

PAKS Trust

# Beaman House

## 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

We inspected this service on 11 October 2018. The inspection was announced and carried out by one inspector.

The service is a 'care home' operated by P.A.K.S Trust; a non-profit and independent provider of support for people with learning disabilities, autism, mental health conditions, complex needs and behaviours that challenge. Beaman House is one of six services provided by P.A.K.S Trust and provides accommodation with personal care for up to five adults. People in care homes receive accommodation and 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. At the time of our inspection visit, there were four people living at the home.

The registered manager who was in post at the last inspection had left the service. Another manager, registered for one of the provider's other services, had been managing Beaman House since the previous manager had left. The present manager thought they were registered with us to manage Beaman House. They were unaware that their registered manager's application they had submitted, had been rejected by us in December 2017 as it was not fully completed.

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.

At our last inspection in February 2016 we rated the service as Good. At this inspection, we found the quality of the care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating continues to be Good.

There were enough staff on shift with the appropriate levels of skill, experience and support to meet people's needs and provide effective care. Risk management plans were in place for identified risks to people's care. Staff knew what action to take in the event of an emergency.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had received 'safeguarding' training and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

People were encouraged and supported to maintain good health. Staff supported people to access healthcare services whenever needed. People received their prescribed medicines in a safe way.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. The

manager understood their responsibilities under the Act and when 'best interests' meetings should take place. The manager had applied to the supervisory authority for the right to deprive two people of their liberty when their care and support included restrictions in the person's 'best interests'.

Staff supported people with kindness and in a caring way. Relatives felt staff were caring and involved them with their family member's support.

People had individual plans of care which provided staff with the information they needed about people's care and support. People were able to take part in individual leisure activities according to their preferences. There were also opportunities for people to attend a day centre operated by the provider.

Staff were happy in their job role and felt supported by the manager through team meetings and one to one supervision meetings.

People and their relatives had no complaints about the service. They felt the manager would deal with any concern if they needed to raise something.

The provider and manager checked the quality of the service to make sure people's needs were met safely and effectively. Feedback on a day to day basis from people was encouraged by staff. The provider and manager understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

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 was Good.

### Is the service effective?

Good ●

The service was Good.

### Is the service caring?

Good ●

The service was Good.

### Is the service responsive?

Good ●

The service was Good.

### Is the service well-led?

Good ●

The service was Good.

# Beaman House

## 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 comprehensive inspection took place on 12 October 2018 and was announced. We gave short notice because the service is small and we wanted to ensure staff and the manager would be available to speak with us on the day of our inspection visit. Further opportunity for visiting relatives, healthcare professionals and staff to give us feedback about the care given at the service was given by us displaying a poster in the home about our inspection visit, together with our contact details. One inspector undertook the inspection.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We did not request a Provider Information Collection (PIC) prior to this inspection. This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. During our inspection visit, we gave the manager and provider opportunities to tell us what they did well and their future plans for the service.

We spent time with people and observed communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke with all four people that lived at Beaman House. We spoke with two relatives, three care staff, the manager and provider organisational manager.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at the management of records and quality assurance audits the manager and provider made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found the safety of the service had been maintained. The rating continues to be Good.

All four people that lived at the home told us they felt safe living there. We saw people interacted with staff in a relaxed and positive way. Two relatives told us they felt their family member was safe living at the home. One relative said, "[Name] would tell me if anything was wrong and I'd speak with the manager."

The manager was aware of their responsibility to liaise with the local authority and CQC if safeguarding concerns were raised. The manager told us if any concerns were reported they would log these as incidents and the progression of investigation would be recorded. There had been no reported incidents so far during 2018.

Training records showed staff had been trained in safeguarding people and refresher training was planned so that staff's knowledge was updated. One newly appointed staff member told us, "I'd report any concerns to the manager, then the provider. If they did nothing, I'd go to the CQC or the local authority."

Overall, risks were assessed. Staff knew how to keep people safe because they knew people well. Risk management plans were in place, for example, relating to one person using the kettle, and staff knew they needed to support this person.

The stairs in the home were steep and narrowed in places. The use of the staircase had not been risk assessed by the manager for the three people who had first or second floor bedrooms in the home. The manager told us these people, overall, had good mobility and no accidents had occurred. However, the manager agreed the steepness of the stairs and narrowed areas due to the curvature of the staircase may pose potential risks to people. The manager assured us they would update people's mobility assessments to include the use of the home's stairs.

