SHC Clemsfold Group Limited

Beech Lodge

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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection which took place on 10 October 2018. A second day, 12 October 2018 was dedicated to speaking to health professionals and people who visited the service.

Beech Lodge is registered to provide accommodation and nursing care for up to 40 people. The home comprises of three separate building: Beech Lodge, Oak Lodge and Redwood House. At the time of this inspection Redwood House was being used as a day centre and did not form part of this inspection. This is because day centre services are not regulated by the Care Quality Commission. The home is purpose built and well-equipped. It caters for young adults with physical and learning disabilities or autism. At the time of our visit there were 17 people living in Beech Lodge and nine people living in Oak Lodge.

We previously carried out an unannounced comprehensive inspection of this service in July and August 2017. Beech Lodge was awarded an overall rating of 'Good', rated as 'Good' in all question areas, apart from the 'Well Led', which was rated 'Requires Improvement' as there was no registered manager in post.

At this inspection we found that the overall rating had remained good, rated as 'Good' in all question areas, apart from the 'Well Led', which was rated 'Requires Improvement' as there was a lack of provider overall oversight.

This inspection was brought forward as services operated by the provider have been subjected to a period of increased monitoring and support by commissioners. As a result of concerns raised about other locations operated by the provider, the provider is currently subject to a police investigation. Since May 2017, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

Beech lodge was designed, built and registered before the guidance was published regarding Registering the Right Support and other best practice guidance. The model and scale of care provided was not in keeping
with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs. The provider was not meeting this aspect of the registering the right support guidance. Whilst the home was appropriately adapted and nicely decorated there were no plans in place to develop the model of the service to reflect the registering the right support guidance.

The registered manager informed us that he attended structured management meetings regularly. However, the registered manager had not received supervision since March 2017. He had innovative ideas to take forward such as a multi-disciplinary meeting form to further improve communication between all health professionals and had had no opportunity to discuss his plans and development on a one to one basis.

The registered manager was present during our inspection. The manager had been in post since March 2017. 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 spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking, and moving and handling. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. There was a good level of information and guidance for staff to follow for those people who lived with complex needs. For example, oxygen therapy, moving and handling and percutaneous endoscopic gastrostomy (PEG) directives were clear and accompanied by photographs of how equipment for each should be used. A PEG supplies nutrition and medicines via a tube straight into the stomach for people who cannot eat or drink. There were safe systems for the management of medicines and people received their medicines in a safe way.

Staff and relatives felt there were enough staff working in the home and people said staff were available to support them when they needed assistance. All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. For example, the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. There was a consistent use of agency staff and the registered manager ensured that the agency staff used had the necessary skills to work at Beech Lodge. People said they felt comfortable and at ease with staff and relatives felt people were safe.

People were supported with their nutrition and hydration needs. Clear guidance was available for staff to follow when people had specific dietary needs. People spoke positively about their mealtime experiences and told us they were always offered choice and enjoyed their food. Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with diabetes, dementia and Parkinson's disease. Staff had formal personal development plans, including two monthly supervisions and annual appraisals, so they understood people's needs and provided appropriate support.

People were supported to make decisions in their best interests. The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with laughter and smiles.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests. Further ideas for the prevention of social isolation were being

discussed by the management team, such as sensory table equipment that will promote engagement with individual people. Technology was used to keep families in touch using skype and email. Staff had received training in end of life care supported by the Local Hospice team. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed, including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service. Relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and they would be happy to talk to them if they had any concerns.

We imposed conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

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

Beech Lodge remained Good

There were systems in place to make sure risks were assessed. Measures were put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good

Beech Lodge remained Good

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. Staff had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People were supported to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

Beech Lodge remained Good.

People were supported by staff who were kind, caring and

supported their independence.

People were involved in decisions about their care and the home.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

Beech Lodge remained Good.

People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Requires Improvement

Beech Lodge has remained as Requires Improvement .

The registered provider had not provided the appropriate support and supervision for the registered manager in his role at Beech Lodge.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

Feedback was sought from people through regular meetings and from relatives, friends and health and social care professionals through satisfaction questionnaires.

