

HF Trust Limited

# Beech Spinney

## Inspection report

Beech Spinney  
Ironbridge  
Telford  
Shropshire  
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Tel: 01952433102

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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

The inspection took place on 13 May 2016 and was unannounced. Beech Spinney provides long term accommodation for up to five people. The home also provides short term accommodation for up to two people. People living at the home are younger and older people with learning disabilities and autistic spectrum disorder care needs. There were seven people living at the home at the time of our inspection.

People had their own rooms and the use of a number of communal areas including lounges, kitchens, dining rooms, conservatory, sensory room and garden areas. People also had the use of an adjacent hydrotherapy suite.

A registered manager was in post at the time of our inspection. 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.

Risks to people's safety were understood by staff and staff took action to support people in ways which helped them to stay safe. Staff understood what actions to take if they had any concerns for people's safety or wellbeing. There was enough staff available to support people so their care and safety needs would be met. People were supported to take their medicines so they would remain well.

Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. Staff used their knowledge and skills when caring for people so they would get the support they needed. People were supported by staff to enjoy a range of food and drinks. Where people needed extra support to have enough to eat and drink staff cared for them so they remained well. People were supported to attend health appointments. Where people needed extra support because they were in hospital this was arranged for them. Staff worked with health organisations so people would receive the care they needed.

People were given encouragement and reassurance when they needed it and we saw caring relationships had been built with the staff and registered manager. Staff supported people so they were able to make their own choices about what daily care they wanted. People's need for dignity was understood and acted upon by staff.

People benefited from living in a home where staff took action when people's needs changed. Staff understood people's individual care and support needs and their preferences. Complaints about the service were treated as opportunities to develop people's care further and processes were in place so lessons would be learnt.

Relatives and staff felt listened to when they made suggestions for improving people's individual care and the way the home was run. Staff understood what was expected of them and were supported through

training and discussions with their managers. Regular checks were undertaken on the quality of the care by the provider and registered manager and actions were taken to develop the home further.

## 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.

People's individual risks were understood by staff and staff took people's risks into account in the way they cared for them. Staff understood how to raise any concerns they had for people's wellbeing and promoted people's safety. There was enough staff to meet people's care and safety needs. Checks were in place to ensure people received the correct medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to look after them. Where people needed support to make decisions this was done in ways which promoted people's rights. People were supported to have enough to eat and drink so they remained well. People were supported by staff to see health professionals so their health was promoted.

### Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff, and were provided with reassurance in the ways people preferred. People were treated with respect and dignity. People made their own choices about their daily care with support from staff where this was needed.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged to decide what care they needed and the best way for this to be done. Staff supported people to do things they enjoyed doing and maintain links with their families. People's relatives and staff were confident action would be taken if any concerns or complaints about the care were made.

## Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were encouraged by the registered manager to make suggestions for improving the care offered. Checks were made on the quality of care by the registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people would enjoy care which developed further.

# Beech Spinney

## 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 13 May 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider 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 reviewed information we held about the provider and the service including statutory notifications which had been sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection we spent time with people in the communal areas of the home. We spoke with two people living at the home. We talked with one relative. We spoke with one of the provider's representatives, the registered manager, a member of domestic staff, one senior care worker, five care staff and an apprentice care staff member.

We looked at a range of documents and written records including two people's care records, records about the administration of medicines, and how staff cared for people so they stayed well. We looked at minutes of staff meetings and three staff member's recruitment files. We checked records about how people were supported to stay safe and records of complaints. We talked to staff about their training and saw staff training records. We also looked at information about how the provider and registered manager checked the quality of the care provided and the actions they took to develop the service further. This included actions taken by the registered manager in response to complaints about the service people received.

# Is the service safe?

## Our findings

People were relaxed in staff's company and staff took action to promote people's safety. This included making sure people had the support they needed so their physical safety was promoted. For example, we saw staff made sure people had the equipment they needed and assisted them to eat and drink in the best way for them. The relative we spoke with told us they did not have any concerns for their family members' well-being or safety and told us, "I do not have any concerns for [person's name] safety. I am confident in what's happening because staff tell us how [person's name] is."

