

Care Network Solutions Limited

Beckdale House

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

Beckdale House provides support for up to nine people who had a learning disability. At the time of our inspection there were eight living at the service. At the last inspection, in June 2015, the service was rated Good overall. At this inspection we found that the service had remained Good.

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

People continued to receive safe care and we found there were enough staff to provide support to people that met their needs. We found that people were consistently protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service.

People continued to be supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems the provider had in place supported this practice.

People's health and wellbeing was maintained and staff sought advice if people were unwell. People were involved in meal planning and preparation and people were able to choose what they wanted to eat and drink. Staff received training to enable them to support people's needs effectively.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld. Staff encouraged people's independence and respected people's choices. Staff understood people's individual communication needs and supported people to maintain relationships with relatives.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. People understood how to complain if they needed to because complaints procedures were in a format that people understood. Complaints that had been received had been acted on.

Effective systems were in place to assess and monitor the quality of the service people received. People and staff were involved in the service and encouraged to provide feedback about the service as it was run. The registered manager was approachable to both people and staff and the registered manager led the team well.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

.The service remained good.

Is the service responsive?

Good ●

The service was good.

The recommendation from the last inspection had been acted on and people's care records contained individualised details of how people wanted their support to be provided.

Is the service well-led?

Good ●

The service remained good.

Beckdale House

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 checked whether the provider was 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 02 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, notifications of serious injuries and safeguarding concerns. We also contacted commissioners and other stakeholders to gain their views of the service provided.

We spoke with four people who used the service and one relative. We also spoke with two staff, the deputy manager and the registered manager. We observed care and support in communal areas and looked around the service. We viewed three records about people's care and medicine administration. We also looked at records that showed how the home was monitored and managed. This included information about staff training and induction and checks carried out to ensure that the service were delivering care to the required standards.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff were supporting them. One person said, "I feel safe here and secure because staff help me. If anyone was disrespectful to me or others I would tell [registered manager's name]". A relative also told us that they felt at ease that their relative was safe with staff and they had no concerns about how staff treated their relative. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I would report any concerns I had immediately to make sure the person was safe". The records we viewed showed that any concerns had been reported to the local safeguarding authority and an investigation had been carried out. Our records showed that the registered manager had notified us (CQC) of any incidents of alleged abuse that had been identified and reported to the local authority.

People were supported with their risks whilst their independence was promoted. One person said, "I can do a lot for myself, but I like staff to help me when I go out as I can get anxious". A relative we spoke with told us that staff support their relative safely because they know how to manage their different risks whilst they are accessing the community. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we saw that the risk assessments in place contained positive risk taking strategies so that people were able to remain as independent as possible, whilst their risk were managed. This meant people continued to be safe from harm because their risks were managed and mitigated.

People told us that there sufficient numbers of staff available to meet their needs. One person said, "Staff are always about when I want to go out". Staff told us that there were enough staff employed to ensure that people were supported safely and were able to access the community when they wanted to. The registered manager told us that some people became anxious if certain routines were not carried out at specific times and it was important that there were enough staff available to reduce these anxieties. During the inspection we saw that there were enough staff available to provide support when people needed it. Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant there were sufficient staff available to support people and people continued to receive support from staff that were suitable to provide support.

We saw that medicines were stored, recorded and managed safely. Staff we spoke with told us that they had received training to ensure that they had the knowledge to administer medicines and the records we viewed confirmed this. We carried out a small audit of medicines and found that the medicines in stock match the amount recorded on the Medicine Administration Records (MARs). The MARs we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff. This meant that medicines continued to be managed safely.

Is the service effective?

Our findings

People consented to their care where able and were encouraged to make choices about their daily living routines. One person said, "Staff ask me what I'd like help with and what I'd like to do". Staff had a good understanding of how they needed to support people to make decisions and their responsibilities where people had difficulty in making certain decisions. One member of staff said, "I understand the Mental Capacity Act 2005. It is important we do not assume people do not have capacity but to ask and encourage people to make decisions. If a person doesn't have the capacity to consent to a decision we have plans to help us to help people make decisions". We saw capacity assessments had been completed and people were supported by staff, family and advocates to make decisions that were in their best interests. People continued to be supported to have as much choice and control as they were able to in their daily life. Where restrictions had been identified Deprivation of Liberty Safeguards (DoLS) had been applied for and authorised to ensure any restrictions were lawful and in people's best interests.

People we spoke with were happy with the food and told us that they were able to choose their meals. One person said, "The food is very nice. I cook quite a bit myself and I choose what I want to have". We saw that people were given choices and where people wanted something different to eat or drink the staff ensured people were supported to have the food they wanted. Staff we spoke with understood people's individual nutritional needs and how to support people effectively. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as soft diets. This meant people continued to be supported with their nutritional needs.

People were supported to access health professionals when they needed to. We viewed records that showed people had been supported to access dentists, nurses, G.Ps and consultants. We saw that people had health plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. The records we viewed showed that people's health was assessed and monitored regularly. This meant people continued to be supported to maintain their health and wellbeing.