Staff showed an awareness of risks associated with people's individual health and well-being. For example, one staff member told us, "[Name] is at risk of falls and worries about this risk. They like to link arms whenever walking outside as this gives them confidence and keeps them safe."

We saw some minor work had been started to 'box-in' some pipework in one person's lounge that adjoined their bedroom. However, some of the pipework had been left covered in the meantime, which posed potential risks of harm. The manager told the person did not use their lounge area as they preferred to spend time with others in the communal lounge. They also assured us the work was due to be completed the following week. The manager took immediate action to lock the lounge to ensure the person's safety was maintained.

Appliance safety checks had been completed. The manager told us that the landlord was responsible for arranging some of the utility safety checks in the home, including gas and electrical checks. The manager showed us copies of checks they had requested so they could be assured these safety checks were

undertaken as required.

There were enough staff available to meet people's needs and provide safe and effective care. One person told us, "There are always staff here. Yes, enough of them." The manager told us they were fully staffed and experienced no problems covering shifts.

The provider had a safe system of recruiting staff. We looked at two staff files and records showed employment checks were completed before they started working at the home. One staff member told us, "I'd already worked at the provider's day centre so all my employment checks had been done. At the moment I always work on shift with an experienced staff member, whilst I get used to the routine and home."

There was a fire alarm system in place at the home. People had Personal Emergency Evacuation Plans (PEEPS) which informed staff and emergency services of the level of support people would need in the event of an emergency. The manager showed us an 'evacuation mat' that had been purchased for one person whose bedroom was on the second floor and may aid this person's exit in an emergency situation.

Medicines were stored and handled safely by trained staff, who had their competencies assessed by the manager. We discussed the safe handling of medicines with one staff member who knew the provider's policy and told us the action they would take in the event of a medicine error to ensure people's safety was maintained.

We looked at two people's medicine administration records (MAR) and found these had been completed as required by staff. We did not identify any concerns from the records we looked at.

Some people had topical preparations, such as creams. Body maps were available to show staff where creams should be applied on the person's skin. Overall, staff had recorded when tubes of cream were first opened and used. One newly opened topical item had not been dated by staff and the manager assured us they would remind staff of the importance of doing this.

Some people had medicines prescribed 'when required,' such as paracetamol for pain relief. Pharmacy designed forms were used as protocols for staff to refer to at the home to ensure consistency in when these medicines were given to people.

Learning took place when things went wrong. The manager gave us examples of how they had learnt from their CQC inspection of the other service between which they split their time. The manager said, "I learned from my other inspection visit and that has helped make improvements here. For example, most care plans have now been reviewed and updated, people have personal emergency evacuation plans in place and I'm working on people's individual goals with them for their care plans."

People were protected from the risks of infection. Staff told us they each took responsibility, during their shift, for infection prevention and control. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use when needed. One shower room had a grab handle that was badly corroded and effective cleaning could not take place around this. The manager told us this had been identified and was being replaced as soon as a new one arrived.

The home was clean and tidy. The manager said, "On a recent spot check I had found people's bedrooms were quite messy and untidy and they had not been supported by staff to clean and tidy as much as needed." The manager had addressed the issues they identified around cleanliness and tidiness of people's bedrooms with staff and improvements had been made.

## Is the service effective?

### Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating continues to be Good.

One person told us, "Staff are good. They help me." One relative told us, "I'm happy with everything, no concerns. [Name] is happy with the staff and they seem to have the skills they need."

People's care needs were assessed and overall, people had detailed care plans in place. We saw one person's care plan was not as detailed as others and on an older format. The manager explained they were in the process of updating care plans and this person's revised care plan would be fully completed by the end of November 2018.

An induction programme supported new staff in their role. One newly appointed staff member told us they were due to start their Care Certificate, following their 'in-house' induction. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high- quality care and support.

The manager planned for monthly team meetings which took place to update staff about important information. Staff also received one to one supervision meetings and were offered refresher training. Some staff training had expired during 2018 and others were very close to dates identified as when refresher sessions were due. The manager told us first aid and health and safety sessions were already scheduled to take place during November 2018 and further refresher sessions would be arranged so staff continued to have the skills and knowledge they needed.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met.

