment were recorded. People who lived in the home took part in the interviews for new staff, so ensuring they had a say in who would be supporting them.

People were protected from the risk of infection by a regular cleaning schedule. Staff told us that the home had a thorough clean at the weekends but they also kept on top of cleaning throughout the week. There was a monthly deep clean and people were encouraged to be involved in the cleaning of their home.

Good

Is the service effective?

Our findings

People were cared for by staff that had been supported and trained in their role. A training matrix identifying which staff had undergone training confirmed that most staff had received training that was seen as mandatory by the provider. Where there were gaps the registered manager explained that this was due to new staff and plans were in place to address this. Staff had also received specialist training for example, physical intervention, nutrition and positive behaviour support.

Information sent to us after the inspection by the provider outlined their commitment to retaining and developing their staff. There was a management and team leadership programme in place, which is for staff that show potential to enable them to progress in their careers. The provider had also developed a 'Choice Care Group Academy' which focused on the development of staff at all levels.

Staff felt supported in their role. A new member of staff told us that the support they received was "brilliant". Another new member of staff said their induction had been thorough and that they had received regular support until they felt more confident in their role. Staff received six supervisions every year and an annual appraisal. Further information from the provider shared with us after the inspection explained that the staff appraisal system is linked to a competency framework so that staff can constantly be evaluated against set competencies and measure their progress. Junior staff receive mentoring and coaching from more senior colleagues and are on 6 month's probation to ensure their competency levels are sufficient.

Staff received training on the Mental Capacity Act 2005 (MCA) and had a reasonable knowledge of the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager was able to explain when and how an application to deprive someone of their liberty should be made. Policies and procedures were in place and were being followed. There was one DoLS in place at the time of the inspection with an application for a further one with the local authority and a request for an extension of another .

Staff provided people with information and support to help them make day to day decisions such as attending an activity. People had access to pictorial consent forms to help them understand the decisions they were being asked to make. For example, consent for the use of a monitor alarm on their bedroom doors. Staff described how they had consulted relatives, professionals and advocates as part of making decisions in people's best interests when they lacked capacity to make these decisions on their own. People were supported by staff to protect them from harm but to continue to carry out activities they enjoy both in their home and community. For example, staff were considering taking a person to the cinema to see a film.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew people's preferences and choices in their meals. They would observe if people didn't like a specific food and offer them alternative options. The dietician was involved in reviewing people's nutrition and recommended special diets where required. On the day of the inspection, there was a take away night and people were involved in choosing what they would like. Specific dietary requirements and preferences were documented in people's care and support plans. Dietary intake was monitored on people's daily records. The PIR stated that where people were at risk of choking when eating risk assessments were undertaken and a referral made to the speech and language therapist (SALT) for advice.

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments such as dentists' and routine doctors' appointments. For example one person had visited the optician that week. People also had annual health checks with their GP.

Good

Is the service caring?

Our findings

People were supported by caring staff. One relative said, "(name of person) is the happiest he has ever been. His behaviour has improved. Staff take time to see how each person ticks. I think it is brilliant."

Staff were recruited to the home using values based interviews. The interviews are designed to get to know the person and found out what their own values are and if they align with those of the home.

We observed staff interacting with people throughout our inspection. Staff knew people well and understood their mood and were able to predict behaviours and adapt to them. Staff spoke about respecting people's rights and supporting them to increase their independence and make choices. Throughout the day we saw people being offered choices about food, social activities and how they spent their time. A relative said that some staff are "like surrogate mums because they care."

The registered manager said how important it was for staff to have good listening skills, to be polite and say hello and goodbye to people when you enter or leave their home.

A member of the staff had been nominated for a special aware at the CHOICE Care Group Staff Awards for the category of The Most Positive Outcome for a service user. This was in recognition of the care and support they had given to a person in the home.

People's privacy and dignity was respected. We observed staff speaking respectfully to people when they became upset. This was supported by dignity training that staff undertook and the policies that were in place such as dignity, professional boundaries and physical touch policy.

The PIR stated that management monitoring visits took place regularly where the area director visited, talked to staff and people and observed practice. The registered manager also walked around the home on a daily basis to observe practice.