Staff knew the types of abuse people were at risk of and told us how they would support people if they thought they were at risk of harm or abuse. Staff gave us examples of the actions they would take if they had any concerns for people's well-being or safety. Staff gave us examples of where plans had been put in place to support people to stay safe.

Staff knew the risks each person had to their safety and well-being, such as risks because of their health. Two staff members told us how they supported people so they were less anxious. Another staff member told us how they worked with one person to reduce their risks when making their own food or drinks. A further staff member told us how the registered manager and staff also considered people's safety when they were in the care of other organisations. We saw staff supported people to do things as independently as possible, taking their risks into account. This included when people moved around the home and when people ate and drank.

The relative we spoke with told us how the registered manager and staff had supported their family member prevent unintentional injury to their family member when they were in the care of another organisation. The relative told us how staff had provided guidance to other organisations on the best way to support their family member to stay safe. The relative told us their family member's safety and well-being was improved because, "Staff always go with [person's name] and are good at sharing information. This has led to [name of organisation] being more careful, and has improved [person's name] safety."

The relative told us they were encouraged to contact senior staff at any time if they had any concerns for their family member's safety or well-being. Staff we spoke with told us they discussed plans for keeping people safe at daily information sharing meetings and at regular staff meetings. One staff member we spoke with explained this helped all staff to work out the best way for people's risks to be managed and their safety promoted. We saw there were clear plans in place and people's safety needs were taken into account in the way staff cared for them.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people living at the home. The apprentice told us they were not allowed to start to work with people until the registered manager had checked they were suitable to work with people living at the home.

The relative we spoke with told us there was always enough staff available to care for their family member in ways which promoted their safety. The relative told us many of the staff had cared for their family member for a number of years, and knew their safety needs well. All the staff we spoke with told us there was enough staff to meet people's care needs in safe ways. One staff member told us how the registered manager took into account the needs of people who were planning to stay at the home when staffing was organised, so people would receive the care they needed. Another staff member told us they were encouraged to discuss staffing levels at regular meetings with their managers. They were confident any concerns raised would be actioned by the registered manager. We saw there was enough staff to provide care to people. This included staff providing one-to-one care to people when this was required to meet their safety and care needs.

The relative we spoke with told us their family member was supported by staff to have the medicines they needed to stay well. The relative said their family member's medicines were regularly reviewed, so they could be sure their family member was receiving the correct medicines as their needs changed. Staff told us they were not allowed to administer medicines until they had been trained and their skills had been checked. Staff told us about the regular checks on medicines made by the registered manager and provider, so they could be sure people were receiving their medicines in the right way. We saw checks were also done by an external pharmacy, so there was further assurance people were receiving the medicines they needed in a safe way. We saw staff kept clear records of the medicines administered to people and people's medicines were securely stored.



# Is the service effective?

## Our findings

The relative we spoke with said, "I recognise staff knowledge is good. There's continuity and understanding, they have the training they need, and understand [person's name] needs well." The relative explained the skills of the staff meant their family member remained well as their health needs changed. Staff we spoke with told us they were encouraged to develop their skills and attend training so they would be able to care for people so they remained well and enjoyed life. One member of staff we spoke with told us about some of the specialist training they had done, so they would be able to care for people living at the home. The staff member told us this included training so people's nutritional needs would be met and specialist training so they would be able to support people to recover quickly if they became ill.

All the staff we spoke with told us they regularly discussed their training needs during their one-to-one meetings with their managers and at staff meetings. Staff told us action was taken if any requests for training were made, so staff would have the skills they needed to care for people. One staff member told us about some training they had requested to further develop their skills in communicating with people living at the home. The staff member told us their request had been listened to and the training had been planned. We saw staff used the skills they had gained so people were supported to communicate their own decisions. We also saw staff used the skills they gained to prevent people from becoming anxious or injuring themselves. The registered manager had a plan to show what training staff had done and would be doing in the future. We saw the training staff had done matched the needs of the people living at the home.

We spoke with one staff member about the training and support they received when they first came to work at the home. The staff member told us they had undertaken initial training and then observed how other staff supported people. The staff member told us this had given them the opportunity to find out the best way to care for people. Another member of staff we spoke with told us they had returned to work after an extended break. The staff member told us they had been supported well by colleagues so they understood how people's needs had changed. The staff member told us they had repeated part of their induction training, so the registered manager was assured they had the skills and knowledge they needed to care for people. All the staff we spoke with told us they received good levels of support from their managers and the registered manager, so they were able to provide people with the care and support they needed.