The manager understood their responsibilities under the Act. They told us one person had an approved DoLS and they had applied for a DoLS for one other person. The manager told us they had arranged a 'best interests' meeting for one person prior to their recent surgery taking place. This person told us they had felt 'very looked after,' by staff from Beaman House and at the hospital during their stay there. They explained to us, "I went to hospital and had my eye mended."

The manager told us that mental capacity assessment care plans relating to people's general care and support at Beaman House were 'work in progress,' and would be completed by the end of November 2018. The manager explained they had received a local authority quality monitoring visit during August 2018 and this had been identified as work they needed to ensure was completed.

Staff understood their role in protecting people, and worked within the principles of the MCA. For example,

one staff member told us, "If I support someone with personal care, I always say 'can I wash you,' I explain what I'm doing all the time."

People's hydration and nutritional needs were met. People decided together on a weekly menu plan. One person told us, "I enjoy going on the food shopping." Another person added, "If I don't like what they (other people) are having, staff make me a curry." During our inspection visit, people helped themselves in the kitchen to snacks such as yogurt. People's weights were monitored to enable them to maintain a healthy weight.

Staff supported people to visit their GP when needed or arranged home visits. One person had recently had a 'wellbeing' visit and their GP had reported they were pleased with their health and weight.

Staff supported people's wellbeing within the home. For example, resources and guidance from Breast Cancer UK was used to enable three people, with support from staff of their choice, to do monthly self-examination breast-checks.

Beaman House is a three-storey house. It was not purpose built, however, meets the current needs of people living at the home. One person has a ground floor bedroom and three people use the stairs to access their first or second floor bedroom. We discussed people's mobility and use of the staircase with the manager because the staircase is quite steep and curved. The manager told us they were aware that a stair-lift would not be a future option if people's mobility needs changed and they were aware people living at the home were becoming older. The manager added that if the design of the house no longer met people's needs, they would hope to re-locate as a group as most people had lived together for over ten years.

## Is the service caring?

### Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating continues to be Good.

People and their relatives made positive comments to us about the staff. One person told us, "I like the staff, [Name] took me to see the trains today. I liked it. I like watching the trains."

Staff told us they were very happy in their job role. Two staff members explained they also worked at PAKS day centre as well as supporting people at the home. The manager told us, "Most people choose to attend the day centre every day during the week. But, if someone feels poorly or chooses to stay at home instead of going to the day centre, then a member of day centre staff comes to the house to support them. Staff know everyone really well from them attending the day centre."

One person told us, "I'm retiring soon from the day centre. I will be 65 and will stay at home more." This person laughed and the manager explained this person felt now they were 'older' they should be 'taking it easy.' The manager reassured this person whenever they wanted to stay at home they could do.

People were comfortable in the presence of staff. We saw that all four people moved about the home, without restrictions, and interacted with staff. Staff were polite to people and showed a caring attitude. For example, one person was getting up out of their chair and due to them rushing, wobbled a little. Staff gently suggested the person slow down a little and steadied the person.

Staff knew how people liked to spend their time. One staff member told us, "All four people usually choose to attend the PAKS day centre during the week. There are lots of activities there." One person told us, "I do painting at the day centre." People told us they had enjoyed days out together during the year, these included a trip to Skegness, Stratford upon Avon and a fun fair visit. Further trips were planned for and included the Birmingham Christmas market.

On the day of our inspection visit, all four people had chosen to go bowling and told us they had then enjoyed a 'fish and chip' lunch out. When people returned home, some chose to go out again for a walk whilst one person remained at home to watch television.

Staff promoted people's independence by encouraging them to make day to day choices about what clothes they wore and what they wanted to do. Some people liked to help with household tasks such as putting the bins out, kitchen tasks and tidying around the house. One person told us, "I like to tidy my bedroom. I can wash up as well in the kitchen."

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering. People could have a key to lock their bedroom if they wished, but chose to leave them unlocked. We saw one person had decided to leave their bedroom door key hanging up in their bedroom rather than lock their door.

People were supported to maintain relationships that were important to them. For example, staff supported one person to visit their relatives at weekends. This person told us, "Staff take me there and pick me up. Staff make sure I take things I need with me."

## Is the service responsive?

### Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and everyone had an individual plan of care. People and their relatives were involved in planning their care, and had signed in agreement to their care and support. One person told us, "I can make decisions about what I do and staff help me if I ask them."

