

JME Care Ltd

Beechcroft House

Inspection report

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Date of inspection visit:
17 February 2020
18 February 2020

Date of publication:
11 March 2020

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

Beechcroft House is a residential care home providing personal care. It provides accommodation for three people with learning disabilities or autism.

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

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

Safeguarding policies and procedures were in place to help protect people from harm and abuse. Staff understood how to raise safeguarding issues. People told us they felt safe living at the service. There were enough staff provided to meet people's needs. Risks to people's health and wellbeing were recorded and staff were aware of this information. People were protected by robust medicine management and infection control procedures.

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.

People's needs were met by staff who undertook induction and training to develop and maintain their skills. People's dietary needs were assessed and monitored. Dietary concerns were reported to relevant health care professionals. People were supported to socialise, maintain family contact, undertake hobbies and go on holiday.

People's needs were assessed, and person-centred care records were created for staff to follow. Care records detailed tasks people could undertake themselves to maintain their independence and goals people wished to achieve. Care reviews were held with people to check on progress. Staff contacted health care professionals for advice and support to maintain people's wellbeing. People's end of life wishes were recorded. End of life care could be provided at the service with support from relevant health care professionals.

The complaints policy was provided to people in a format that met their needs. No complaints had been received since the last inspection. People told us they were happy and had no complaints to raise.

We found an open and transparent culture at the service. People were asked for their views along with their relatives and staff. Feedback received was acted upon. The provider continued to look at how the service could be improved for people. Data was stored securely to maintain people's confidentiality.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Beechcroft House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector. On the first day of the inspection we visited Beechcroft House, on the second day we met the management team at their head office in Scunthorpe to conclude the inspection.

Service and service type

Beechcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beechcroft House no longer provides care and support to people living in 'supported living' settings.

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. There was an acting manager who was going to make an application to become the registered manager of this service.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications, which is information about important events which the service is required to send us by law. We also contacted the local authority to gain their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and with two relatives. We spoke with the acting manager, deputy manager, care-coordinator and with two care staff.

We reviewed a range of records which included three people's care records and medicine administration charts. We looked at two staff files in relation to recruitment and supervision. We inspected a variety of records relating to the management of the service including policies and procedures, training records and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- Potential risks to people's wellbeing were identified. For example, the risk of trips, falls, absconding or seizures. Risk assessment were in place for outings.
- Potential risks in the home environment were monitored. For example, hot water temperatures were checked to help prevent scalds.
- People had detailed care plans, risk assessments and personal evacuation plans in place to for staff to follow.
- People confirmed through the providers survey they felt safe living at the service.
- All aspects of health and safety was monitored. If issues were found corrective action was taken to protect the safety of all parties.
- People were supported to take positive risks to aid their independence. Accidents and incidents were reviewed, if necessary this information was shared with staff and health care professionals to reduce the risk of re-occurrence.

Using medicines safely; preventing and controlling infection

- Robust medicine management was in place. New storage and thorough auditing of medicine's occurred.
- Staff followed the providers infection control policy. They were provided with gloves and aprons to use to protect people from the risk of cross infection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm and abuse. Staff had safeguarding training and understood the types of abuse that could occur.
- The provider had safeguarding policies and processes in place. Staff understood their responsibility to report concerns. One member of staff told us "Yes, I would raise abuse concerns."

Staffing and recruitment

- There were enough skilled staff to meet people's needs. A member of staff told us, "Training is provided for us."
- Checks were in place to ensure staff were recruited safely and were suitable to work in the service.
- Continuity of care was provided for people. Agency staff were not used at the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care was provided in line with good practice guidance. People's holistic needs were met. Staff understood each person's individual needs and preferences.
- A full assessment of people's needs was undertaken over a period of time. Potential residents were invited to the service to see if they felt this was the right place for them.
- People's consented to information being shared about them when the support of other services was required.
- A range of activities and social events were undertaken in line with people's preferences. One person told us, "I like to go shopping and out on the bus."

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their role. New staff undertook a period of induction to learn how to care for people in line with the providers policies and procedures.
- On-going training was provided for staff. The Care Certificate, a nationally recognised course was offered to staff to develop their skills.
- Staff supervision and a yearly appraisal was undertaken to allow them to reflect on their work and identify any further training or development needs.

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

- People's nutritional needs were assessed and monitored. Special dietary needs were provided and a balanced diet was promoted. People were supported to shop and cook food for themselves. One person told us, "I like cooking. I am going to cook a curry."
- Concerns about people's dietary intake were reported so corrective action could be taken.
- People were encouraged and supported to eat and drink, if necessary. People chose where they wished to eat. Mealtimes were social events.

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

- Signage to help people find the communal bathroom was provided.
- People were consulted about re-decoration and maintenance work that required undertaking to reduce their anxiety.

- People's bedrooms were personalised and arranged to promote their independence.
- Gardens had level access to aid mobility and areas of fencing provided privacy.
- People's views about the home environment were sought and acted upon.