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.

Staff had received support to understand their responsibilities under MCA and had a clear understanding of how MCA affected the way they supported people. Staff knew which people were able to make their own decisions about things which were important to them. Staff also understood what support people needed so they would be able to make their own decisions, where possible. We saw staff supported people to make their own decisions where possible. This included showing people choices available and supporting people

by making sure they had enough time to make their own decisions. We saw staff had developed a good understanding of people's preferred ways of communicating, so staff understood the choices people were making. One staff member we spoke with gave us an example of how a decision was made in one person's best interest when they did not have the capacity to do this themselves. The staff member told us they had worked with the person, health professionals and consulted with the person's relatives. As a result, a decision was made in the person's best interests and they received the support they needed to remain well. We saw other best interest decisions had been made with the involvement of external professionals including speech and language therapists, community learning disability nurses and staff who knew people well. Relatives had also been consulted as part of the process, so the registered manager could be assured decisions had been made in people's best interests.

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 provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted applications to a 'Supervisory Body'. One application had been approved by the supervisory body. The registered manager was awaiting decisions on five applications at the time of our inspection. Processes to review DoLS in the event of people's needs changing were in place.

People were supported to make their own decisions about what they would like to eat and drink. This included people making decisions about occasional "take-away" meals they enjoyed. Staff understood which people needed specialist support so they would have enough to eat and drink and remain well. One staff member we spoke with explained how they followed advice given by speech and language therapists, so they could be sure risks to people's safety and well-being when eating and drinking were reduced. We saw staff knew people's food and drink preferences and which foods people needed to avoid to remain well. Where staff had concerns people were not eating and drinking enough to remain well action was taken and specialist advice was obtained. We saw the care given by staff meant people's weight either remained stable, or increased in line with their health needs.

The relative we spoke with told us their family member enjoyed good health because of the actions staff took and said, "The care is excellent." The relative told us how effective staff were at detecting changes in their family member's health. The relative said, "If it was not for the support and care of staff [person's name] would have been seriously ill." Staff understood people's health needs and gave us examples of how they worked with health professionals such as people's GPs, physiotherapists and consultants. Two staff members we spoke with told us how they followed plans agreed with people's GP. Staff told us this helped people to regain their health as quickly as possible when they became ill. We saw people's health needs were explained in their health action plans. The health action plans gave staff clear instructions on how to support people so they would enjoy good health.

# Is the service caring?

## Our findings

The relative told us all the staff were caring and their family member enjoyed spending time with staff. The relative said, "Without a doubt the staff are caring. They go the extra mile and love all the people here. It's a caring place." We saw staff took every opportunity to communicate with people so people felt included and valued. People smiled and laughed when they were in staffs' company and were relaxed. We saw people enjoyed staff singing with them and were happy to be supported by staff.

Staff told us they got to know people by communicating with them, checking their assessments and care plans and talking with their relatives. One staff member told us before one person came to live at the home they had come in to meet the staff. The staff member told us this gave them the chance to find out about the person. The staff member said, "You find out how the person likes to communicate, you click with them, and you find out more. I loved it when I had a big grin from [person's name]." Another staff member told us, "You get to know people well. Some people only communicate in tiny ways, but it's great when they recognise you." The apprentice said, "Staff are really patient with people." One staff member we spoke with explained how staff had built up trust with one person who came to live at the home for regular short periods of time. The staff member told us, "[Person's name] family tell us they can't wait to visit now because they get on so well with the staff." Staff we spoke with understood which people enjoyed touch as a form of reassurance, and which people preferred staff to reassure them in different ways. We saw throughout our inspection staff took action to reassure people in the way they preferred, so they were less anxious.

People were involved in day-to-day decisions about their care. These included decisions about where they wanted to be, what they wanted to do and what they wanted to eat and drink. One staff member we spoke with told us how important it was for one person to have access to their laptop, as the person used this to show staff what choices they made. Another staff member told us how one person used other equipment so they were able to let staff know what decisions they made. One staff member told us how people were involved in deciding how their room was decorated. We saw staff had put a board together so one person could make their own choices about how their room was decorated, with support from staff.

