

Huntercombe (No. 3) Limited

Beeton Grange

Inspection report

50 - 55 Beeton Road
Winston Green
Birmingham
West Midlands
B18 4QD

Tel: 01215545559
Website: www.fshc.co.uk

Date of inspection visit:
30 June 2016

Date of publication:
09 August 2016

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

This inspection took place on 30 June 2016 and was unannounced. We last inspected this service on 15 August 2013 and we saw that all the regulations we checked were being met.

Beeton Grange provides accommodation and support for up to 24 people who have an enduring mental health illness. At the time of our inspection 23 people lived there.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were provided with care and support that was safe and effective because staff knew how to protect them, were knowledgeable about their needs and worked with other professionals to ensure people's needs were met.

People were supported by sufficient numbers of skilled and suitably recruited staff.

People were supported to have their medicines as prescribed and people were supported to manage their medicines if possible.

People were happy with the food they ate, were supported to make choices and make their own snacks and drinks. People's specific dietary needs were catered for and their health needs were met by healthcare professionals involved in their care.

People had built up good relationships with staff that were caring and supportive and that promoted people's privacy, dignity and independence.

People's changing needs were identified and met by staff that were knowledgeable and had the skills to seek advice when needed.

People were able to raise concerns if they had any and these were resolved appropriately.

The service was led by a registered manager who ensured that the support provided to people was based on their needs. Staff were supported to develop their skills. Systems in place ensured that the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected by staff that had the skills and knowledge to recognise abuse and take actions to protect people from harm.

People were supported by sufficient numbers of staff to meet people's needs.

People received their prescribed medicines as required with support from staff or by managing their own medicines.

Is the service effective?

Good 

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively and through liaison with other professionals.

People received care and support with their consent. People's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring and who knew them well, including their personal preferences, likes and dislikes.

People were cared for by staff who protected their privacy and

dignity and who respected their rights and individual needs.

People were encouraged to be as independent as possible.

Is the service responsive?

The service was responsive.

People felt involved in the planning and review of their care.

People had the opportunity to engage in group and individual social activities that they were interested in.

People were supported to maintain relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Good ●

Is the service well-led?

The service was well led.

The service provided was of a consistently good standard that ensured that people's needs were met appropriately.

There was an open, supportive and inclusive culture where staff, visitors and people were able to express their views.

There were systems in place to monitor the quality of the service and to ensure continued improvement.

Good ●

Beeton Grange

Detailed findings

Background to this inspection

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

This inspection took place on 30 June 2016, was unannounced and was carried out by one inspector.

As part of our inspection we reviewed previous inspection reports and the Provider Information Record (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 looked at notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service and safeguarding concerns reported to us. This is when people's rights may not have been properly protected and they may have suffered harm.

We spoke with nine people that lived at Beeton Grange, observed staff interactions with them and looked at some records of two people to check they had received care as planned. We received information from four visiting professionals, four staff and the registered manager about the service. We looked at other records that related to the management of the home including meetings for people and records for monitoring and improving the quality of the service.

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us, "I feel safe here because everyone is friendly and staff are nice and helpful." We saw that people were comfortable in the presence of staff and there were friendly and supportive interactions between them. For example, when people asked for support or asked staff about something staff always responded in a positive way ensuring people felt listened to. Minutes of meetings with people showed that they were asked if they had any concerns or problems. There was an independent advocate that visited the home. They told us, "People can raise any issues of concern. We try to support them to raise the issues themselves but if they want us to we can raise it on their behalf." We saw that people had the key to their bedroom meaning they were able to lock their bedroom doors and this helped them to feel safe and keep their belongings secure.

