

SIL.2 Limited

Beada House

Inspection report

Newtown Road
Bedworth
Warwickshire
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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

Beada House is registered to provide personal care to people who have their own tenancy; one of the 16 flats in Beada House. At the time of the inspection 15 people were supported by the provider. The provider offers aftercare services to people who may be on a Section 117 of the Mental Health Act or may be on a Probation Order issued by the Court. The provider provides 24 hour supported living to people with mental health diagnosis, who are offered short-stay tenancy agreements as part of their rehabilitation.

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

Staff knew people well and how to provide the agreed therapeutic support as part of people's rehabilitation. Staff had a good understanding of mental health diagnosis and the importance of responding to any signs of relapse. A keyworker system enabled people to establish trusting professional relationships with people.

Risks were assessed and positive risk-taking management plans were agreed with people as a part of their agreed goals. These were reflected in personalised care plans. Staff promoted people's independence and maintained people's privacy and dignity.

Staff had received training on how to protect people from the risks of abuse and understood the importance of reporting any concerns.

Communal areas of Beada House were clean and well maintained. People had their prescribed medicines available to them and were supported with these as needed by trained care staff.

There were enough staff and people received their therapeutic support at agreed times. The provider had a safe recruitment system to ensure staff's suitability to work with people.

People were referred to Beada House by healthcare professionals and detailed initial assessments were completed before care and support was offered to people. Staff supported people to access healthcare services. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People were supported with cooking skills and staff were able to offer guidance about healthy eating options.

There were systems in place for people to give their feedback on the service. People were offered one to one therapeutic support meetings with staff. Where people had complaints or concerns, these were acted on.

There were quality assurance systems in place to check the safety and quality of the services.

Rating at the last inspection

The last rating for this service was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

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

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

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.

Detailed findings 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 can be found in our well led findings below.

Beada 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 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.

Inspection Team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own short-stay tenancy flat.

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 the quality and safety of the care provided.

Notice of inspection

We gave notice of our inspection to the registered manager to ensure they would be available to support the inspection. Inspection activity commenced on 1 November 2019 and ended on 5 November 2019.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority, which was positive. We used all the information to plan our inspection visit.

During the inspection

We spent time, and spoke, with five people in their flats to gain their feedback about the services. We spoke with three members of care staff, the deputy manager and registered manager. We reviewed a range of records. This included a review of three people's care plans, medication records, daily care notes and risk management plans. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks, staff recruitment and training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. People continued to receive a safe service and were protected from avoidable harm.

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

- Risks were identified, and management plans gave staff the information they needed. There was a focus on positive risk taking where staff worked alongside people to promote responsibility as part of a person's agreed rehabilitation goals.
- Staff had a good understanding of the risks associated with people's care. For example, staff described early warning signs of a person's mental health deteriorating and how they ensured risks of relapse were minimised.
- A system of Closed-Circuit Television (CCTV) recorded external activity outside Beada House. This enabled staff to maintain people's safety and security. The registered manager gave us examples of when incidents of anti-social behaviours had taken place and appropriate actions had been taken. However, there was no signage to inform people CCTV was in use, the registered manager assured us this oversight would be addressed.
- People told us they felt safe in their flats. However, one person told us, "I mostly feel safe, but there have been occasions when there have been disturbances and it feels like nothing is being done by staff to sort things out." However, records showed all concerns were acted on.
- There was a maintained fire alarm system and people had individual personal emergency evacuation plans. Staff told us fire drills took place regularly and included people evacuating their flats.

Using medicines safely

- People received their medicines when they should. Where people were supported by staff, medicines were managed in line with good practice guidance.
- Most people had positive risk management plans in place for self-medicating and had agreed to frequent spot-checks to be undertaken by staff. One staff member told us, "Some people have known risks around overdosing, stock-piling medicines or misuse of medicines, so this is a key part of our role to ensure safe management of medicines by people themselves."
- People felt supported by staff with their medicine management. One person told us, "Taking my medicines is crucial to my mental health wellbeing, I am very grateful to staff checking on me, making sure I take them as prescribed."

Preventing and controlling infection

- There were systems to prevent and control the risk of infection. Communal areas of Beada House were clean, well-maintained and tidy.

Staffing and recruitment

- There were enough staff to undertake agreed support visits and wellbeing checks to people.
- The provider's system for recruiting new staff ensured staff's suitability to work there. We reviewed one new

staff member's file and required checks were documented.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. Staff gave us examples of types of abuse that said they would report any concerns to the registered manager.
- The registered manager demonstrated their understanding of their legal responsibilities in reporting incidents to us. The registered manager also liaised closely with people's social worker and community psychiatric nurse when people presented risks of harm to themselves, and, or others.

Is the service effective?

Our findings

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

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

- Healthcare professionals made referrals, on behalf of people, to the registered manager, who then undertook a pre-assessment before people were offered a flat in Beada House. The registered manager told us, "Our referrals mostly come from mental health hospital services or prison services, when healthcare professionals involved in service users' support and care, believe people are ready for our rehabilitation supported living service."
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- Staff told us information contained in people's initial assessments was crucial to them at the early stages after a person moved into their flat. One staff member told us, "The manager completes excellent assessments, they are detailed and contain vital background information we need."

Staff support: induction, training, skills and experience

- Staff received an induction and training and had the skills they needed to support people confidently and in a safe way.
- People felt staff had the skills they needed. One person told us, "Staff know how to approach me, they don't pressure me but have a 'chilled' (positive) approach."

