

Expect Ltd

Expect Limited - 39 Beaconsfield Road

Inspection report

39 Beaconsfield Road
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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 

Overall summary

The inspection took place on 20 October 2015 and was announced.

39 Beaconsfield Road is registered to provide accommodation for up to three adults with learning disabilities, who require personal care. It is a large four bedroom terraced property, situated in a residential area, close to local amenities and transport links. There were three people living at the service on the day of the inspection.

There is a registered manager in post at the service. '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.'

Summary of findings

Staff supported people to make decisions about their daily life and care needs. This was in accordance with the Mental Capacity Act (MCA) (2005) Code of Practice.

Medication was stored safely and securely. Staff had completed training in medication administration.

The systems we saw ensured people received their medications safely.

People's nutritional needs were monitored by the staff. People's dietary requirements and preferences were taken into account.

Each person who lived at the home had a person centred plan. The plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, their likes and dislikes.

A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These risk assessments and behavioural management plans gave staff guidance to keep themselves and people who lived in the home safe, whilst in the home and when out in the community.

Sufficient numbers of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need. This enabled people to take part in regular activities both at home and in the community when they wished to.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs.

Staff felt supported in their roles and responsibilities.

Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. We saw that people who lived in the home had plenty to eat and drink.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People who lived in the home took part in a variety of activities both in the home and in the community.

During our visit we observed staff supported people in a caring manner and treat people with dignity and respect.

Staff understood people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints. We found that complaints had been managed in accordance with the home's complaints procedure.

Systems were in place to check on the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

We looked around the building. We found it was clean and well maintained. Staff had a rota in place to ensure cleaning was completed daily.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Is the service effective?

The service was effective.

Good



Staff followed the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Is the service caring?

The service was caring.

Good



We observed positive interactions between people living at the home and staff.

Staff treated people with dignity. They had a good understanding of people's needs and preferences.

We saw that people had choices with regard to daily living activities.

People were supported to be as independent as they could be on a daily basis.

Is the service responsive?

The service was responsive.

Good



Summary of findings

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

Is the service well-led?

The service was well led.

The home had a registered manager in post.

The home manager provided an effective lead in the home and was supported by a clear management structure.

Systems were in place to monitor the quality of the care and standards to help improve practice.

Good



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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.

The inspection took place on 20 October 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The membership of the inspection team consisted of an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to

make. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted also one of the commissioners of the service to seek their feedback about the service.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Beaconsfield Road. This was because the people who lived at Beaconsfield Road communicated in different ways and we were not always able to directly ask them their views about their experiences.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We viewed a range of records including: the care records for the people who lived at the home, three staff files, records relating the running of the home and policies and procedures of the company.

During the inspection visit we spoke with the registered manager, and two support workers. Following the inspection we contacted two healthcare professionals who worked with people who lived in the home and sought their feedback on the service.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We also looked at the kitchen and the bedrooms of people who lived in the home.

Is the service safe?

Our findings

We looked at the medicines, medication administration records (MARs) and other records for all three people living in the home. Medication was only administered by staff who were trained to administer medicines. The manager told us that they carried out observations of staff when they administered medication to ensure they were administering medication safely. They told us these checks were not recorded and any issues were addressed with staff immediately.

Medicines were stored safely and securely in a locked cabinet. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. Individual guidance for the administration of PRN (as required) medication had been completed for those who required it. This was recorded with the MAR to ensure staff were aware of the procedure for the safe administering of PRN medication. The manager told us that medication stock was checked on a weekly basis and we saw confirmation of this. All medication was signed for by staff after being administered.

We found staff had completed a range of risk assessments for each person depending on their individual needs. These included assessments for safety in the home and when completing activities in the community.

Behavioural management plans had been completed to give staff direction when someone presented with behaviours that challenge. Having these plans helped to ensure all staff supported people in a consistent and safe way.

A record was kept of all accidents and incidents. The manager evaluated all incidents on a monthly basis. This data was then used to update the necessary risk assessments. We saw that health care professionals had been contacted for advice when required.

Our observations showed people were supported safely by the staff. We looked at the staffing rota and this showed the number of staff available on each shift. The staff ratio was

consistently in place to provide necessary safe care. Additional staff were provided on particular days each week to enable people to access the community for activities.

