

Leonard Cheshire Disability

Birnbeck House - Care Home Learning Disabilities

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: Birnbeck House - Care Home Learning Disabilities provides accommodation and personal care for up to 13 people with learning disabilities.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 13 people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service: People were supported by caring, passionate and enthusiastic staff. There was a positive staff culture, stable and effective management and a friendly atmosphere at the service.

People were supported to engage in activities of their choice and reflective of their interests. New opportunities were regularly offered to people. Staffing levels enabled people to be supported in the community and to participate in social clubs and events.

The service was clean and tidy with a pleasant garden area. Regular checks on the environment and equipment were completed.

Care and support was person centred and promoted people's independence. People's choices were respected.

Medicines were administered safely. People were supported to access healthcare services. We received consistent feedback from health and social care professionals about the quality of care provided.

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.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 8 February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Birnbeck House - Care Home Learning Disabilities

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector. An Evidence Review Officer was present on the first day of the inspection.

Service and service type:

Birnbeck House - Care Home Learning Disabilities 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of the inspection.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

During the inspection we spoke with two people using the service and five staff members which included the deputy manager. Some people we met were not able to fully tell us about their experiences. We therefore used our observations of care and our feedback from relatives and staff to help form our judgements

We reviewed five people's care and support records, and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We continued to seek clarification from the provider to validate the evidence found. We received further feedback about the service from three health and social care professionals and two people's 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.

Assessing risk, safety monitoring and management

- People were safe living at the service. A relative said, "[Name of person] feels safe and secure and enjoys the company of the other residents and staff. [Name of person] considers it their home and is very happy there."
- Risk assessments identified and managed known risks to people in a person-centred way. People were supported to take positive risks. For example, by trying new experiences or activities.
- Repositioning records were kept for one person. We highlighted to the deputy manager the records did not show the support given to achieve the aims of the care plan in this area. The deputy manager promptly addressed this during the inspection and afterwards with the staff team.
- General risk assessments were completed. For example, for hot surfaces and activities in the community. Regular checks on the environment and equipment was undertaken. An out of hours on call system was in place to support staff with unforeseen events or circumstances.
- Systems were in place to monitor and check fire safety equipment and procedures. Reflections were made after practice fire drills to ensure individual emergency plans were effective.

Staffing and recruitment

- Staff all told us staffing levels were good. One staff member said, "We are lucky, we are staffed really well."
- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider and were flexible depending on the needs and plans for people living at the service on a daily basis.
- There was a consistent staff team in place which ensured staff knew people well. A health and social care professional said, "[There is a] consistent team, they know the service users very well and obviously care deeply about their welfare and happiness."
- The provider followed safe recruitment processes before staff were employed to ensure staff employed were suitable for the role. We highlighted to the deputy manager to consider how gaps in employment were recorded more clearly.

Using medicines safely

- Medicines were stored, managed and administered safely.
- Protocols were in place for 'as required' medicines. People's preferences of how they wished to take their medicines was recorded.
- Medicines that required additional storage in line with legal requirements were stored appropriately.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular training in safeguarding adults. Staff were knowledgeable about how to identify and

report any safeguarding concerns. A staff member said, "We have had training in safeguarding. Report things clearly and factually."

- Staff were confident concerns were investigated. One staff member said, "Inform team leader [of any concerns]. Things get looked into properly."
- Safeguarding concerns were reported to the local authority and Care Quality Commission as required and actions were taken.

Preventing and controlling infection

- The service was clean and tidy. A relative said, "The home is always found to be clean and comfortable."
- Staff were aware and observed adhering to infection control policies. For example, this was seen in supporting a person to apply sun screen and maintaining clean communal areas.

Learning lessons when things go wrong

- Accidents, incidents and near misses were reported and recorded.
- Analysis took place to ensure actions taken were effective in reducing reoccurrence. For example, for one person where a number of incidents had occurred their personal care plan was reviewed and amended.

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.

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

- People were supported individually around their food and fluid requirements. People were offered choices at meals, snacks and drinks.
- Staff were knowledgeable about people's likes, dislikes and risks around eating and drinking. We observed staff supporting people in line with their care plan. For example, one person having their fruit mashed to ensure it was the correct consistency.
- One person said, "The food is nice. Staff have been encouraging me with my diet." They went on to explain how staff had been supporting them to lose weight. They told us the positive effects this was having on their physical and mental health and well-being.
- We reviewed two people's fluid intake records. We highlighted that whilst intake was reviewed daily, there was no clear guidance as to what the target level was and when further action may be required. A senior staff member said this would be addressed.

Staff support: induction, training, skills and experience

- New staff completed an induction before starting. One staff member said, "We went through everything [in the induction], I did two weeks of shadow shifts." Another staff member said the induction process was, "Thorough."
- Staff received a wide variety of regular training to ensure they were skilled and knowledgeable in their role. Staff spoke positively about the training provided. A staff member said, "The training is wonderful."
- A staff member told us about training they had completed specific to a person's needs. They explained what they had learnt and how this had enhanced their support working with the individual.
- Staff received regular supervision with their line manager. Staff said their supervision was supportive and in addition they could speak with senior staff members and the registered manager at any time.

