

Consensus Support Services Limited

Beech Court

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

About the service:

Beech Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 five people were living in individual flats within Beech Court. Beech Court supports people with different needs and backgrounds, including people with learning disabilities, physical disabilities, mental health needs, autism spectrum disorders and people who display behaviours that challenge others.

People's experience of using this service:

The people who received support from Beech Court received personalised care which met their needs. People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people well and expressed care and affection for them when speaking with us. Staff knew people well and worked hard to enable people to share their views and live active lives as independently as possible.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support was focused on them having as many opportunities and choices as possible.

People's relatives spoke highly of the service. The service had strong person-centred values and placed people at the heart of their work. People had access to a stable staff team they knew well and achieved positive outcomes and strong relationships.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

There was strong leadership at the service and relatives and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported.

The registered manager had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people well.

More information is in the full report

Rating at last inspection: This service was last inspected in April 2016 and was rated good overall and in every key question. The report was published 24 June 2016.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Beech Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type: This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days' notice of the inspection site visit because we inspected on a weekend and we wanted to ensure there would be someone in the office.

We visited the service on 16 February 2019 to see the registered manager, speak with staff, spend time with people using the service and to review care records, policies and procedures. The following week we exchanged emails with relatives of people who used the service in order to obtain their feedback. We sought feedback from external healthcare professionals via email but did not receive any responses.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spent time with two people who received care from the service. We spoke with the registered manager and five members of care staff. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service had systems in place that protected people from abuse. One relative stated: "I consider my son to be safe in their care."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. For instance, people received dedicated one to one staffing when this was required.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. One relative said; "I am aware that staff consider the safety of my son and others around him, both when at his home and when out of doors."
- Where plans were created for people these were detailed and included clear information for staff to follow in order to minimise risks.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought.
- Staff received training in physical intervention and restraint but were clear about this being used as a last resort.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management.
- Medicines were managed safely and people received their medicines as prescribed.
- A member of senior staff conducted audits and reviews of people's medicines and their medication administration records (MAR). Any issues identified were responded to.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.
- The registered manager and staff were clear about certain medicines being used as a last resort and told us about following STOMP (Stop the Over-Medication of People with a Learning Disability). One member of staff said; "We very very rarely have to intervene and we use PRN meds (as required medicines) as a last resort."

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices. During our inspection we observed people wearing gloves when dispensing people's medicines.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, where an incident had taken place involving one person's behaviours, a senior member of staff had created a specific plan for staff to follow to ensure re-occurrence was minimised. This contained actions to take should the person display the behaviours again in order to ensure appropriate action was taken to protect the person, others and staff. One member of staff said; "A post incident debrief is always done to ensure staff are alright and we learn from the incidents. The company also offers counselling if we need it."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, following a change in behavioural needs.
- People had been involved in the planning of their care and their wishes were respected. One member of staff said; "We involve people in everything we possibly can."
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.
- Relatives spoke of the improvements their loved ones had made since being supported by Beech Court. One relative said; "Beech Court's caring has brought him security and improvement in his well-being" and "The staff have really helped my son begin to recover. Long may it continue!" Another said; "They work with me to ensure it is always a good outcome for (Name of person)."

The service was focused on achieving best outcomes for people. For example, where one person's anxiety was heightened due to the business of the entrance to their flat, staff took steps to address this. They sought external professional guidance and with their input organised for the person to access their flat through the garden instead. Clear step by step guidance was created for staff to distract the person and respond to them when their anxiety was heightened in order to calm them. These actions resulted in a dramatic reduction in the person's anxiety and incidents and greatly improved their wellbeing. One member of staff said; "He seems loads happier. He was so anxious all the time that we did not get to see his personality. Now we really see him. He's so funny. He's lovely. Now he goes bowling and to the pub. It's really nice to see."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate. This is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. One relative said; "I feel the support and understanding (of his learning disability, Autism and sensory needs) that my son has received since moving to his flat there, has been significant in his beginning to heal from his past crisis."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "As far as training goes you can ask for

anything. They're always asking us what our training needs are. They make sure it happens."