The relative we spoke with told us staff took their family member's need for dignity into account in the ways they cared for them. The relative said, "Staff show care and consideration. They always knock before entering [person's name] room." We saw this happened during our inspection. We also saw staff were discreet when offering to care for people. One staff member explained how people's dignity was promoted as they got to choose which staff supported them with specific areas of their care. Another staff member told us how people were encouraged to stay as independent as possible. The staff member gave us an example of how one person brushed their own teeth with help from staff. We saw people were encouraged to get their own drinks in a safe way where this was possible, so their independence and well-being was promoted.

The relative we spoke with told us they were encouraged to visit their family member whenever they wanted, and staff were always welcoming. The relative said they enjoyed spending time with their family member either in the communal areas of the home, or in a more private area when this was needed to meet their family member's needs.

## Is the service responsive?

### Our findings

People's care had been planned in ways which reflected their preferences and their individual needs. The relative we spoke with explained they had been involved in deciding what care their family member received when they first came to live at the home. The relative gave us examples of how actions had been taken by staff when they made suggestions about the care their family member received. These included suggestions about things their family member enjoyed doing and how staff could support their family member to remain well. The relative told us they felt listened to, as staff took their views into account when their family member's care was planned and given.

One staff member we spoke with explained how they worked with relatives when one person first came to live at the home for short periods of time. The staff member explained by talking with the person's relatives they were able to build up a picture of the care the person needed and how they liked this to be given. The staff member told us this had helped to reduce the person's anxiety during their initial visits, and made their time staying at the home more enjoyable. Another staff member explained how people's care was planned with their preferences in mind. This included planning and taking action to support people by making sure they were able to choose the gender of the staff member to support them.

We saw staff took action so people received their care in the way they preferred. This included providing people with physical reassurance when they moved, and communicating with people in the ways they preferred. We also saw people's care plans and risk assessments gave staff clear guidance on the best way to care for people living at the home. For example, how to support people so to make their own choices, how to care for people so their health needs were met and how people preferred to communicate. Plans were also in place to support people to do things they enjoyed. We saw staff were given information on possible risks to people's well-being and guidance on the best way to support people. People's risk assessments and care plans had been regularly reviewed and advice from external professionals, such as people's social workers was taken into account, so people received the care they needed in the best way for them.

The relative told us "Staff share information well, so [person's name] gets the care they need." The relative told us staff brought their family member's care reviews forward if their needs changed. This included if the person needed extra support to stay well, or changes in their medicines. All the staff members we spoke with said staff were encouraged to discuss people's care and support needs at regular meetings, so people experienced the best well-being possible. One staff member explained how staff had shared information about the best way to support one person living at the home. The staff member told us they had seen the person enjoyed communicating with staff using a mirror in their room. The staff member explained staff had been encouraged to do this more, and the person was able to communicate in the way they preferred. The staff member told us this had also benefited the person in other ways, such as improved posture.

The relative we spoke with told us because of the way staff supported their family member, "[Person's name] has as a good quality of life and chance to enjoy themselves." The relative told us their family member particularly enjoyed using the sensory room and hydro pool, with support from staff. The relative told us suggestions they made for trips out to the theatre had been acted upon, which was something their

family member really enjoyed. One staff member told us how much some people enjoyed using the garden areas, or going out shopping with staff. Another staff member told us one person living at the home really enjoyed selecting items when shopping. As a result of this, opportunities had been developed for the person to do this at the home. We saw people were supported to do things they enjoyed during our inspection.

Staff understood the importance of supporting people to keep in touch with people they cared about, so they had improved sense of well-being. The relative told us staff also planned opportunities for them to spend time out as a family, and had recently organised a fishing trip for the whole family to enjoy. A staff member we spoke with told us how they had suggested a joint day out for one person living at the home and their relative, so they would be able to relax and keep in touch.

The relative told us they had not needed to make any complaints about the care their family member received. The relative said, "We will say if we don't think things are right and staff follow it up straight away." Staff we spoke with knew what action to take to support people to make a complaint, if this was required. The relative and staff we spoke with were confident the registered manager would take action if complaints were made. We saw there had been one complaint made recently and action had been taken to investigate the complaint, so any lessons would be learnt.