The registered manager said that staff were encouraged to become 'Care Ambassadors' and go to colleges to talk to students about their role and the people they supported. Going forward the registered manager stated that they will be looking at providing new awards to staff to further recognise and acknowledge good practice in caring.

Good

Is the service responsive?

Our findings

People had personalised care supported by detailed care and support plans that were reviewed regularly. The records focused on the person as an individual and detailed their likes and dislikes and their specific routines. The home used 'Living the Life' document which promoted independence, focused on positives and the development of people's skills. People had 'Living the Life' goals which they helped to set in consultation with their key worker. Each person's goals were personalised and helped people to develop in their own well-being. People's progress in achieving their goals was monitored and recorded daily.

New people to the home were adequately prepared and the transition process managed well. Before moving, any prospective new person would visit the home and spend time with staff and a psychologist so that their preferences and needs were identified. Staff also ensured they met with family members and the staff of the person's current home. Consideration for the other people in the home and if their personalities would be a match was also given.

People's health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. For example, on the day of our inspection one person in the home became distressed due to our presence . The staff had a management plan in place which meant they were all aware of what to do and how to support this person. In this case, they took them out for a drive where they could sing along to music. It was known that they enjoyed music and movement and therefore the incident was de-escalated quickly and sensitively.

People were encouraged and supported to follow their interests and take part in activities that were meaningful to them and encouraged links with the wider community. For example one person had been supported to integrate into their local church. Another person had been helped to create their own recipe book. People were also encouraged to maintain and develop their relationships with people that matter to them by going out for home visits supported by staff. Staff also supported people to plan and take holidays. We were told staff had supported and encouraged one person to become independent in their daily living skills. This person had recently moved out of the home to live independently.

The registered manager told us they had not received any complaints since 2013. Feedback about the home was actively sought through surveys sent to people's families and the staff. Also feedback could be given via the home's website at any time. The registered manager ensured that concerns and feedback were used as an opportunity for improvement. For example feedback in a recent staff survey led to a change in the way the home was staffed and the shift patterns were altered to reflect the changing needs of a person living in the home.

The registered manager confirmed that there was good communication between key workers and families and that they would often speak to family members for advice.

Good

Is the service well-led?

Our findings

The home had a registered manager in place; who had been in this position for the past three years and was promoted from a deputy home manager role and therefore knew the home well. The registered manager had completed various management courses to support them in their new role. They stated that the area manager was very supportive and always available to discuss any concerns or answer questions. Regular communication and learning between the provider and manager was also maintained through monthly provider managers meetings.

Staff were positive about the management and the support they received to do their jobs from both the registered manager and the area manager. Staff told us they were empowered by the management team to raise issues and make suggestions for change. Staff meeting minutes showed there was regular discussions taking place about quality issues including safeguarding issues and any whistleblowing concerns.

Staff understood their roles and responsibilities. The visions and values of the home included promoting an inclusive culture, developing leadership qualities in all staff and to constantly drive up quality. The focus on these values was maintained through discussion with staff at their regular supervision meetings. The provider had a business development plan in place to support the ethos of driving improvements in the quality of care. Staff had also been asked to sign up to social care commitments to ensure people receive the best quality care.

The provider valued people's feedback. The registered manager encouraged people and staff to be involved in the development of the service. Regular service user committee meetings were held where chosen representatives from the provider's homes could contribute to developments and offer their views. The representative from Beechcroft had recently left the home, however the registered manager ensured the committee meeting minutes were shared with people. 'Expert auditors' also visited the home. These were usually people who had a learning disability and understood people's experiences of living with a disability. They asked people what it was like living in the home and fed back their results in a short report.

The regular audits completed by the registered manager helped to monitor the quality of the service and identify any needs for improvement. This included audits on medicines, physical interventions and infection control. There was evidence that actions were taken when any areas for improvement were identified.

Quality monitoring was also carried out by area managers and directors. These were a programme of unannounced visits usually outside of normal visit times and when the registered manager wasn't there. The rationale for this was that this would give them more of an insight into how the home runs without any managerial presence. A monthly management report was produced by the area director and these were aligned with the CQC 5 key questions –is the service safe, effective, caring, responsive and well led?

The registered manager had effective systems in place to monitor the service that was being provided. For example; regular safety checks were carried out on the fire safety systems and the home's vehicles and systems were in place to check gas and electric appliances.