- Staff described how one person's changing needs had led to the registered manager organising some new training for the staff to increase their knowledge and confidence. The member of staff said; "We knew about it but not in depth so they put us all on a workshop for the day so we could focus on him. It was personalised to him and his needs. It helped us approach him in a different way which made a difference."

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

- Where people needed help with cooking and eating this was provided. For example, staff ensured they sat with one person to eat their main meals each day in order to act as a role model as this encouraged them to copy them and therefore eat more.
- Where people had specific needs and preferences relating to food this was provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.
- People had been involved where possible in completing their care plans.
- Staff and the registered manager had a good knowledge of the MCA framework and encouraged people to make choices wherever possible. One member of staff said; "All the people here have capacity to make some decisions and we all promote that. Just because an assessment says they don't have capacity that doesn't stop the staff from trying to get people to make their own decisions."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Relatives told us how well cared for their loved ones were. One relative said; "Beech Court have cared for him very well." Another said; "Everyone seems to like (Name of person) and they are very kind to him and Beech Court give him a good, outdoorsy, structured life which keeps him at his best."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well. The registered manager ensured each person had a dedicated staff team to ensure consistency and promote positive relationships and trust.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company in personalities. Comments from staff we heard included; "I really enjoy working with (Name of person). He's really funny. He's really cool" and "They're just such lovely guys. All of them." One relative also told us; "I have felt reassured that my son is well cared-for, and held in genuine regard and affection." During our inspection we heard one person making noises which indicated they were happy. We saw one member of staff say to another staff member with a smile; "I love hearing that so much."
- Staff and the registered manager were passionate about people's happiness and wellbeing. For example, staff had organised for one person to go to see the official tribute act for a famous band they loved. This had made the person very happy and they were extremely excited to go. During our inspection one member of staff discussed an activity they had made enquiries about during their time off for a person because they thought they would enjoy it.
- During our inspection we heard lots of laughter and positive interactions. For example, members of staff were observed to be joking, singing and reading to people who demonstrated a positive experience. On one occasion we heard a member of staff in a person's flat reading a story to them in funny voices and the person was laughing loudly and clapping.

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

- People were fully involved in their care. One member of staff said; "People are involved in everything. In all decisions."
- Three people had difficulty with verbal communication and therefore staff had created individual picture boards for them to use to help with decision making and with their routines. For example, one person found it difficult to make decisions if too many choices were offered to them and therefore staff would place two

options on their board for them to choose from.

- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were treated with dignity and respect. One relative said; "They have been compassionate and respectful towards him."
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks staff praised them for their achievements. One relative said; "Many times individual staff have relayed to me the successful and happy interactions or achievements my son makes, and are interested in learning all about him."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans contained detailed routines for staff to follow in order to ensure people had the personalised support they needed.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the Accessible Information Standard.
- Staff had sought advice from external professionals to create decision making plans for people to ensure they had the support and encouragement to have choice and control in their every day lives.
- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. People took part in activities such as going to the cinema, visiting the zoo, the local park, the marina, walking in the forrest, playing golf, horse riding, going swimming, bowling and going to the pub.

Improving care quality in response to complaints or concerns

- People's relatives felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "Everyone, from the manager to support staff, is easy to talk to, open to dialogue and has been pro-active in offering my son more activities and opportunities" and "When there have been issues about anything they discuss everything with me and have always worked everything out to a positive conclusion for (Name of person)."
- People were encouraged and enabled to share their views where possible in order to improve on their care.
- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- People who lived in the home were not nearing the end of their lives. However, staff received training on how to support people at the end of their lives.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives told us the service was well managed and spoke highly of the registered manager. Comments included; "(Name of the registered manager) is very kind and supports and understands (Name of person)'s needs."
- The service informed relatives of any concerns if an accident occurred and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people. People were very much at the heart of the service
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. One member of staff said; "We just put people first here and make sure they are happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke highly of the registered manager and how they appreciated being included. Comments included; "The manager is definitely approachable. He's really lovely. He comes out on the floor and helps. I could go to him with any concerns and he would listen."
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information.

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

- Staff said the service's management were caring and supportive and that everyone worked well as a team. Comments included; "The team is brilliant and supports each other. That includes the manager."
- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were

clear.

- Staff told us they felt listened to, were supported by the registered manager, and had an input into the service.