Beech Lodge

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 10 October 2018 and was unannounced. A second day, 12 October 2018 was dedicated to speaking to health professionals and people who visited the service. The inspection team consisted of one inspector, a specialist advisor who was a learning disability registered nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return (PIR). This is information 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. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, as well as speaking with twelve people, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with three registered nurses, six members of staff, two activity coordinators, the maintenance coordinator, operations director, an administrator and a chef.

During our visit we spoke to two visiting professionals who provided specialist support to people on a weekly basis who lived in the home. We also contacted the dietician from West Sussex County Council's community team, for their feedback on the quality of care being delivered in regard to people's nutritional

and dietary needs.

To help us assess how people's care needs were being met, we reviewed five people's care plan files and associated records. We also case tracked a further three people who received specialist diets and with other more complex needs, such as epilepsy and breathing disorders. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records. We looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

During the inspection process, we spoke with three relatives for their views about the safety and quality of the services provided for people. Following the inspection, we were contacted by a visitor who wished to share their views. We also sought feedback from Health Watch and staff from the local authority on their experience of the service. Health Watch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change. The feedback we received is included in this report.

Good

Is the service safe?

Our findings

At out last inspection this key question was rated Good and this inspection found it remained Good.

People who lived at Beech Lodge were not all able to fully verbalise their views and staff used other methods of communication, for example Makaton (sign language) or pictures. Some people had complex individual needs. We were, however, able to observe people interacting with staff and the registered manager and saw from body language and facial expressions that people felt comfortable with staff.

People and their relatives told us they felt safe. One person told us, "Yes, I feel safe, I love living here." Another person said, "I am safe, staff take me out and make sure I'm safe." A visitor said, "I have no concerns, excellent." Another visitor said, "The place is very safe, clean and there are enough staff to do things properly."

People who lived at the service were safe because the registered manager and provider had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff agreed that people were safe in the service. The registered provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were also able to tell us about the different types of abuse that can exist. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People's finances were kept safe. People had appointees to manage their money where needed, including the Court of Protection. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited regularly.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff had completed training in equality and diversity and human rights. People had detailed care records in place to ensure staff knew how they wanted to be supported.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans which told staff how to meet people's individual needs. For example, one care plan told staff how to meet behaviours that challenge in a way that ensured that any risk of harm was mitigated. The staff used positive behavioural support (PBS). The registered manager told us that to use PBS effectively, staff had to build a relationship with the person and that a consistent approach they had seen real improvement in behaviours that challenge. Positive Behaviour Support is a comprehensive approach to assessment, planning and intervention that focuses on

addressing the person's needs, their environment and overall quality of life. It included one to one support and distraction techniques. We saw care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. Equipment used to minimise the risk of skin damage, such as pressure relieving mattresses and cushions were checked daily by staff to ensure they were on the correct setting.

Some people lived with complex health needs that required specific care to keep them safe, such as asthma, epilepsy, breathing difficulties associated with chronic chest conditions and receiving a percutaneous endoscopic gastrostomy regime (PEG). A PEG supplies nutrition and medicines via a tube straight into the stomach for people who cannot eat or drink. Care plans contained clear directives for enteral feeding and detailed the amount of nutrition to be given with fluid requirements. This was supported with fluid recording charts and a management plan for how to care for the peg, including rotation of tubing, balloon and water changes. The nurses were supported by visits from the Community Enteral Feeding nurses.

Staff were knowledgeable of each person's specific risks and how to adjust care to meet individual needs. One person had a specific health need that required oxygen therapy 'as required' if their oxygen levels were below a certain level, staff monitored this person's health closely. This person also received Bipap therapy at night to ensure safe breathing whist asleep. Bipap is a non-invasive ventilation is the use of airway support administered through a face mask to aid breathing whilst asleep. There was a very detailed care plan and risk assessment with specific guidance and photographs that guided staff to use the equipment safely and therefore had ensured the person's safety.

People were supported to live an independent life-style as far as possible despite living with complex health conditions. The registered manager and staff understood the importance of risk enablement, this meant measuring and balancing risk. One staff member said, "We want to ensure people live life to the full and taking risks is part of it." The staff team recognised the importance of risk assessment and not taking away people's rights to take day to day risks. With support from staff, people were supported to go out with staff and family and take part in activities. Staff recognised the importance of respecting and promoting people's right to take controlled risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).

Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care, and used the relevant personal protective equipment (PPE) such as gloves or aprons when needed. The home was clean, and there were regular audits to make sure cleanliness levels were maintained. People told us, "Always very clean, never any odours."

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Accidents and incidents were recorded, audited and analysed to identify what had happened, and actions the staff would take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. Staff received training and information on how to ensure people were safe and protected.

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicine administration records (MARs) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis with had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people, but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. The rotas correctly displayed those staff on duty during the inspection process. The staff skill mix and the management of deployment within the service had been regularly reviewed along with the needs of the people they supported. This included night shifts. One person received one to one support and we observed staff were allocated accordingly. In addition to nursing and care staff the provider employed the support of a physiotherapist and activity co-ordinators, who supported people at the time of the inspection. The provider also employed an administrator, chef, a chef assistant and other domestic staff and maintenance staff including drivers to support the home. There was use of agency staff and the registered manager had ensured that they used only regular agency to provide consistency of care delivery and that they had the necessary skills and knowledge to work at Beech Lodge.

We observed people received care in a timely manner. Staff told us they worked hard to ensure an immediate response and felt the number of staff on duty allowed them to do so. Staffing levels allowed for staff to support people and to take people into the garden for fresh air and to sit and chat. We also saw that staff sat with people in the communal areas chatting whilst other people started to join them. The communal areas were never left unattended, if staff were called away then the manager or deputy manager would take over. The staff office was attached to the communal areas so the management team were always available.

Good

Is the service effective?

Our findings

At out last inspection this key question was rated Good and this inspection found it remained Good.

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people who used the service for example, through attending courses on caring for people who lived with learning disabilities.

Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs. Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed training in health and social care courses. The organisation had their own training academy to support staff training. We viewed both the training programme and individual certificates that confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety. Specific training which reflected the complex needs of people who lived at Beech Lodge was also provided, such as learning disability and physical disabilities, dementia, acquired brain training, PEG care and end of life. Training was planned to support staffs continued learning and was updated regularly. all staff received competency assessments to ensure that the training had been understood and that practice was safe. Records seen evidenced that these competencies were undertaken regularly. This helped ensure staff had the right skills and knowledge to effectively meet people's needs.

The service used agency staff and had ensured that the same staff were requested so people received care from staff they knew and who knew them. The registered manager had a file that was dedicated to the agency staff and contained evidence of their training, their background and their fitness to practice. Where agency staff were deployed to ensure safe staffing levels, these staff worked alongside permanent staff to ensure their knowledge and skills were monitored closely.

Staff received supervision of their practice. Team meetings were held to give staff an opportunity to highlight areas where they needed supported and, staff were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

People's health and wellbeing was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery and the community psychiatric team was involved when necessary for those who needed it.. Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health

problem is noted and work well with us." Another health professional said, "They are organised and seem to know their residents well."

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses. The SaLT team were involved closely with people who had swallowing difficulties and the enteral nurse supported people who had PEG?

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. At the time of inspection the registered manager informed us people had been referred for a DoLS authorisation but some were still pending. A file was kept and updated when the DoLS was authorised.

People commented they felt able to make their own decisions and those decisions were respected by staff. Staff had received training and understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. Staff undertook a small mental capacity assessment for each person when they arrived at the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the registered nurse say, "Are you ready for your medicine now, and have you any discomfort." Care staff asked people, "Shall I help you to the bathroom," and "Would you like another drink." Staff were able to tell us it was always important to approach people and ask for their consent.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People told us the food was good. One person said, "The food is good, lots of choice, we can have seconds." Another one said, "Really good food."

At lunch time we observed that people received varying degrees of support to eat, including full assistance based on their individual needs and preferences. The meal time was well staffed and all direct assistance was given by staff who were fully focussed on the person they were helping. Staff sat level with people and we observed that support was provided in line with people's care plans.

The manager and the chef had introduced an interactive electronic menu planning system. The system included illustrated pictures of food that people who lived at the home could choose by touching the

screen. The system also included information about each person, their likes and dislikes and flagged up special occasions such as birthdays three days in advance. The system incorporated a feedback screen for each meal, with emoji pictures to show varying levels of like or dislike. Once people had eaten their meal staff entered how much the person ate. This information was then locked and had to be signed off as complete by the manager. The information within this system was then used to inform menu planning, the managers quality assurance and could be used when reviewing people's needs. People had their own table mat which contained important information for staff to follow. Such as, what consistency food was needed and individual preferences.

