

# Autism East Midlands Beechwood

## 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:

We conducted an unannounced inspection at Beechwood House on 17 October 2019. Beechwood House provides personal care and accommodation for up to eight people living with learning disabilities. At the time of our inspection there were eight people living at the service. It is one of a number of homes run by the charity Autism East Midlands. The service is a predominantly a large house situated on a quiet street. There is one bedroom with en-suite bathroom and the rest of the rooms share bathing facilities.

People's experience of using this service:

People felt safe living at the service. Through staff training and initiatives by the organisation, safeguarding was a high priority and staff had received training. People using the service also had information on staying safe and were encouraged to attend training when they were interested in doing so.

People were supported by sufficient numbers of staff who were competent, skilled and knew people well. Staff levels were monitored and increased to support people with appointments and activities when required. Safe staff recruitment checks were completed when staff commenced their employment.

The management, administration and storage of medicines was managed well, and people were receiving their prescribed medicines. Medication audits took place when each medication round had been completed. This picked up on any errors immediately so that they could be rectified without compromising someone's medication.

Best practice guidance in relation to infection prevention and control was followed and health and safety checks were completed on the environment and equipment.

Staff received comprehensive training and support in their role. This included specialist training specific to the needs of the people using the service. They were also actively looking for additional training which they felt would be beneficial to support people more effectively.

People received opportunities in developing the menu and their nutritional and hydration needs were met and independence was promoted. People were supported with their health care needs and accessed external healthcare professionals and services. Information was shared with external healthcare agencies to support people to receive consistent care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support had been planned in partnership with them. People and their relatives were consulted and listened to about how their care would be delivered.

People's privacy and dignity was respected, and their independence actively promoted.

People were supported with opportunities to pursue social activities, interests and hobbies. People were supported to identify and achieve personal goals. End of life wishes was being arranged with contributions from close relatives.

Staff had access to policies and procedures that reflected legislation and current best practice. The management team were enthusiastic and had a positive approach to developing the service and looked towards continued improvement.

Quality monitoring and audits were robust and monitored every aspect of the service. These were carried out by the registered manager and senior management. This ensured that if an area of the service required attention, this was done immediately as through the auditing, every aspect of the service was continually under scrutiny.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Rating at last:

At the last inspection the service was rated good (published 8 February 2017)

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. 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 exceptionally 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.

# Beechwood

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Beechwood 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.

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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection took place, we reviewed the information we had about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. We also contacted the local authority and Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We assessed the 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 used all of this information to plan our inspection.

### During the inspection

During our inspection, we spoke with four people who lived at the service, two staff members, the registered manager and the assistant director. To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments. We also looked at the medicine records, three staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding processes in place. Staff had been trained in safeguarding and knew how to make a safeguarding alert should they need to. Staff knew about the whistleblowing policy and told us that they would challenge anyone who they felt were not treating people with dignity and respect.
- Staff were aware of the signs of abuse and the importance of noticing changes in people's behaviour when they may not be able to communicate their feelings verbally. One relative told us "[name] has never been so safe, they always have their best interests at heart."
- There was a system in place to record and monitor incidents and this was overseen by the registered manager.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when people's needs changed. The risk assessments explained what actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe.
- The internal and external environment met people's safety needs. There were ongoing checks of the environment, premises and equipment. This included risks associated with fire and legionella to ensure health and safety standards were being maintained and people were safe from harm.

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the risks associated with the employment of unsuitable staff.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. We saw that medicine checks were carried out after medication had been given to people. This ensured that if there were any errors they were picked up immediately.
- There was an audit in place to check medicine including MAR (medicine administration records) to ensure that all entries had been signed when people had been given medicine. The registered manager was responsible to carry out audits and ensure that medicines were managed and monitored.
- There was clear information when people needed pain relief 'when required.'

### Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection and prevention training, they were seen to use disposable gloves and aprons when giving personal care and the environment was clean and free of malodour.

### Learning lessons when things go wrong

- We saw evidence that the management team had robust improvement and quality monitoring plan in place for all aspects of the service. People were encouraged to give feedback and staff told us that management were approachable and easy to talk with.
- Staff meeting records showed evidence of learning from any errors and current best practise guidance on relevant conditions for staff to read.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used to assess and monitor people's needs associated with skin care, weight management and oral healthcare. Policies also reflected current legislation and best practice guidance.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider had identified as being necessary. The service also actively sourced new training which would support staff to understand the needs of the people they support.
- One staff member told us "The training is really good, I have just completed my NVQ level 2 and now I want to go on to the level 3."
- Staff also received training in 'service user voice' which ensured they understood people who used the service had better choice and control over their lives and made their own decisions.

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

- People were supported to have a healthy diet. Staff knew what people liked and people were involved in menu planning. We observed one person eating breakfast, where the choice would usually be classed as a finger food. The person liked to eat it with a knife and fork and so the staff made sure that this was available when breakfast was prepared.
- People had an eating and drinking plan in their support planning which explained aspects of diet and nutrition and if a person had any allergies or required alternative choices because of a health condition.
- Menus were planned in a 'service user voice' session where people using the service were encouraged to say what they liked and wanted to include on the menu.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's health conditions and related care needs had been assessed and staff had detailed guidance of the support people required. This included guidance about how a particular health condition may impact on a person and the signs and symptoms of illness and the action required to respond to this. People's care records confirmed they accessed support from external healthcare professionals and attended health services such as opticians, podiatry and saw their GP.
- The manager had made themselves aware of recent national best practice guidance in oral health care.