Staff told us they had received an induction when they were first employed at the service, which included training and shadowing experienced staff. The records we viewed confirmed staff were trained to carry out their role effectively. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have supervision regularly with the manager. It's always very helpful and a chance for me to air my views and to give ideas I may have to improve the support for people. The manager always listens and takes action where needed". This meant people continued to be supported by staff who had the skills and knowledge to support people effectively.

Is the service caring?

Our findings

People told us and we saw that the staff were kind, caring and respectful. One person said, "I like the staff they are kind and we all have a laugh". Another person said, "Staff are nice to me". We saw that staff spoke with people in a polite and caring way and showed patience when people asked them for support. The atmosphere at the service was friendly and people were comfortable approaching staff. We saw people looked happy and shared a laugh with staff when they were chatting. Staff spoke with people in a way that met their individual way of communication. For example; one person had limited communication skills but they were able to show staff what they wanted by physical gestures such as pointing and facial expressions. We saw staff supporting this person and staff understood what this person needed.

People who used the service were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family and this was important to them. One person said, "I'm seeing my relative today. I like seeing them a lot". The registered manager told us that it was important that people maintained links with friends and family and they supported people to visit family who were unable to visit the service. A relative we spoke with told us that they were always welcomed at the service to visit their relative and staff kept them up to date with anything they needed to know. They said, "The communication is very good and visiting my relative is important to us both". This meant that people were supported to maintain relationships that were important to them.

People told us that their independence was promoted and they were involved in various areas of daily living, such as; cooking and maintaining a clean and tidy home. One person said, "I can do a lot for myself, but I can get a bit anxious so I ask staff to help me when I feel like that". We saw staff supporting people throughout the day to prepare their own meals and promoted their choice and independence. We saw staff gave people choices throughout the inspection which included how people wanted to spend their time, food choices and people's individual choice of clothing.

We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. People told us that they enjoyed their own time and were able to go and have time alone if they needed it. We saw people accessing all areas of the service and some people sat in the lounge area, some people in the kitchen/dining area and some people had time to relax in their private rooms. We saw this was people's choice and staff respected what people wanted to do throughout the inspection.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I love going to the sir show, the staff come with me as I feel safer with them there. We have a laugh too. I can do a lot for myself and I am able to go to the shops by myself if I feel like it". Another person said, "I like to go and feed the horses and staff take me whenever I want to go. I really like animals a lot". People enjoyed telling us about their various activities they had undertaken and told us about their future planned trips out, which they were looking forward to. The records we viewed contained details of people's interests and where people had been supported by staff in line with their preferred activities such as; visits to family members, visiting animals and trips to local museums and attractions.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history and people's current physical and emotional wellbeing needs. The information we viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their needs. Staff supported people throughout the day in line with their preferences and staff knew people well and understood how people preferred their support to be carried out.

People we spoke with knew how to complain and felt able to approach staff if they were unhappy with the service they received. One person said, "I would speak to [registered manager's name] if I was unhappy". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy and how to raise any concerns. We saw that complaints that had been received had been investigated and action taken to make improvements.

Is the service well-led?

Our findings

People and relatives told us that the registered manager and deputy manager were approachable and they felt able to talk with them if they needed to. One person said, "[Registered manager's name] and [deputy manager's name] are both very nice. They are always here if I need to talk with them". One relative said, "The management are very helpful, if I have had any queries about my relative they are always open to discussions. They have helped me understand my relative's support needs". During the inspection we saw people talking with the registered manager and it was clear that the registered manager knew how to support people in a way that met their needs and understanding.

We saw people were encouraged to give feedback on the way they were supported through meetings. One person said, "We have meetings to talk about things with the staff". The minutes we viewed showed that people were given the opportunity to feedback their opinions on their choices of key staff they wanted to support them and also discussed what future activities they wanted to be involved in. The registered manager told us that people were also involved in the recruitment of new staff and if people wanted to they could be part of the interview panel for new staff. We also saw that people were kept informed when new staff were employed or if staff were leaving so that people were aware of the changes in their home environment. This meant that people were kept informed of changes at the service and their feedback was gained to inform the delivery of their support.

The service had a registered manager who spent time working alongside staff. We saw their values were based on respect for each other and putting people at the heart of the service. The staff told us that the manager was approachable and gave them guidance and support when they needed it. One member of staff said, "I have always felt able to speak with the registered manager and deputy manager, they are both very helpful. They both know people well and are always about if I need any guidance". Another member of staff said, "The registered manager provides support to people as well as care staff and I feel this shows good team work and we can follow their example". This meant staff felt supported by the registered manager who was approachable.

We saw the registered manager and provider carried out regular quality checks on how the service was managed. These included checks on individual support plans, medicines management and health and safety. We saw where concerns with quality had been identified the registered manager recorded how improvements were to be made. For example; we saw that a medicine audit had identified that the medical reference book was out of date and we saw that this had been replaced by the most recent version. This ensured that staff had the most up to date version when they required guidance about medicines. The registered manager understood their responsibility of their registration with us and their requirement to notify us of any incidents that had occurred at the service. This meant that there were effective systems in place to monitor and manage the service.