The PIR told us and staff spoken with confirmed that they had received training and had the information they needed to raise any concerns they may have. One staff member told us, "I would raise any concerns with the manager, if they didn't take it seriously I know who to contact and we have telephone numbers on the wall to ring. There is always the whistle blowing process we could use." Whistle blowing is a process where staff are able to raise any concerns of poor practice without fear of repercussions. The staff told us that they felt confident that any concerns would be acted on. Where safeguarding concerns had been raised, we found the registered manager had taken appropriate actions to liaise with the local authority and police to ensure the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people who used the service. One person told us that fire drills were carried out regularly. Another person told us that they were not supposed to smoke in their bedroom because of the risk of fire. People were able to go out unescorted. One person told us, "I just have to tell staff where I'm going and when to expect me back. If I'm going to be late I should ring them and let them. If I don't they will call the police." Staff confirmed that these were the actions that they would take. The registered manager told us, "We know where people tend to go so can check those places out. Everyone's local so know the area well." We saw that care records contained a range of assessments that evaluated risks to people. These focused on what individuals could do, budgeting their money, smoking and health conditions including refusals of medicines that could lead to a deterioration in their mental health. One person told us that they wanted to be able to manage all their money rather than get regular small amounts. We spoke with the registered manager about why they were not able to do this and saw that this was part of their care plan due to the previous spending patterns of the individual.

People told us there were enough staff to meet their needs. Staff spoken with told us tasks were allocated to them on a daily basis so that staff knew what they had to do. We were told by staff that they were always aware of what appointments were organised for any particular day so that people were accompanied if needed. The registered manager told us that staff were often asked to work extra hours or the registered or deputy manager would accompany people. The PIR stated and the registered manager confirmed that staffing levels reflected the needs of people and we saw that there were sufficient staff available to support people during our inspection. The PIR told us that there were not many staff changes. Staff spoken with confirmed that as the PIR indicated an enhanced Disclosure and Barring Service check (DBS), evidence of

staff identity and references were required before staff started their employment. We looked at one staff file that confirmed that the appropriate recruitment checks were undertaken so that the suitability of staff was determined before they were employed.

People told us they were happy with the way their medicines were managed and that they received their medicines when they needed them. One person told us, "We have to go to the office to get our tablets. We know what time we have to have them. If we are late staff will come and get us." People we spoke with knew what medicines they were taking and what they were for. The PIR told us and staff confirmed that they were trained to administer medicines as prescribed. One person told us, "I self medicate." Staff confirmed this was the case. We saw that the individual had agreed to checks to be undertaken regularly so that staff could ensure that they were taking their medicines as required. Medicines kept in people's bedrooms was stored safely.

We saw that one person had a medicine that was taken only when required. We saw that staff knew when to give this medicine and we saw that records were completed appropriately to show when the medicine had been given.

Systems were in place that ensured medicines were being obtained, stored, administered and disposed of appropriately and that staff consistently managed medicines in a safe way. We checked the medicines administered against people's records and found that these were accurate. This showed that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. We saw that people were supported to develop and maintain their daily living skills. A relative told us, "[Family member] is well looked after." People living at Beeton Grange received the level of support they needed to ensure their personal hygiene needs were met. This ranged from little or no support to almost total support. One person told us, "I got up at six this morning to have a shower." When asked if there were any rules about when to get up and go to bed people told us there were no rules and they could decide this for themselves.

All the people we saw were independent in most areas of daily living and able to make decisions and choices for themselves. People were able to live an individualised lifestyle with support from staff when needed. For example, people told us they were supported to go shopping for food, clean their room and do their laundry. One person told us they went to college to learn skills such as using computers. Everyone spoken with told us they were happy with the care and support they received.

Professionals involved in people's care commented positively about the service. For example, one person said, "Over several years of them providing care to my clients they have met all five questions [the five questions we inspect]. They have made positive life changes to their lifestyle." Another professional said, "Beeton Grange is a very effective service, my client has been at Beeton Grange for nearly [number] years and he has made good progress. Initially he stated that he wanted to stay for a couple of years but he is now saying, he does not want to move on he is that settled at Beeton Grange."