The meal time was an enjoyable experience for people, tables had table cloths, napkins and appropriate plates and cutlery for people, which included angled handles and plate guards. People were also offered clothes protectors. The food was attractively served and generous portions which people enjoyed. All pureed food was presented separately so people were able to differentiate tastes of food.

Staff provided care and support to people with swallowing difficulties. For example, following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration as thickened fluids are easier to swallow. Staff were responsible for the management of thickened fluids and guidance was in place on the required texture. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed.

People lived in a home that was purpose built and well maintained. The service had a selection of large communal areas, which offered people a change of environment and where they could be quiet, listen to music or meet with friends and family. Corridors were wide and flooring suitable for the various wheelchairs in use. Staff assisted people who were unable to weight bear to transfer using either ceiling hoists or electrical hoists. For example, each bedroom and ensuite had a ceiling hoist to reduce risk to people being moved. All communal bathrooms and wet rooms were large enough to facilitate the use of a shower trolley and there were specialist baths which were safe for people who lived with epilepsy.

Good

Is the service caring?

Our findings

At out last inspection this key question was rated Good and this inspection found it remained Good.

People were supported by staff who were both kind and caring and we observed staff treated people with patience, kindness and understanding. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People were supported by staff who had the skills and knowledge to communicate and care for them. Staff understood how to meet people's individual needs and knew people's particular ways of communicating. Staff introduced us to people and supported us when we met and spent time with people. This showed us the staff knew people well.

People's care plans included detailed assessments of their verbal and non-verbal communication. These were used by staff to identify physical and verbal cues and to understand when someone was happy or was starting to become distressed. The assessments described the action staff needed to take to support and reassure the person. Care plans also recorded people's likes and dislikes and information was provided to staff on people's preferences. Throughout our inspection staff were observed using non-verbal as well as verbal communication to interact positively with people. Staff were observed using touch, movement and voice to communicate with people. We saw happy people supported by caring staff.

People's needs in relation to their mental health issues were clearly understood by the staff team and met in a positive way. For example, if people required additional support, staff involved them in discussions and provided reassurance which reduced any anxiety. People were supported to express their views and be actively involved in making decisions about their care and support when possible. One person said, "I can talk to my keyworker and (name of manager) he's nice." People were provided with one to one staff support when needed to enable them to receive time to access the community. One person told us of the spa they went to, the pub lunches they enjoyed and visits to Bluebell railway. We were also told of visits out shopping. Staff knew people well and what was important to them, such as how they like to spend their days. This helped to ensure people were involved in any discussions and decisions about their life choices as much as possible.

People had their privacy and dignity maintained. We observed staff knocking on people's bedroom doors to gain entry, and people were always involved and asked if they were happy for us to visit and speak with them. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished.
Staff spoke to people respectfully and in ways they liked to be spoken to. We observed staff having fun and joking with people who all enjoyed these interactions. Everyone we saw during our inspection presented as well dressed and groomed. People wore clean clothes that were individual to them in terms of fashion and their preferred dress sense. Attention had been made to hair, teeth and nails, we observed staff assisting one

person with their jewellery. We saw that foot wear was seen as part of people's risk assessment as some people didn't like wearing shoes. The risk assessment stated that in house they didn't wear shoes but needed to when out in the community.

People's rooms reflected their individual preferences and backgrounds. Staff had created a photo board for each person which included photographs taken on trips out and special events. The photo boards were placed just outside of their rooms and gave visitors an insight of what the person enjoyed doing and what was important to each person. Rooms were very personalised with family photographs, personal items and for one person their fish.

Staff continued to support people to maintain relationships with people who were important to them. One person spoke of visits home to their mum and how much that meant to them. Another person was supported to have regular Skype calls with a family member who lived abroad. Communications between staff and families was positive and feedback from families confirmed this. One family member wrote following our inspection to tell us that they were kept informed by telephone of any changes as they could not visit that often. They also told us they trusted the staff and their relative was very happy. We saw compliments from families via email that told us that staff enabled and supported both the person and family members to keep in touch and how much this meant to families. Staff showed concern for people's wellbeing. The care people received was clearly documented and detailed. If staff noted a change or deterioration in their well-being, this had been referred to the appropriate health professional.

