

Brighton and Hove City Council

Brighton & Hove City Council - 83 Beaconsfield Villas

Inspection report

83 Beaconsfield Villas
Brighton
East Sussex
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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:

83 Beaconsfield Villas is registered to provide accommodation and personal care for up to six people. Care is provided to adults with a learning disability. The home is situated in Brighton and is a large detached house. People's bedrooms are located over four floors and three people each live in a self-contained flat. At the time of inspection six people were living at the home.

Rating at last inspection:

Good (published 11 October 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People appeared happy and safe. Staff had a good understanding of people's needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were creative and looked to offer people solutions to aid their independence and develop their skills.

People had good community networks which were personal to them. This included college opportunities and therapeutic activities. People were supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence and access to the community. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

Families described the staff as caring, kind, compassionate and friendly and the atmosphere of the houses as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported

this practice and was in line with national guidance.

Leadership was visible and promoted good teamwork. Professionals, families and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, management and staff teams worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the management team was keen to make changes that would impact positively on people's lives.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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.

Inspection site visit activity started on 9 April 2019 and ended on 10 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Most of the people had complex communication needs and were unable to provide us with feedback. We made general observations of interactions between care staff and people.

We spoke with one person who used the service. We received feedback from three relatives and one health professional via telephone.

We spoke with the registered manager and three deputy managers. We met with four support workers. We reviewed three people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the home and observed care practice and interactions between support staff and people.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment

- People were supported safely at the service. We asked one person if they liked living at Beaconsfield Villas. The person nodded and said, "Like, yes". Professionals and relatives told us they felt the service was safe. Comments included: "My loved one is definitely safe and we are happy with the home" and, "It's a safe place. Never had any concerns".
- Staff could tell us signs of abuse and who they would report concerns to, both internal and external to the home.
- There were effective arrangements for reviewing and investigating safeguarding incidents. There was a system in place which recorded all alerts, investigations and logged outcomes and learning. There were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A social care professional said, "We have no safeguarding issues. They are open and honest".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and support plans were clear.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge them and/or the service. A relative told us, "There are good processes, systems and behaviour plans in place".
- Physical interventions were used by staff with some people living at the home. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents. These enabled staff

to reflect on the incident and discuss events before the incident occurred, actions taken and any learning. We asked the registered manager if debrief meetings took place with people. We were told that these did not but would be an area the registered manager would work on going forward. Having these meetings with people would enable them to learn and identify emotions, behaviours and actions they may take in future to support them manage their own behaviour.

- Where people had been assessed as being at risk of choking or seizures, assessments showed measures were taken to discreetly monitor the person and manage risk. For example, epilepsy care plans and protocols were in place. A relative told us, "Risks are managed well. There are always good measures in place".
- People were supported to take positive risks to aid their independence. For example, this included taking people to public attractions and restaurants. Behaviours were carefully assessed and arrangements made prior to attending these areas.
- There were enough staff on duty to meet people's needs. A staff member said, "We generally have enough staff, one-to-one hours are always met". A relative said, "Most of the time there are enough staff. We have no concerns there". The house managers monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Using medicines safely

- People were supported to take their medicines. The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Each person had their own medicine cabinet located close to their bedroom or flat. Medicines were stored securely in cabinets that were fixed to walls.
- Staff responsible for the administration of medicines were all trained and had had their competency assessed. A deputy manager told us that competencies were assessed annually and staff were about to undergo this year's assessments from May 2019.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. Staff told us, "We use gloves and regularly wash our hands. We disinfect door handles, use red and yellow bags". In addition to this there were different coloured mops, cloths and chopping boards for use in certain areas.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.