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

- People met their own nutritional and hydration needs. People told us they went out and did their own grocery shopping and made choices about what they wanted to eat and drink.
- Staff told us they supported some people with cooking skills and menu planning around healthy options. A monthly newsletter was made available to people living at Beada House and these included recipe suggestions for healthy meal ideas.

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

- When people moved into their flat, staff supported them to register with local healthcare services including a GP and dental service. People visited, or received visits at their flat, from their social worker, community psychiatric nurse and mental health care consultant to promote effective rehabilitation toward agreed goals. People could request staff support to attend appointments if they wanted this.
- The registered manager and staff team worked professionally with a wider multi-disciplinary team, sharing important information such as any concerns they had about a relapse in a person's mental wellbeing.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLSs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- Staff followed the principles of the MCA and understood the importance of obtaining consent, for example, before entering people's flats.
- Care records contained evidence to demonstrate people's mental capacity had been considered. The registered manager told us if they had concerns about a person's mental capacity, they would immediately speak with the person's social worker.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported, equality and diversity

- People felt supported and described staff as kind. One person told us, "The consistency of my keyworker has been really important to me, and what I've been able to achieve here."
- Staff told us the keyworker system enabled people to establish a trusting relationship on which small steps toward their rehabilitation could take place. One staff member told us, "Sometimes, it is very small steps, like a person agreeing to get up and out of bed rather than spend all day in bed. We have to prompt and support people in a very patient way." One person told us, "When my keyworker tells me my make-up looks nice, it means a lot to me. It helps me build my confidence."
- People were relaxed with staff and they experienced positive interactions with staff, who maintained professional boundaries.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence in line with the ethos of Beada House. One staff member told us, "It's about rehabilitation from substance misuse for a lot of people here or stabilising their mental health condition. People can then move on toward full independence in the community."
- Staff knew people well and how to promote their independence through agreed positive risk management. The registered manager told us, "If agreed positive risk taking at first fails, we don't give up but start again as without this, responsibility and independence would not be achieved."
- People told us staff respected their privacy and dignity and staff understood the importance of keeping people's personal information confidential.

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

- The registered manager supported people with decision making. Care records had been signed by people in agreement to their planned rehabilitation goals.
- People were supported by all of the staff team, but also had named 'keyworkers' who they developed supportive professional relationships with. People told us they felt they could always speak with their keyworker about any worries they had so these could be addressed.

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were consistently met.

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

- The service provided care and support that was focused on individual needs, preferences and routines. One person told us, "Staff have helped me here, I now feel I have a life and my goal is to have my own place."
- Care and support was personalised and reflected people's agreed goals toward their rehabilitation. One person told us, "Staff motivate me, if they didn't I wouldn't get out of bed to have a shower. Staff prompt and remind me to wash and change my clothes."
- The registered manager told us people who were supported at Beada House did not experience re-admissions to acute mental health hospital services. Overall, people's mental health remained stable or improvements were made towards them becoming independent. The service was registered with us during August 2015 and no one had not yet moved on to independent living. However, a few people told us they now felt ready for this transition and were being supported by staff to do this.
- There were occasions when a person, living at Beada House, made a choice to no longer work toward agreed goals. The registered manager told us, "The provider and landlord have a zero-tolerance policy toward illicit drug taking. Staff always make every effort to work with people, and whenever we have concerns, multi-disciplinary meetings are held. But, when a person makes their own choice and that is not in line with our zero-tolerance policy, appropriate actions are taken."

Meetings 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 their carers.

- People's communication needs had been assessed. Care plan information also informed staff to observe for changes in a person's communication which were known early warning signs of their mental wellbeing deteriorating.
- One person told us, "Staff communicate with me well. They actually listen to me and they know what to say and what works for me."

Improving care quality in response to complaints or concerns

- There were processes in place to ensure complaints would be dealt with appropriately.
- Whilst no complaints have been received from people about their care and support, numerous concerns had been raised about anti-social behaviour issues. People were supported by staff to make these concerns known to the registered manager and landlord, who acted on these.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant service management and leadership was consistent. Leaders and the culture they created the delivery of high-quality, person centred-care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received their therapeutic support at agreed times and had agreed to staff undertaking 'wellbeing checks' on them in their flat, which were documented.
- Staff felt well-supported by the deputy and registered manager who operated an open-door policy to staff and people living in their flats.
- The provider's 'quality and practice team' offered support to the registered manager. They told us, "The team includes mental health nurses who are always available to give advice and guidance or hands-on support when needed."
- The provider had quality assurance systems which were used to check the safety and quality of the services. For example, frequent checks were made on medicine administration records and stocks of medicines to ensure staff followed safe medicines management practices.

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

- People were offered individual 'chat meetings' with staff. The registered manager told us, "People have individual needs and staff have dedicated agreed times to meet with people to listen to any concerns, discuss goals and achievements and plan next step goals." 'Chat meetings' were recorded by staff and used as part of people's therapeutic support.
- People were offered the opportunity to give their feedback in 'resident meetings' though people told us they preferred their one to one meetings with staff.
- The rating from the provider's last inspection was displayed, as required.

Working in partnership with others

- The provider worked in partnership with others. For example, the registered manager gave examples of multi-disciplinary team meetings they attended.

Continuous learning and improving care

- The provider and registered manager recognised the importance of continuous learning. They supported staff's reflective practices on support provided to people and had team meetings to discuss what went well and what could be improved on.