Staff spoken with were knowledgeable about people's needs and the level of support they needed. Staff told us that they felt supported in being able to provide appropriate care and helped to understand the effects on people of their mental health illnesses. One member of staff told us that, "We have lots of e-learning [computer based training] but we have started to have face to face training too." Staff told us and the registered manager confirmed that they had met with professionals involved in one person's care to discuss their conditions, how to recognise a deterioration in their condition and the actions they should take to manage this. The PIR told us that staff were trained and encouraged to achieve national qualifications. The PIR told us that training was provided in a variety of topics including dementia care, mental health awareness and first aid. Staff confirmed that they received a lot of training and felt supported to carry out their roles by the registered manager through training, supervision sessions and staff meetings. One member of staff told us that they had received induction training to ensure they knew how to support people and felt able to raise any concerns.

People told us and care records showed that people had been involved in implementing their individual care plans that focussed on their choices, preferences and risks associated with their needs. People were aware of any conditions associated with living at Beeton Grange and these were displayed in the home. For example, there was an expectation that staff and other people living at the home were treated with respect. A visiting professional told us, "We regularly use Beeton Grange and place our Service Users within this facility. I believe the service provides safe and effective care. They provide a good standard of care." Another professional told us, "During my visits I have seen that staff gently persuade people to be seen by us. They

[staff] are firm, but encouraging."

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. Staff told us they had received training in the MCA but everyone in the home was able to make decisions for themselves. People were encouraged to make choices and decisions about their care and those decisions were supported. For example, one person had decided to refuse to have their treatment for a particular health condition changed from tablet controlled to injections. The registered manager told us that the person did not always eat the most appropriate diet and although they were encouraged to eat the right foods the choice was theirs.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA or the Mental Health Act 1983. No one in the home was prevented from leaving the home under the Mental Health Act and everyone had capacity to make decisions so were not subject to the Deprivation of Liberty Safeguards. People were able to go out independently and when they wanted. The registered manager was aware of the actions to be taken if someone's liberty needed to be restricted.

People told us they were happy with the food they ate. One person told us, "We can have help to cook our meals and staff prepare meals too." Another person told us, "The food is good." We saw that at lunchtime there was Asian and African Caribbean meals prepared. People told us that these meals were available on a regular basis as well as 'English' meals. We saw that some meals were saved for people that were not at home at lunchtime. One person told us that they preferred to have their lunch later in the afternoon. People told us that they received money each week to buy food that they liked and we saw that they had a fridge in their bedroom to keep their individual food in.

People told us that they had access to health care professionals such as doctors, nurses and psychiatrists when they needed them. People had access to the mental health community teams for support when they needed it. One person told us that they went to a clinic to have an injection they had on a regular basis. During our inspection we saw that people were seen by the chiropodist. Healthcare professionals involved in the care of people told us, "They [staff] maintain regular contact with us." The registered manager told us that they had supported one person to receive the appropriate end of life care from community healthcare professionals.

Each person had a plan which detailed how they were being supported to manage and maintain their health. One person told us, "I can see the doctor if I need to." Staff told us they informed of any appointments that needed to be attended at the start of each shift so that they could encourage people to attend.

Is the service caring?

Our findings

People were involved in determining the kind of support they needed to maintain choice and control over their lives. There were regular reviews with people to determine if the support they received was meeting their needs. We saw that people were supported to have a daily routine that met their needs. For example, people were encouraged to get up and have their medicines in the morning and then go back to bed if that was what they wanted. We saw that there were staff on duty that spoke a variety of community languages. This meant that people could speak with staff in their preferred language. People were dressed in clothes that reflected their cultures, genders and that were age appropriate.

Everyone we spoke with told us they were able to look at their care records. During our inspection we heard one person ask a member of staff and an independent advocate to explain a letter they had received a long time ago to remind them of what it said. We saw that this happened.

People told us they liked the staff that supported them. People told us the staff were kind and caring. One person said, "The staff are good." Another person told us they felt able to raise any concerns with staff and felt they would be listened to. Another person told us, "Staff treat you well." A member of staff told us, "This is their [people receiving a service] home. They are here for a reason. They come and talk to you. We [staff] all have good and bad days so we talk about things and then leave our issues at the door and concentrate on them [people]". A visiting healthcare professional told us, "People always seem comfortable with staff." One member of staff told us how they had spoken with one person about the messages the clothes they wore gave to people when they had received unwelcome attention from someone whilst in the community. This showed that staff supported people in a caring way to understand the consequences of their actions and how to keep themselves safe whilst being able to wear clothes they liked.