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

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

- A clear referral and admissions process ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "There is a lot of training that we complete. This is mainly on line and we take responsibility to keep our own up to date. Some training is face to face. Training is responsive to people's needs for example; autism and epilepsy".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed the induction process was effective. A staff member told us, "My induction was really good. I completed an induction workbook, had regular meet ups with my line manager and completed shadow shifts". On day one of our inspection we observed a new staff member shadowing experienced staff and getting to know the people at the service.
- The registered manager told us staff received annual appraisals and regular one to one meetings. Staff said they felt supported and could request supervision or just approach the management team should they need to.

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

- A person told us they enjoyed the food at Beaconsfield Villas. We were told people were supported in preparing meals and baking. On day two of the inspection we observed a staff member supporting a person

to make a cheesecake.

- People were supported with shopping, cooking and preparation of meals in their home.
- There was a four-weekly menu which was currently under review. The staff member leading this told us that the menu was created by staff who chose meals based on people's likes and dislikes. The menu was not pictorial or made accessible to people. We discussed this with the staff member and registered manager who told us they would produce a pictorial menu, this would be used to support people to choose their meals.
- Staff understood people's dietary needs and ensured that these were met. A relative told us, "[Person's name] is supported to maintain a healthy diet. They have a much better varied diet now than they did before moving there".
- People could choose alternative meals if they did not want what was on the menu that day.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files, which detailed the reason for the visit and outcome. Recent health visits included a community learning disability nurse and GP.
- Where people could not attend appointments due to anxiety or behaviour, professionals visited them in their home.. On day two of the inspection one person had a dentist visit them in their flat. The outcome was positive and support provided by staff had reduced the inflammation on their gums.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The main house was split across four floors and had been adapted to ensure people could access different areas of the home safely and as independently as possible. A relative told us, "We are happy with the environment. There was an issue with [person's name] room getting too hot. This was addressed quickly and is now resolved".
- People's art work and photos of them enjoying activities were displayed on walls around the home.
- The lower ground, first and second floors were accessible to people via stairs.
- The three self-contained flats were decorated to the tastes of the people living in them, this included furniture. One of the flats had its own private garden area.
- Areas of the home were tired and in need of redecoration. The registered manager told us that the home was due for redecoration and explained that people were going to take part in choosing wall colours for their rooms. We were told that this work would start as soon as funds were made available. In addition to this the registered manager told us that one of the flats was going to be renovated and the layout changed to better meet the person's needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Beaconsfield Villas were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for all areas such as personal care, medicines, behaviour support including restrictive practices and finance. A deputy manager told us that these were under regular review. A relative said, "We are always involved in best interest decisions involving [person's name]".
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.



Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. We asked one person if they liked staff today. The person said "Yes" and nodded. Professionals and relative comments included: "Staff are very good, caring and know [person] well", "Staff are kind and caring" and "Staff really are very, very caring. They have all developed a great relationship with people and are very responsive to their needs".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in private.
- Training records showed that all staff had received training in equality and diversity.

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

- There was a total communication environment within the home. Methods of communication used by staff included sign language, whisper, speech, written text, photos, objects of reference and picture exchange communication system (PECS). We observed staff using people's communication preferences throughout the inspection to aid and enable them to be as independent as possible and make choices and decisions for themselves. A health professional said, "Staff meet [person's name] communication needs well. This enables them to make choices and decisions".
- A staff member said, "We give people options to support them to make decisions. We know people's needs and use individual methods of communication".
- People who were able to and relatives told us they were pleased with the care their loved ones received that they felt involved in decisions. A person told us, "Happy today, yes". A relative said, "Very happy with the level of care and service provided".
- Where needed the home sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before

entering and not sharing personal information about people inappropriately. A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing. We also respect people's private time".

- Promoting independence was important to staff and supported people to live fulfilled lives. A deputy manager told us that active support was promoted within the home. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. The support given to the person is also active. Active Support enables people with learning disabilities to live ordinary lives.
- We were told that a person had expressed an interest in developing relationships with others. The registered manager and a deputy manager told us that they were looking at working with the specialist behaviour support team and would progress this area of work. Areas to raise understanding and awareness of were around understanding professional boundaries, different types of relationships, consent and safe intimate relationships.
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. During the inspection relatives visited and went away from the home with their loved ones and staff support. A relative said, "I visit my loved one every day and am always made to feel welcome which is very important to me".



Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. Goals achieved by some people had included; washing hands before meals, baking and preparing own scrambled eggs for breakfast.
- The registered manager told us that achievements meant a lot to the people who lived at Beaconsfield Villas. We discussed creating an achievements file or scrap book for them to put together with people as they met goals and outcomes.

- Professionals and relatives were positive about the support and outcomes achieved by people with staff support. One relative said, "[Person] has made really good progress regarding communication and behaviour. It's been so positive". A relative said, "Needs are met excellently".

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people used a mix of various methods of communication and we observed staff understanding these and actively using them during interactions with people.

- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. Three people had received their care plan and outcome reviews in March and April 2019. A relative told us, "We are involved in reviews. These are focused on what [name] has achieved and goals to be set".

- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. One person had a passion for art. The service and the relatives had worked with them and a local gallery to hold an art exhibition of the persons work. This had led to a newspaper article and local news report being done about them.

- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.

- A person told us, they were working on the computer and then going out. We were also told another person was being supported to a local carvery and another person was going out with their relatives.

Improving care quality in response to complaints or concerns

- The registered manager and deputy managers told us that they welcomed complaints and saw these as a positive way of improving the service.
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of inspection there were no live complaints.
- Relatives told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. A staff member told us they would be able to tell if someone wasn't happy by their behaviour or through observation. They said they would use this to investigate and understand why. A relative told us, "We have never had to make a complaint. I am sure the managers would listen and act quickly".

End of life care and support

- People's end of life wishes had not been explored by the service.
- The registered manager told us that this would be looked into with families at upcoming reviews.
- We were told that areas would include what to do in the event of an imminent death, choice of burial or cremation and funeral arrangements. In addition, the service said they would identify preferences such as readings, music and flowers.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team at Beaconsfield Villas were all passionate about and actively promoted person centred high quality care.
- Staff, relatives and professionals were positive about the management of the service. Comments included; "I like [registered manager's name] style. Good to talk to and makes reasonable adjustments. Busy person who understands people's needs well", "The registered manager is lovely. Very approachable, level headed and fair. The service is well led by them and the deputies here", "The registered manager is a nice person. Reasonable and approachable. I have a good relationship with them" and, "The registered manager and management team are very good, all professional and approachable".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager said, "Being transparent is important to me".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The registered manager had not always ensured that they had communicated all relevant incidents or concerns to CQC as required by law. We identified two notifiable events which took place in February 2019. We discussed these with a deputy manager and the registered manager. The incidents had been reported to the local authority, family and internally. Investigations had been completed and measures put in place to minimise risk of reoccurrence. The registered manager told us that they would re-read the guidance for providers and ensure that all notifiable events were reported to CQC going forwards.
- The registered manager and deputy managers demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the deputy managers to make sure people were safe and that they were

happy with the service they received. These included medicine and health and safety audits. The registered manager completed monthly audits which covered a number of areas including; care plans, staffing, infection control and training. Actions identified fed into improvement plans and actions were met in a timely manner.

- Managers and staff were clear about their roles and responsibilities and felt proud to work for Beaconsfield Villas.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "We feel listened to, valued and appreciated. We receive feedback in one to ones, staff meetings and from parents when they visit".
- Relatives told us that they felt involved. One relative said, "We can always suggest ideas and put our views across. These are then listened to and tried".

Working in partnership with others

- Beaconsfield Villas worked in partnership with other agencies to provide good care and treatment to people. We were told that the service worked very closely with the community learning disability team and specialist behaviour team.
- Professionals fed back positively about partnership working with the home. One professional said, "Partnership work is good and information is shared. Sometimes it can take a while for a response but we understand they are busy".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.