They had a copy of this guidance and people had information on dental checks in their support planning. This included recommendations from the dentist regarding toothpaste and mouthwash.

Adapting service, design, decoration to meet people's needs

- The service was very homely, and people appeared to be very comfortable in their surroundings. The provider had ensured that the decoration was suitable for people's sensory needs and the environment was calm and uncluttered.
- People had been encouraged to have their rooms as they would like them. We were shown some of the rooms and they were very different, reflecting what that person liked and in some cases what activities they liked to be involved in.

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. The applications we saw were very comprehensive and went into great detail regarding the needs and capacity of the person they were making the application for.
- The registered manager made DoLS applications where necessary. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed and people's rights were protected.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people respectfully and encouraged people to enjoy various activities. The focus was on how activities could be made accessible, not ruling out anything which people really wanted to do. A relative told us "Sometimes I see them in town, shopping, they are chatting away, laughing, I always go over to surprise them, it's lovely to see."
- People had kind and caring relationships with staff. Staff had worked out ways to best communicate with those people who had no verbal communication. This was by Makaton, often in a person's own version. We saw that when a person was using signing, there was a brochure made which showed the sign and what the sign meant, there was also a picture of the person demonstrating how they did the action. This showed very clearly what the person was saying. It also showed if the person carried out the action differently, how that looked so staff could understand.
- The provider has sourced more training for staff which they feel will be of benefit and give staff a higher level of understanding of the complex needs of people living at the service. One course was around autism, sexuality and identity and another on understanding autism and mental health. Staff had all been booked onto the training where sessions were available.

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

- People were enabled to make choices about aspects of their care where they had capacity to make that decision. People were given the opportunity to choose their meals and plan activities. People also had a way of planning activities, so they knew what was happening on a given day. Care plans contained copies of activity plans when they had been written. This helped to keep a record for reviews and inform future planning.
- Families and professionals were involved when decisions were made about different aspects of care and treatment, however, staff also had an involvement in care and activity planning. One staff member told us "Tuesdays we have an all day walk and people choose where they would like to go, Wednesdays we go bowling, [name] enjoys horse riding."

Respecting and promoting people's privacy, dignity and independence

- Staff told us about promoting independence and encouraging to do what they could, they only helped out when they were needed and encouraged people to do what they could for themselves.
- We observed staff knocking on people's doors and getting permission to enter. People's records were kept securely and only accessed by staff or managers who needed to access the information.
- People were encouraged to be independent. After breakfast we saw people tidying away and loading the

dishwasher. They were chatting with one another and with staff and looked happy and relaxed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider and registered manager openly encouraged relatives and friends to visit the service and be fully involved as partners in their loved ones care. Relatives were regularly consulted on all aspects of care and support. We saw that one parent had been written to with reference to a person going for cancer screening. The person did not have the capacity to understand the different screening processes and so the parent was required to give consent. They realised the importance of invasive screening and that this may not be in the best interest of the person requested to attend.
- One relative told us "They do everything with them, far more than we ever could, [name] is so happy there and does everything they want to do, they find a way."
- Activities were planned in a person-centred way according to what people liked to do and what they enjoyed. The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. For example, one person had a family member contact the home as they wanted to arrange a special birthday celebration which entailed a long journey on a plane and holiday abroad. The relative told us "The management and staff planned for this a long time in advance to ensure that [name] was fully prepared for both the travel and the event, we had an amazing time thanks to them"
- Some activities such as walking, and bowling were enjoyed by most people and they all took part. People were asked where they would like to go for a walk and sometimes it would be a local place and at other times they went in the service's mini bus to enjoy the countryside.
- People's religion was mentioned in the support planning and was on the emergency grab sheets. There were no specific religious or cultural needs at the time of our visit.
- People were encouraged to be involved as partners in their care at all levels of the service. One person tested the fire alarm each week. Two people attended the staff moving and handling training because they were interested in it. People were encouraged to be on interview panels for new staff, this allowed them to have their say about the staff who would be a big part of their lives. This engaged people in decision making about who they wanted to support them each time recruitment was taking place.
- Two people were involved in work experience at a charity shop. This helped with social skills and confidence and they enjoyed the experience of being in the shop and assisting other volunteers.
- People and their relatives were involved in reviewing how their care and support was delivered. People's preferences and choices were regularly discussed with staff. We saw examples of meeting records that confirmed discussions with people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- When people started to use the service, an assessment was carried out to ensure people could receive the support that they needed. Care plans highlighted individual needs, preferences, wishes and included very detailed person-centred information. Each person's care plan contained a pen picture which gave an insight into the person's life, what was important to them their interests and personality. There was also individualised information on all aspects of care including a best practice guidance section on 'how Autism affects me'.
- Each person had care plans which provided guidance and information to staff about their care and support needs and their preferences in relation to specific areas of their care. For example, we looked at easy read information on medication, these were in pictorial format and explained in detail what the medication was for and how they would feel if they didn't take their medication. This helped people to understand why they took certain medication and how it helped them to manage conditions such as epilepsy and pain.
- There was evidence that care plans were reviewed regularly. We saw that people had been involved in discussions about their care and support and that people were referred to relevant professionals when there were any health concerns. One relative told us "[name] behaviours became really challenging at one point, the staff worked with professionals to manage this and alter medication and understanding what could trigger the behaviour, eventually things really settled down."
- People told us that staff were lovely and that they helped them to do what they wanted to do. One person went to a drama group every week and had performed in shows with them. Staff told us that the person really enjoyed it and it helped with their confidence. The person showed us their qualification in drama with a distinction which they were clearly very proud of.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at Beechwood had a communication support plan. Information in the plan was provided in an accessible pictorial format which people could understand. All information and communication developed by the service was available in an accessible format. A lot of thought had gone into ensuring that people could make decisions where they could and also be able to communicate so that others could understand what they were saying. Management and staff had found innovative ways to communicate with people which worked well and engaged them in decision making.
- Regular meetings were held with people using the service, meetings were called 'service user voice' the agenda and the notes are all in accessible format and all available for people to read afterwards. The pictorial format was very clear to understand, and the agenda could be clearly followed by everyone.
- The provider had looked at making voting in the general and local elections accessible to people using the service. Information was available in different formats with the key elements of the main parties. It gave a good insight into what voting meant and information on what they would be voting for and how it would affect people. The provider told us that they felt it was important that people using the service could have a voice with regard to the election and how the country was run, choosing their own priorities.
- The service had developed 'get together sessions' with another service from the same provider. People enjoyed getting to know other people and making new friends. Two people from different services met at one of the functions. They were both able to communicate in English, but it was not their first language, they discovered that they had a shared first language and chatted all evening. This was really beneficial both socially and for their wellbeing.