## Is the service well-led?

### Our findings

The relative we spoke with told us the service was managed well and the registered manager and senior staff listened to suggestions they made. The relative told us, "[Registered manager's name] is a 'doer' and has lots of ideas, and will do what she says she will do. [Registered manager's name] will find ways round things and be pro-active. She's got to know people well." The relative told us how the registered manager had supported their family member when they were ill and said, "[Registered manager's name] was fantastic at organising hospital cover."

Staff told us they felt supported by the registered manager and were able to make suggestions about the care people received and the way the home was run. One staff member told us how they suggested one person's medication was reviewed. The staff member told us the registered manager had taken action and the person received more appropriate medicines, with benefits to their long term health. Another staff member told us about suggestions they had made for things which would help people to communicate their decisions. The staff member had also made suggestions about equipment people would benefit from. The staff member told us their suggestions had been actioned. We saw this equipment was in place. Three staff members told us how they had made suggestions about the shift pattern staff worked. One staff member we spoke with told us, "It's managed well, and people and staff are looked after. People pick up on it if staff are not happy."

The relative told us the way the home was managed had a positive impact on their family member. The relative told us, "It because of the culture staff have set. It's a home, not an institution." We saw people were encouraged to make their own rooms comfortable and to reflect their personalities.

Staff told us they were provided with clear expectations about the way they were to work with people. One staff member told us, "[Registered manager's name] is client driven and staff driven." Another staff member told us, "[Registered manager's name] door always opens so you can get advice." The staff member explained how this had led to discussions and actions taken so the registered manager could be sure one person was getting the nutrition they needed. One staff member told us the registered manager made it clear, "People we support are the number one priority." We saw the registered manager took time to chat to people, the relative and staff to check people were supported well. The apprentice we spoke with said they had been encouraged to let the registered manager know if they had any concerns about people's well-being, "So [registered manager's name] can take action."

The registered manager told us relatives were encouraged to make suggestions for developing the home either through immediate contact, during their family member's reviews or at meetings. The relative we spoke with told us, "Relatives meetings aren't formal. [Relatives] come from all over, chat and have food. It's open house." The relative told us this approach gave relatives the chance to raise any suggestions or concerns. The views of people who used the services and their relatives were also obtained through family and friends questionnaires. We saw feedback had been positive and the registered manager explained how some of the suggestions made had been actioned.

The relative we spoke with told us how well the registered manager had worked with external organisations so their family member would receive the care they needed. The relative told us, "This has had a big impact on [person's name]." The registered manager explained how they had worked in an open way with organisations, so the person would continue to get the care they needed when different agencies cared for them. The registered manager gave us an example of where the whole staff team had been involved in reviewing the way they supported people to take their medicines. This had identified how staff may be able to improve the way they worked with one person's relatives and the person's GP. The registered manager told us how they had devised a new way of supporting the person with their medicines. As a result of this the person was less anxious.

Checks to make sure people were receiving the care they needed were undertaken by the registered manager and senior staff. These included checks to see if people's goals were planned and to make sure there was enough trained staff to care for people. We also saw people's medicines were regularly checked so the registered manager could be sure people were receiving these in a safe way. The results of the registered manager's checks were sent to the provider. The provider's representative told us they undertook monthly visits to check if people were receiving the care they needed and to make sure people were involved in decisions about their care. We saw action plans had been developed, and where actions were identified these were carried out to further develop the service.

The registered manager told us they were supported to understand their role and develop the service further by the provider. This included chances to share best practice with other local registered managers. The registered manager told us, "I have been really impressed by the peer support." The registered manager told us they were able to obtain advice they needed from the provider. The registered manager told us they had also been supported by the provider to secure resources so the environment people lived in and the care they received would be further developed. The registered manager also explained how they had been supported by the provider in other ways. The registered manager told us this included support for their approach to growing the workforce. This took into account the need to reflect the people who lived at the home when making workforce development decisions.

The registered manager explained plans were in place to develop a sensory garden for people to enjoy. Other plans included creating a self-contained flat so people would be able to develop their independence further with support from staff.