People were supported to maintain their independence. People told us and we saw that they were able to make drinks and snacks when they wanted. People were able to choose what they did during the day and what they ate. Staff told us that they supported people to keep their bedrooms clean and tidy.

Staff were observed treating people kindly and with compassion. The interactions between staff and people were warm, caring, friendly and supportive. The staff had worked at the service for a long time and knew the needs of the people well and developed supportive and caring relationships. A visiting professional told us, "The service is very caring the staff team are very supportive emotionally and physically they ensure that the residents' holistic needs are met." We saw that people at the end of their lives received support from staff and other community healthcare professionals to ensure that their end of life wishes were fulfilled. We saw comments from relatives who appreciated this support. We saw that where people did not have family members that were able to make decisions and arrangements for the funeral the registered manager and staff worked actively alongside the appropriate professionals to ensure that people received a fond farewell. We saw that people living in the home had built up relationships with each other and people were kept informed about the funeral arrangements.

We saw that there had been a programme of refurbishment that had achieved a good level of comfort for

people to live in. We saw that pictures around the home reflected the different cultures in the home. One person told us that they were happy with the environment. One member of staff told us that they celebrated all the different cultures in the home during different celebrations. For example, plans were in place to celebrate Eid at the end of Ramadan for people who wanted to celebrate it.

People told us that staff were caring and respected their privacy and dignity. People told us that they had a key to keep their bedroom door locked so that they had a place where they had privacy. People were aware that staff could get in with a master key if needed. People told us that staff always waited to be invited into their bedroom after knocking the door.

No relatives or friends were visiting at the time of our inspection, but people told us they regularly visited their relatives, or their friends and relatives came to the service. One person told us, "Visitors can go to our bedroom and we can offer them drinks." The registered manager and staff informed us people were encouraged to maintain personal relationships and were supported to do this.

Is the service responsive?

Our findings

People told us that they were happy with the support they received and that they had been involved in deciding how and what support they needed. One person told us that although they used to walk to go shopping they now had to use the taxi because they were not able to walk long distances. They told us, "The taxi picks me up from here and drops me back and brings in the shopping for me. This means I can still go shopping on my own."

Staff spoken with had a good understanding of people's individual personalities and what could cause their behaviours to change. The care plans we looked at were reflective of people's needs and showed that people had been involved in the assessment and planning of their care. Regular reviews were carried out with the person and with health care professionals involved in their care so that their changing needs were identified and met.

People were aware of the support they were able to access from healthcare professionals that were involved in their care. We saw that during our inspection people were encouraged to access the services of the visiting chiropodist in preparation for their holiday in a couple of days. One healthcare professional told us, "The service is very responsive if there is an issue for example, it is discussed and a meeting arranged with service user and significant others to try and resolve the situation or put a plan in place to minimise any risk or impact on the service user or the service." We saw that there were regular reviews so that people's changing needs were known and planned for. For example, we saw that one person was being supported to move to more independent living as was their wish.

People told us they had things to do. Although no one was working at the time of our inspection people told us that they went to centres, college, cinema, shopping and out to eat. Several people told us about the holidays that had been planned and that they were looking forward to. People told us that they visited friends and relatives on a regular basis and that this was something that was important to them.

People told us they felt able to raise any concerns they might have but did not have any to raise. We saw that systems were in place such as the availability of an advocate and a key worker system so that people had someone they could speak with. A key worker is a member of staff that gets to know the person receiving a service so that they get to know each other and are comfortable to ask for support from. Information about making complaints was displayed within the home. The PIR told us and we saw that an advocate was involved in facilitating meetings where people were able to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld. This showed that people were supported to discuss concerns they had and felt they would be listened to. People were able to provide feedback about the service during reviews, meetings and through questionnaires.

People were dressed in clothes that reflected their individuality and preferences. We saw that there were pictures in the home that reflected people's backgrounds and religions. We saw that the staff group reflected the diverse culture and background of the people that lived in the home. Staff told us that they

regularly had 'cultural' days and we saw photographs of these events showing people and staff dressed in clothes from different cultures and enjoying themselves. This helped to create a culture that was understanding, reflective of people's backgrounds and promoted respect for each other.

