

G Plane and Miss D Newman

# The Beeches

## Inspection report

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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 Beeches is a residential care home for up to 12 people with mental health needs, some of whom receive care and treatment under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. At the time of our inspection 12 people were using the service. The Beeches is a large house built in the early 1900's which has been extended and is over four floors.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including Community Psychiatric Nurse's (CPN's), opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# The Beeches

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 15 November 2017 and was unannounced. The inspection was carried out by one inspector.

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 checked the information we held about this service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in September 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

We spoke with three people who used the service. We also spoke with the registered manager, the team leader, three support workers and the housekeeper.

We reviewed three people's care records, six medication records, three staff files and records relating to the management of the service, such as quality audits.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "Yes, I'm safe." Another said, "The staff make sure I am safe." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report anything to the manager or direct to safeguarding." Within the agenda for meetings of people who used the service, we saw that health and safety including keeping safe, was an agenda item for each meeting.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, road safety and finances. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. In the event of total evacuation, people would go to the provider's other service in the same area. This was to ensure people would still receive the care and protection they required.

Staff were recruited following a robust procedure. One staff member said, "We have to have all our checks before we can start." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People's medicines were managed safely. One person said, "We go to the office to get our medicines. They remind us it is time." Staff told us only staff that had been trained carried out medicine administration. Medicines were stored securely. We checked six Medication Administration Records (MAR) which had been completed in line with guidance. We also carried out a stock check on some boxed medication. Stock matched records.

People were encouraged to keep their own rooms clean and tidy and to assist with general cleaning of the house. The provider employed a full time housekeeper to ensure the house was clean and hygienic. We observed that the environment was clean and odour free. There was a plentiful supply of Personal Protective Equipment (PPE) when required. All staff had completed infection prevention and control and food hygiene training.

Staff we spoke with were aware of their responsibilities to raise concerns and report them accordingly. All safeguarding incidents had been investigated and reviewed. This was to check if there were any themes which could be actioned if required.

## Is the service effective?

### Our findings

People's needs had been assessed prior to admission. This information was used to start writing their care plan. Care plans we viewed showed a holistic plan of support, which people had been involved in developing. These were in line with best practice and guidance.

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One person said, "Yes they are." when asked if they thought staff were trained well to support them. Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the manager. One said, "He is very supportive and knows what he is doing." We saw records which showed staff received regular supervisions, annual appraisals and competency observations.

We observed staff gaining consent throughout the inspection. For example, people were asked if they were ready to go out to their appointment and were asked if they would speak with the inspector. People had also signed consent in their care plans for care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place although staff were aware of what MCA and DoLS were.

Staff worked together with other organisations when required which ensured coordinated care and support.

People told us they enjoyed the food. One person said, "We have nice food." One staff member told us that the people who used the service decided together at meetings what they wanted to have on the menu. This was confirmed by people who used the service. On the day of our inspection we observed lunch. This was a casual social time, with everyone chatting and enjoying the meal.

People were able to access additional healthcare when required. One person said, "If I am not well and need a doctor, they will call one." On the day of our inspection one person had an appointment at a clinic. Staff accompanied them and updated documentation on their return. Documentation showed referrals had been made when required and people were assisted to attend appointments. The provider employed a clinical advisor who was able to work with people immediately whilst awaiting referrals.

Staff told us they and the people who lived there, had their individual needs met by the adaptation, design and decoration of the premises. The provider was working through a refurbishment programme. We looked at the action plan and saw what had been completed and what was still planned.

## Is the service caring?

### Our findings

It was obvious from our observations that people were treated with kindness and compassion. One person said, "The staff are all very nice." Staff were able to tell us about individuals, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. There was light hearted banter between staff and people using the service, this was enjoyed by both.

People were involved in the writing of their care records. Records we viewed showed the person or relative if appropriate, had been involved in all processes.

The registered manager told us that there was an advocacy service available for anyone who needed it. This service would enable people to have independent support if required. no one was using these services at the time of our inspection.

People had keys to the front door and their rooms to enable them to be kept locked and private. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using their preferred name and when being assisted with anything.

There were no visitors on the day of our inspection; however, people told us visitors were welcome. Some people went to visit family at weekends and holiday times.

Staff we spoke with were aware of their responsibilities regarding confidentiality and data protection. Records were kept in the office which was kept locked when not in use.

People told us they were encouraged and assisted to be as independent as possible. One person said, "I have been here a long time, and I am much better than before. I can go out and do everything for myself." Within care plans we saw documentation which recorded people abilities and longer term goals.

## Is the service responsive?

### Our findings

People had been involved in their assessments. Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which recorded people's strengths as well as the support required, their life history which had been completed with the person and family where appropriate and their likes/dislikes.

Care plans had been written in a personalised way for each individual and were reviewed regularly. One person said, "We sit down and talk about what I want to do." Care plans were signed throughout by the person to say they agreed with what had been written. Before their reviews they had completed a form themselves with what they had done and any new goals.

People were able to go out and access activities of their choice, some with staff assistance. People told us they had held a Halloween party and on bonfire night some people and staff had gone into the local park to watch a firework display. They all said they had enjoyed them both. There was a poster advertising an outing to a Christmas market and lunch. People who wanted to go had put their name on the poster. The team leader told us that one person went into London regularly and attended football matches. Some people went bowling or to the cinema. On the day of our inspection a few people decided to watch a DVD together. They chose one they thought they would all enjoy.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. There had been no complaints since the last inspection.

The provider used annual questionnaires to gather people's views. We saw the results for the year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people including; 'the staff are good,' and 'the manager does a lovely job.'

## Is the service well-led?

### Our findings

We saw that staff meetings had been held on a regular basis. Staff we spoke with told us they are useful and if they make any suggestions they are listened to and acted on. Meeting minutes we viewed showed this to be the case.

The registered manager told us they also held meetings for people who used the service. This gave people an opportunity to voice their opinions. We saw minutes of these meetings where people had made suggestions which included different food choices and activities. At each meeting staff reminded people about a different type of health and safety matter, for example, what to do if the fire alarm sounded.

There was a registered manager in post who met their CQC registration requirements. 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.

The registered manager was aware of the day to day culture of the service. We observed them interacting with people and staff. There was a good rapport between them all and it was obvious they knew all of the people who used the service and staff well.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place. The registered manager told us that if anything was found within quality audits they would be used as a learning opportunity and used to drive improvement.

The registered manager told us they had a very good open relationship with other agencies who were involved in supporting people who used the service. They explained they had direct contact with a number of agencies to enable swift action to be taken if required. These included; hospitals, psychiatrists and community mental health teams. Documentation we saw confirmed this had taken place.