The registered manager and provider understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The management and staff said everyone would be treated as individuals, according to their needs and we saw this demonstrated throughout the inspection.

Good

Is the service responsive?

Our findings

At out last inspection this key question was rated Good and this inspection found it remained Good.

The service was responsive to people's needs. One person said, "My key worker goes through my care plan with me, I can choose what I do, I go to a disco and go out and meet people, but I would like a boyfriend." Another person told us, "When I was poorly staff really helped me and looked at ways of making me better."

People received support from a staff team who responded and understood their individual needs. People had a pre-admission assessment completed before they moved in to Beech Lodge. The registered manager confirmed this helped to enable them determine if they could meet and respond to people's individual needs. People were supported to be involved in developing their care, support and treatment plans as much as they could and wished to. A senior staff member said, "We try to involve people all the time in how they want their care delivered, we try pictures, large font, we also involve families as not everyone can tell us." One person said, "Yes I know I have a care plan because I have seen it and also when I went to hospital I had a file to take with me which told them all about me."

The information from the assessment was used as the basis of the care plans and there was evidence these had been written with the involvement of people, and their relatives if appropriate. Records confirmed that people and their families or representative had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

Care plans had been reviewed regularly and updated when people's needs changed. Staff undertook care that was suited to people's individual needs and preferences. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. Staff had a good knowledge of people's individual preferences. For example, they told us that specific people preferred to eat alone and the staff enabled this by making up a table in a lounge area. Another person liked to stay in their room and staff supported this by ensuring a staff member was allocated to be with them.

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person needed support with their meal and there was clear guidance as for how staff were to assist the person whilst also encouraging independence. Another had specific positioning needs following a stroke, staff had involved the physiotherapist and there was clear guidance as to how staff should position them in the wheelchair. This involved an application of a support to prevent the persons foot slipping off the foot plate of the wheelchair. The person told us that this support had allowed them to use the wheelchair safely on their own. Staff followed these care directives and this person was seen confidently using the wheelchair around the home. Staff demonstrated a good understanding of peoples changing needs, both health and socially. One member of staff said, "If someone appears unwell or not their usual self we look for a cause, such as a urine infection and immediately encourage fluids and contact the doctor." To mitigate risk of weight loss, people had been weighed and their weight monitored. Staff said, "We use wheelchair scales to weigh people as its

important to pick up weight changes immediately. The registered manager said, "If we identify weight loss we respond immediately and liaise immediately with the Speech and Language Therapists (SALT) and GP." This meant that care delivery was responsive to people's individual needs.

Staff were kept up to date with changes in people's needs and the services provided through the handovers at the beginning of each shift. In addition, any significant information was recorded on a handover sheet that was very informative for staff, especially agency or staff who have been on leave. Staff used the National Early Warning Score when they identified a people health had deteriorated. NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adults and is a key element of peoples safety and improving peoples outcomes. One NEWS assessment had resulted in a change of diet with expert advice which had improved the persons appetite and weight.

The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Beech Lodge. People's care records and information in the home was provided in large print, with the use of photographs and pictures which helped people to understand and to communicate. Each person had a Disability Distress Assessment Tool (DisDAT) to aid communication. DisDAT helps identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. The majority of DisDAT tools were very helpful with a good level of guidance included.

This was in line with the Accessible Information Standard. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Lifestyle routines were flexible and based on people's individual needs and preferences. People who could move independently by self-propelling wheelchairs were seen doing so. People at Beech Lodge had established friendship pairings or small groups and people also had opportunities to be on their own. Staff confirmed that they assisted people based on their individual preferences and we saw this happened in practice. People got up when they wanted and returned to their room when they chose to. One member of staff said, "We let people sleep in when they want to, we check them and wait for them to wake up unless they have an appointment or visit planned."