Supporting people to live healthier lives, access healthcare services and support

- People were monitored and supported by relevant health care professionals to help maintain their wellbeing. Their care and support needs were regularly reviewed.
- Staff encouraged people's positive behaviour. Staff understood triggers that indicated people were becoming anxious and knew how best to support people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Best interest decisions were made in consultation with people's relatives and relevant health care professionals to make sure people's rights were protected.
- Training about MCA and DoLS was provided for staff.
- DoLS applications were authorised by the local authority.

Is the service caring?

Our findings

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

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

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

- People were treated with kindness and compassion by staff. One person told us, "The staff are nice."
- Staff understood people's support needs. People told us they got the help they needed in a timely way. One person said, "They [staff] help me."
- People's individual needs and preferences were recorded and known by staff. They respected the diversity of people living at the service. A member of staff told us, "The people here are all so different."
- The provider had equality and diversity policies and procedures in place for staff to follow.

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

- People were encouraged to raise their views and make decisions about their care supported by staff.
- Advocates were available to help people raise their views if relatives were unable to help. An advocate is a person who supports people to ensure their views and wishes are respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered in bedrooms or bathrooms behind closed doors. Staff ensured people dressed according to their wishes and preferences.
- People were addressed by their preferred name.
- People were encouraged to remain as independent as possible. They were encouraged to maintain or develop their life skills. Care records described the support people needed and the goals they aspired to achieve.
- The provider promoted dignity and people were treated with respect.
- People's care records were stored securely to maintain confidentiality.

Is the service responsive?

Our findings

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

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

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

- People's needs and preferences were identified and known by staff.
- Person-centred care plans and risk assessments were created for staff to follow.
- People's behaviour's that may challenge was recorded and identified triggers that may indicate people were anxious. Information about how staff could provide positive behaviour support was identified.
- People's care was regularly reviewed. People signed their care records to confirm they had been involved in this process and had agreed to the care provided.
- People made choices about their lives.
- Care provided was recorded. This included information gained from health care professionals about changes in people's wellbeing.

Meeting people's communication needs

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

- The communication needs of people were recorded. Information was provided in a format that met people's needs. For example, large print or a pictorial format.
- Staff listened to and acted upon what people said. Staff rephrased questions and gave people time to think and respond.

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

- Hobbies and interests were encouraged. People created their own weekly activity plan, which included developing their life skill and outings. One person told us, "I love going out."
- People were supporting to socialise with friends and family and attend family events for example, birthday parties. One relative commended staff after a birthday party and wrote, '[Name] is living their best life. A life we all wish we could have. Your staff are incredible. What you do for [Name] and our family is incredible, we are so grateful.'
- Holidays abroad and in this country were planned in line with people's preferences so people could enjoy themselves. A member of staff told us, "We work with each person to go on outings and do what they like to do."
- Educational and work opportunities were sourced in line with people's preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that was provided to people. They were reminded about this at residents' meetings.
- Staff confirmed they would support and encourage people to raise issues. No complaints had been received.

End of life care and support

- End of life care could be provided with the support of relevant health care professionals.
- People's end of life wishes was recorded along with funeral plans.

Is the service well-led?

Our findings

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

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

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

- Person centred care and support was provided, monitored and reviewed to ensure good outcomes were achieved for people.
- The values of Registering the Right Support of inclusion, choice, promotion of independence and supporting people to live life as any other citizen was demonstrated by the provider and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The management team understood their legal responsibilities to ensure regulations were met. Relevant information was submitted to the Care Quality Commission (CQC) as required by law.
- Staff were supported to understand their role, so they knew what was expected of them. A member of staff told us, "Things have improved. I love my job. It is a good company to work for."
- A range of quality audits and checks were undertaken to monitor the service. Where issues were found these were addressed.
- The provider was aware a change in registration was required to separate the two locations of Beechcroft House and the supported living service. An application had been received by the Care Quality Commission's (CQC) registration team in January 2020. This work was being undertaken.
- People's wellbeing was protected by the providers policies and procedures which were accessible to staff.
- A monthly team building drop in session was held by the head of care for staff to gain support. Staff awards were provided to recognise excellence.

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

- People's views were asked for through meetings and surveys. Feedback received from a recent survey was positive.
- Relatives and visitors were encouraged to give their views about the service.
- Staff meetings were held to help development the service. Staff told us the management team were approachable and they felt valued. A member of staff said, "I feel well supported."
- People living at the service were integrated into the local community. One person told us, "It's nice here." Staff told us, "People say hello to our residents when they see them out and about."
- The diversity of all parties was valued and respected.

- The provider had developed links with other organisations and their supported living service to enhance the social opportunities of people living at the service.
- Improvements made to the service had been maintained. A newsletter was provided to people and staff to keep them informed of any new developments.

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

- The provider dealt with issues or concerns with openness and transparency. Apologies were provided to people when things went wrong. Learning from these incidents took place.
- The provider and management team worked with a management consultant and with the local authority to develop the service.