The registered manager spoke with us about the support they had provided to people who had decided that they wanted to remain in the home when they were at the end of their lives. The registered manager and staff had liaised with the 'hospice at home' team to ensure that people's pain relief was adequately managed. Staff ensured that any relatives that wanted to be with their family member at that time were supported to attend. Where necessary the staff at the home ensured that people's wishes at the time of their death were met and staff made the funeral arrangements as requested. One member of staff told us, "I do the job from the bottom of my heart, visiting them in hospital, laying them out at the end of their days and ensuring that we are the individual's voice when needed." At the time of our inspection the staff were preparing for a funeral the following day and people we spoke told us they were going to attend the funeral.

Is the service well-led?

Our findings

People and staff told us that the registered manager had an open door policy where they were able to discuss any issues they had. The registered manager was supported by a deputy manager and staff team that were knowledgeable about their roles. One member of staff told us, "I feel supported by the manager. She is very approachable." Staff had completed questionnaires that had resulted in the development of "conversation into action" workshops. One senior member of staff told us, "We felt that organising more activities for people was what we wanted so we let them concentrate on this." Staff were kept informed about what was going on in the organisation through a conversation into action blog led by a senior officer representing the provider.

The registered manager and her staff team had developed good relationships with other professionals ensuring that people's needs were met in an open and inclusive way. People living in the home knew who the registered and deputy manager was and felt able to speak with them. One person told us, "Sakina [registered manager] is nice. Always the managers and staff are nice, they know how to look after you and do look after you when you are feeling down and keep you safe." Staff told us about a recent meeting held about the needs of one person they were supporting so that all the professionals involved in the individual's care shared the information they had. One visiting professional told us, "There is a good team that leads the service which is due to the team work ethos that the staff have and this is apparent in the overall delivery of the service and contributes to the overall service being as popular as it is and the residents having a good experience during their stay there."

The registered manager encouraged participation from the staff team by operating a culture of transparency where issues were openly discussed. Staff were encouraged by the registered manager to report any poor practices or potential safeguarding issues to the appropriate persons. Staff told us they were confident that the necessary processes would be followed and that they were able to use the whistle blowing procedures if they had any concerns. Whistle blowing means that staff can raise concerns about poor practice and would be protected from actions being taken against them for doing so.

People told us they were happy with the service they received. A survey had been carried out with people asking for their views about different aspects of their lives including making decisions and the support they received. The survey results showed that people were mostly very happy with the service they received.

The registered manager had been in post for several years and had an in-depth knowledge about the people being supported in the home. We saw that a consistently good standard of care had been provided over several years as evidenced in previous inspections. The registered manager fulfilled her responsibilities of registration and ensured that we were kept informed of all significant events and incidents that occurred in the home.

The quality of the service was also assessed through audits that included health and safety, medication management, care practices and cleanliness. Accidents and incidents were logged on the organisations reporting system to ensure trends and near misses were identified and addressed. We saw that staff

undertook audits of medicines on a daily basis to ensure that any errors were identified quickly and followed up if needed and the pharmacist supplying medicines also carried out regular audits on the management of medicines in the home

Staff were encouraged to take responsibility for specific areas of development. For example, there was a communication champion who kept notice boards up to date and collected positive stories and information for the internal newsletter.

The registered manager understood the importance for managers and staff to keep up to date with changes in Health and Social Care and the development of knowledge. The registered manager attended meetings where examples of good practices were shared. Where shortfalls had been identified in services strategies were discussed to limit any risks. Information was then cascaded to the staff team and any feedback from them [staff] was fed back to the senior management team ensuring two way feedback. Staff were supported to attend the Birmingham Care Development Agency (BCDA) forums to keep updated of any changes in practice guidelines. CQC update bulletins were displayed on staff notice boards and were discussed in staff meetings along with any issues raised in the Caring Times Magazine and the BCDA Organisation's newsletter and bulletins.