We found there were between two and four staff working in the house during the day. People who lived in the home had individual activity plans and staff worked to enable people to go out and enjoy activities safely. For example for three days a week four staff worked; two days a week three staff and two staff worked at the weekends. People who lived in the home went out more often during the week when activities and amenities were not as busy as at the weekend. This enabled them to enjoy the activity more as they were less anxious and they were supported safely by staff. Two staff worked at the night to help keep people safe.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at three staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We looked around the home, including the bathrooms. We found the home was very clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a monthly health and safety audit was undertaken to ensure the building and its contents were safe and in working order. Specific weekly checks took place which included the fire fighting equipment and the fire alarm. We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire. Copies of the PEEPs were in the 'Emergency response' file. Other information recorded

Is the service safe?

in this file included how to communicate and instruct people who lived in the home. This meant that people other than the support staff, who knew the people well, could assist them in the case of an emergency such as a fire evacuation, to leave the building.

Is the service effective?

Our findings

Our observations showed staff had a good awareness and knowledge of people's support and care needs. People appeared comfortable and relaxed with the staff.

Health care professionals we contacted told us they found staff helpful and knowledgeable. One told us, "The manager is generally present at the appointments, which is helpful. But when (support) staff have attended meetings they have been able to provide the relevant information." Another said, "I have always found staff to be polite and cooperative to suggestions and have a good knowledge of my client's condition and needs."

Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. One staff we spoke with told us, "I love my job. You are never short of support."

We viewed three staff files which contained induction and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as; safeguarding vulnerable adults, health and safety, fire safety, food hygiene, infection control and medication administration. A number of other training courses had been completed by the staff team which were relevant to their work. These courses included; Mental Capacity Act and Deprivation of Liberty, managing violence and aggression, dementia care, epilepsy and autism awareness.

New staff completed a comprehensive induction during their probationary period which included shadow shifts. The provider had introduced the new Care Certificate for the induction of new staff. From April 2015, new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

We found that 50% of the staff team at Beaconsfield Road had completed NVQ at level 2 and 3 or had an equivalent professional qualification. This showed the provider was committed to employing and supporting qualified and skilled staff.

Training courses were organised by the provider. The home manager told us they received monthly updates informing

them which staff were required to update their mandatory training. The provider used a variety of training methods which included ELearning. This helped to ensure that they had the skills and knowledge to meet people's needs.

Staff we spoke with confirmed they received supervision and support. The manager informed us they held staff supervisions. We were shown a record which showed that supervisions had taken place with all staff every month. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff had also received an annual appraisal and mid-year meeting.

Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/update health care professionals for appointments.

Each person who lived in the home also had a health action plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle.

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. At the time of our inspection three applications for a standard authorisation had been made to the local authority. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We looked around the home. We found the building at Beaconsfield Road was in good working order. The manager told us the landlord responded in a timely way to address any repairs. We saw that the house had recently been re-carpeted throughout and a new kitchen was fitted

Is the service effective?

earlier in the year. There was a large paved yard to the rear of the house. The house had two lounges, a dining room and a kitchen. This meant that there was enough space for people to enjoy their own space or to entertain visitors.

Is the service caring?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Beaconsfield Road. This was because the people who lived there communicated in different ways and we were not always able to directly ask them their views about their experiences.

We observed the care provided by the staff in order to help us understand people's experiences of care and to help us make judgements about this aspect of the service.

Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. Staff had a good understanding of people's needs and how they communicated. We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful.

A health care professional we spoke with after the inspection told us, "I have found the staff to be helpful and committed to providing the best possible care and life experiences for people in Beaconsfield Road. Generally staff have formed positive relationships with people and I feel they act in their best interests. Staff present as dedicated and committed to enhancing people's life experiences wherever possible."

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these wishes in the way they supported people. This information was clearly and comprehensively recorded in people's person centred plans. Information also included people's likes and dislikes and their daily routines.

People's care records contained personal development and support plans. These documents described activities for independent living and the progress people were making towards completing the task. People who lived in the home were encouraged and supported by staff to be as independent as they could. We saw documents which showed the goals people had achieved and some that were still to be achieved. This showed that staff were supporting people to develop new skills to promote their independence in day to day living.

We saw that people who lived at the home were involved in decisions when they needed to be made about what to do and what to eat. Staff were able to describe to us the way people in the home communicated their needs and choices.