The manager explained to us that the plans of care were 'work in progress' with some sections being added to, to include an 'outcomes' focus. The manager told us they hoped to fully complete this by the end of November 2018. They added this meant there would be a stronger focus on people's individual needs and how these were met.

People had key information listed in a 'passport to health' so that staff could take this to hospital if a person was admitted.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The manager told us that whilst everyone living at the home could verbally communicate, staff recognised people had different levels of understanding written or pictorial information.

The manager told us the provider's operational manager had developed and delivered 'workshops' for people at their day centre using information in a way people could understand. For example, people had attended a 'safeguarding' workshop, this enabled people to understand what was and was not acceptable and how to report concerns if they needed to.

Staff were responsive to people's individual needs. One person who visited their relatives at weekends took their medicines with them with the intention to take them as prescribed. However, it was identified by staff this person, on occasions, did not always remember to take them. The manager explained they had discussed options with this person, who had agreed for staff to prompt and give them verbal reminders. Staff knew to call this person's mobile phone at the times they needed to take their medicines which had led to this person taking their medicines when needed when they were away from their home.

Relatives spoken with felt involved in their family member's care. One person's relative told us, "Yes, I'd say staff keep me informed and involved about what's happening and any changes."

The complaints policy was displayed in both a written format and pictorial 'easy-read.' People told us if they had any concerns or complaints they would 'tell staff.' People had confidence that staff would 'sort out' any problem for them. Both relatives told us they had no complaints about the service. So far during 2018, no complaints had been received.

The home did not specialise in, or offer, end of life care. However, the manager told us that if a person's health deteriorated, every effort would be made for a person to remain at the home with staff that knew them well. The manager added any decisions would be discussed with people and healthcare professionals in line with the person's 'best interests'.

## Is the service well-led?

### Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found the service continued to be well led, with the provider and manager ensuring a safe, effective caring and responsive service was provided to people. The rating continues to be Good.

The manager was responsible for two homes registered with us. However, they were not based at either of these. Instead, they worked from an office which was also the location of PAKS Trust day centre. Staff told us the manager visited the home at least twice a week and was always available by phone if needed. The manager had been managing Beaman House since Autumn 2017, and was registered with us for one of the provider's other services, however, due to an oversight on the provider's part, this manager had not become registered with us (CQC) as manager for Beaman House. During our inspection visit, we discussed this with the provider and manager, who took immediate action to re-submit their application to us to become registered for this service.

The manager understood when notifications needed to be sent to us; about specific events that happened at the service.

People and their relatives spoke in a positive way about the quality of care and support at Beaman House. All four people, told us they were 'happy' living there and knew who the manager was. People were relaxed with the manager and during our inspection visit we saw the manager took time to sit with people on the sofa and ask them about their day.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. The manager undertook some spot checks to ensure staff worked in line with the provider's policies and vision. However, these were not recorded. The manager told us they planned to record their checks in future as part of their quality monitoring.

We looked at recent audits that had been completed. For example, a health and safety audit completed in September 2018 had identified actions needed to make improvements to the service. These included replacing some single-glazed windows and we saw work had commenced on this. All the actions to make improvements had either been completed or had dates for completion of work. We looked at medicine audits from June and August 2018 and each had no identified actions for improvement.

The provider's operational manager told us they undertook quarterly quality monitoring visits to the service. Actions for improvements were recorded and included the disposal of some soft furnishing seating that had been identified as not compliant with fire safety regulations.

A local authority quality monitoring visit had taken place during September 2018 and identified a few areas that required further work on. For example, details about healthcare partnership working in people's care plans. During our inspection visit, the manager shared their action plan that they had sent to the local authority and the 'work in progress' on areas identified with us. All 'work in progress' was due to be fully

completed by November 2018.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been no recorded accidents or incidents so far during 2018.

Day to day feedback was encouraged from people. During our inspection visit we saw staff asked people how they were and if everything was okay. Provider questionnaires were given to people and their relatives to seek feedback on the service provided. The manager told us these had been given out earlier in the year. These had been looked at by the manager and no negative comments had been made.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating, though this was in the office and not clearly visible to people and visitors. The manager assured us this would be moved and put up in the entrance hallway. P.A.K.S Trust has a website which provides information about their services and a link to their latest CQC rating.