There was an activity programme that offered people a choice of events that they could participate in and enjoy both inside the home or in the community. These included outreach, spa facility, day centres and swimming activities at a sister home nearby. The activity programme also demonstrated a wide variety of entertainment which included singers, reflexology, massage sessions, art and crafts and gardening. We were also told that people had 'special holidays' which was three and four days out at places of interest for themselves. We saw photographs that supported these special days out. One person loves aircrafts and we saw they had visited air 'events'. Another person had visited various animal venues which they had clearly enjoyed. On the day of our inspection we were present when one entertainer arrived, 13 people attended along with three members of staff. The entertainer greeted people by name and clearly knew them well and shook peoples hands to greet them and at times held hands as they sang together. This made people happy and they responded with big smiles and laughter. We saw people dancing in their chairs and it was clear they enjoyed the music and singing. It was a varied performance in terms in type and pace of music so there was something for everyone. The singer had also written a song for staff for World Mental Health Day and started singing to them which the staff really appreciated. It was an enjoyable event for everyone. We also saw small groups throughout the day where people were either doing arts and crafts, jigsaws, watching

television or DVDs.

The staff told us of trips out to local venues and of peoples specific interests that they supported people to access. This included visits out to parks and places of interests.

Activity staff planned and coordinated events for people to participate in. They told us they involved families in new ideas, as families of people who lived at Beech Lodge were very involved and either visited or skyped weekly. Staff told us that they have meetings regularly to discuss how beneficial activities were or weren't, who enjoyed the activities and who didn't. Each person had an individual activity plan that was reviewed by the activity coordinator to ensure it reflected people's needs and preferences. Activities that people participated in were reviewed on a monthly basis with a report of findings compiled. This was then used to plan the following months activities, based on the findings of the report to ensure these reflected any changes in needs or preferences. The service had their own vehicles with dedicated drivers to take people out and about on trips, visits to families and to hospital appointments. The vehicles were in good repair and carried first aid boxes. All staff had received first aid training.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell my key worker and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated. We also saw a file that contained compliments and good feedback from families and friends, which told us that communication was good between families and the staff and any minor issues immediately rectified.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people, families and staff. The actions to be taken were also shared. One visitor said, "I have been asked to complete forms about food and care. I give feedback all the time."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection this key question was rated as Requires Improvement because there was no registered manager and improvements identified were due in large part to the interventions and recommendations made by external parties and not as a result of on-going, proactive quality monitoring by the provider. Whilst we saw that quality assurance systems had been embedded at this service location and improvements were proactive under the registered manager, we found that there was a lack of overall provider oversight to ensure that the service was being consistently well-led.

The registered manager informed us that he attended structured management meetings regularly. However, the registered manager had not received supervision since March 2017. He had innovative ideas to take forward such as a multi-disciplinary meeting form to further improve communication between all health professionals and had not had the opportunity to discuss his plans and personal development on a one to one basis through individual supervision. We received confirmation that this had been overlooked and supervision had been arranged. This is an area that requires improvement.

Beech lodge was designed, built and registered before the guidance was published regarding Registering the Right Support and other best practice guidance. The model and scale of care provided was not in keeping
with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs. The provider was not meeting this aspect of the registering the right support guidance. Whilst the home was appropriately adapted and nicely decorated there were no plans in place to develop the model of the service to reflect the registering the right support guidance.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager commenced employment as manager of the home on 6 March 2017 and was registered in October 2017.

Everyone knew who the registered manager was and commented positively about him and said that the home was well led. One person said, "I can talk to the manager, he listens and is very nice." We saw that people felt comfortable and liked the registered manager. When the registered manager walked through the room, the person we were talking with stretched out their arms and the registered manager came over and gave them a hug. They knelt down and spent some time talking to them, which made the person have a smile on their face. The registered manager asked them how was their night and held their hand whilst talking. The atmosphere of the service was warm, friendly and open.

Staff said that they felt fully supported and that the registered manager was approachable. Staff felt that the service was continuously improving and that the registered manager inspired all staff to be enthusiastic and proud of what they achieved.

Staff were motivated and hardworking and shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice, raise any concern or make comments on how the service was run. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistleblowing policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. Audits were carried out regularly in line with organisational policies and procedures, for example audits on medicines. These helped to promptly highlight when improvements were required. In addition, annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

The registered manager and registered provider sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service. We saw that suggestions had been taken forward from the surveys for example menu choices and activities.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. We tracked accidents and incident through the care documentation, accident forms and the accident and incident audits and found all had been reported on correctly. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.