The registered manager told us that people who lived in the home had family members who they kept informed of their welfare or family members who visited the home. The registered manager told us there was no reason to involve the local advocacy service with people at the present time.

Is the service responsive?

Our findings

The people who lived at the home were unable to tell us if they were involved in planning their lives. However, we saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit. People who lived in the home had a full activity programme each week. This involved community activities, which included going to the cinema and having pub lunches and attending day centre placements. The staff had access to the provider's minibus twice a week. Staff had been employed who could drive the vehicle.

Holidays were taken twice a year, with people's preferences in mind when arranging them.

We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice. The people who lived in the home were encouraged to complete daily living tasks, such as cleaning, making snacks and laundry.

We looked at the care record files for the three people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home. These were care records that contained relevant and individualised information such as people's preferred

routines, likes, dislikes and their wishes. They also showed the activities people enjoyed. Support plans had been completed which showed how people needed to be supported.

We observed support being provided in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs. We saw information had been updated in all areas of the care records in 2015. This helped to ensure the information recorded was accurate and up to date for people to receive the support they needed.

We saw that staff supported people who lived in the home to 'set goals' to achieve. Examples of goals set included achieving independence when in a vehicle by putting on their seatbelt.. We saw that staff reviewed the goals each month. Goals which had been achieved were recorded and new goals set.

The service had a complaints policy in place and processes were in place to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager informed us that no complaints had been received or were being investigated. A copy of the complaints policy and procedure was displayed in the hallway of the home.

Is the service well-led?

Our findings

There was a registered manager in post. We found they provided an effective lead in the home and were supported by a clear management structure. Their working time was split between direct support time, management of supported living services and protected 'management time'.

From our observations during the inspection and from speaking with staff we found a person centred culture operated within the home. This meant that people's individual needs and choices were promoted and staffing was provided to support this. People's personal routines were followed and staff supported people to take part in the activities they wanted to.

We found staff spoke enthusiastically about their work and the support and direction they received from the registered manager. Staff were positive in their approach to people's achievements.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the manager carried out a monthly quality assurance audit. This included checks on care records, MAR's and fire checks. The manager reported this information to their line manager at managers meetings.

The 'Head of Quality completed an audit each year. This audit included a sampling of training records, medication administration records (MAR) and a health and safety check. This ensured any omissions, errors or issues were addressed in a timely manner and that documents were kept up to date. The last audit was completed in August 2014. Beaconsfield Road achieved an overall score of 97.5%. We noted from the report that the manager had addressed the issues highlighted in the report. However we were told that there was no process to report on the completion of issues raised. We were told the Head of Quality Assurance did not return to assure themselves that the service was fully compliant. We asked if other manager from the organisation visited throughout the year to carry out audits. We were told this did not happen. This meant that the provider's system for assessing and monitoring the quality of service was not effective in ensuring people

received the right care and support and protected from the risks of unsafe or inappropriate care and treatment by ensuring accurate and appropriate records were maintained. The manager informed us that no date had been arranged for the 2015 audit to be carried out.

We saw quality audits which had been completed during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system.

Service contracts were in place for fire prevention equipment. Weekly health and safety audits were carried out by staff to help ensure the home was safe and that any issues were reported or addressed quickly.

The provider had a formal process in place to seek the views of people who used their services. This included residential and supported living services. Information was not available just to show the views of people who lived at Beaconsfield Road, their relatives or the staff who worked there. From the satisfaction surveys sent out in 2014 only 15% (9) of people in residential services responded. We saw from the information sent to us that the provider was concerned about this poor response which was 47% less than the previous year's response. The provider had agreed to improve the way they gather people's views on the services provided. We saw from the information provided that the level of satisfaction was very positive, with people's overall satisfaction of the service they receive was 85%.

The same process was in place to seek the views of all staff. The response to this was very poor, with only 10% of staff responding to the questionnaire. We saw from the information provided that the level of job satisfaction was high (95%), with 85% of staff stating they received regular supervision and support.

The manager sent us notifications in accordance with our regulations to report on incidents that affect people's safety and wellbeing.

Staff team meetings took place each month to ensure staff were kept informed of any changes in the organisation or at Beaconsfield Road, and to discuss the care and welfare of the people who lived in the home. We saw minutes of the meeting held in August 2015 and saw that another meeting was planned in October 2015.