#### Improving care quality in response to complaints or concerns

- There was a clear complaints policy and staff explained to people how they could complain if they were not happy. The information was also available in an accessible format. Relatives were aware of the policy but there had been no complaints or concerns made at the time of our visit. One relative told us "I can't fault the care there, I have never had any cause to complain and [Name] has lived there for nearly 20 years."
- The registered manager and staff were in regular contact with families and so if there were any concerns they could discuss them directly with the registered manager or staff. That way the issue could be addressed as soon as it was raised. One relative told us "The manager and staff are outstanding, they really listen and find ways to make things happen, even when it is difficult."
- The provider had given questionnaires out to people and their relatives. The information was collated, reviewed and the service acted on anything raised through the information returned. This gave another opportunity for people to raise any concerns about all aspects of the service should they wish to.

#### End of life care and support

- End of life support planning had been carried out but the registered manager was in the process of developing this to be more holistic with more detail. They had written out to relatives asking for a convenient time for a meeting regarding end of life planning. The letter was positive but emphasised the importance of planning for care at end of life and what a person would want at that time. The letter was sensitive and compassionate, understanding that the people using the service were not of an age where people would feel it necessary to plan for end of life care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team showed evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person-centred, high-quality care tailored to the needs of people living at the service. They also monitored training and development of the staff and ensured that they had appropriate tailored training to support people's complex needs. Staff had their competency assessed in different aspects of their role including medication.
- Management empowered staff to realise their potential within both their role in the organisation and their innovative plans for people who use the service. This had worked with anxiety and challenging behaviour reducing and activities, holidays and outings increasing as staff had thought of ways to enable people to access different activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when there had been an incident that they are legally bound to notify us of. There was a system in place so that the manager could monitor any incidents. The system would highlight the appropriate action had been taken including sending notifications to third parties such as the local authority.

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

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. For example, staff would look for ways that people to take part in activities they wanted to and look into ways it could be achieved. This allowed people to be able to take part in outings and activities they would otherwise be unable to do. This also worked when looking at people becoming anxious or presenting with challenging behaviour, staff looked at ways that this could be reduced, examining any incidents or events which led the person to become anxious or challenging. This led to people being able to do the things that they liked to do and to try new things.
- Managers and staff took pride in the work that they did with people and it was clear from speaking with relatives and staff they had changed people's lives for the better and been successful in presenting new opportunities.
- Managers ensured that the quality of care was consistent and regularly audited by way of observation and



staff supervision and appraisal.

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

- People and their relatives were provided with opportunities to share their views including meetings and activities. Staff were encouraged to share their views and suggestions at staff meetings and in their supervisions and staff told us that they felt valued and listened to.
- Staff engaged with people in every aspect of their care and ensured that they were at the forefront of everything which happened at the service.
- The staff utilised local services and groups and ensured that the service was part of the community.

Continuous learning and improving care

- Management and staff were continually working to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff are keen to learn and grow in their roles encouraged by both the provider and registered manager. The registered manager had been promoted through the service having started in a care and support role and they used their knowledge and experience to mentor and support the staff.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health and social care teams and that the GP also had a good relationship with the home.