Staff working with other agencies to provide consistent, effective, timely care

- The service had developed positive working relationships with other agencies and professionals. We received feedback that advice, guidance and support was sought promptly for people when needed.
- A health and social care professional said, "When something changes they report it in a timely way, meaning we can be responsive and address emerging health issues early on. When we ask for an approach to be implemented, this is communicated to the team by management and is consistently put in place."

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

- People rooms were individually decorated and personalised with furniture and items of people's choice. One person said, "I like my room."

- The garden area was attractive and pleasant. A relative said, "The recent refurbishments and improvements to the garden are excellent."

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.

- The service had made DoLS applications as appropriate. These were monitored and reviewed as required.
- People's capacity in different areas of their care had been considered in their care plan and assessed as required. Best interest decisions were taken in line with legislation and guidance, with the involvement of other professionals and relevant people such as family members when it had been determined a person lacked the capacity to make a specific decision. For example, around medicine administration.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion and gender preference of carer, which was recorded in people's care plans. Care plans explored people's needs and support in regard to their sexuality and relationships.
- Staff demonstrated sound knowledge of the MCA and how they implemented the principles of the Act in their role. Staff were passionate about promoting and respecting people's choices. One person said, "I can go to bed when I like and get up when I like."
- We observed staff asking for people's consent before care was given. Staff knew how people communicated their consent.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. For example, their annual health check. Records were kept of appointments and recommendations and actions required were communicated to staff members.
- People's needs in regard to their healthcare was detailed in care plans. For example, what support people required to maintain good oral care.
- A health and social care professional said, "They [the service] ask for medical help in an appropriate and timely manner."

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

- People were supported by staff who were kind and caring. Staff were passionate and enthusiastic about delivering good quality care in a person-centred way. A relative said, "We think the staff do an excellent job."
- Staff knew people well and had developed positive, trusted relationships. A relative said, "[My family member] is extremely well cared for." A health and social care professional said, "We have always found them caring to residents."
- There was a happy, friendly atmosphere. We observed positive interactions between staff and people. Staff engaged with people in their preferred communication method. There was chatter, laughter and conversations.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged. People moved around the service in their preferred way.
- Care plans were clear about what people could do independently and where assistance was needed.
- A provider led campaign titled, 'Actually I can' promoted enabling people to be independent. For example, this included paying for items independently in the community and engaging in domestic tasks.
- Care plans described how to maintain people's privacy and dignity whilst undertaking personal care. We observed staff prompt and support people discreetly and in a dignified way.
- People's visitors were welcomed at the service. A relative said, "There have never been any problems with visits. I and other relatives have sometimes visited unannounced when in the area and are always welcomed at any time of the day."

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

- Care plans demonstrated how people and relatives were involved in regularly reviewing their care and support needs.
- The service had received seven compliments in the last 12 months. One compliment said, 'I was impressed with the registered manager's approach to [Name of person] and their knowledge of them.' Another compliment read 'I have learned so much from each and every one of you and enjoyed every minute of it.'

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans gave an overview of people's past history, interests and significant events.
- Care plans were person centred and detailed people's care needs and preferences. People's routines were described. For example, the time people usually liked to go to bed. However, care plans made it clear that people may wish to vary from their typical routines and how this would be supported.
- Communication plans were detailed and documented how to effectively communicate with people in their preferred method. For example, key phrases had been noted for one person and what these meant.
- Triggers and strategies to effectively support people with behaviours that may be challenging to themselves or others were specific. These were reviewed to ensure they remained current and effective.

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.

- People were supported in activities of their choice and which were of personal interest to them. A relative said, "My relative enjoys their trips away with the residents and staff as well as numerous outings and activities."
- Staff told us how the staffing levels enabled them to offer daily choices of activities and one to one time in the community. A staff member said, "We are out and about more than anything." Another staff member said, "There is tonnes going on."
- Where people were unable to inform staff of how they wished to spend their time, observations were made as to how people reacted, responded and engaged in different activities. This ensured people enjoyed the activities they participated in. One person was observed to smile and point when out in the service's vehicle as they had an interest in transport such as lorries and cars.
- Two people told us about activities they had been involved in which included visiting a football stadium, volunteering in a local shop and engaging in charity collections.
- People were supported to maintain friendships and attend social clubs and events. One person said, "I have my own phone, so I can contact friends and family." They were receiving support to utilise social media and the phones features for communicating with friends and family.

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.

- Information was available in large print, easy read and pictorial formats. Such as the complaints policy, care plans and the menu for the day.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated and actions taken. The service had recorded one complaint in the last 12 months. The complainant was satisfied with the outcome.
- People, staff and relatives told us they were comfortable in raising any issues or concerns. One person said, "I could speak to anyone if I wasn't happy." A relative had commented in a survey, 'Yes I am fully aware how to make a complaint.'

End of life care and support

- The service was not currently supporting anyone with end of life care.
- Some people had their wishes and preferences for the end of life described. For example, funeral details, music that was important to them and flowers they liked. A senior staff member acknowledged this area could be developed further for those others who wished to.

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.

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

- There was a clear staff and management structure in place. Legal requirements were fulfilled.
- Systems were in place to monitor, review and improve the quality of the service.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.
- The provider had displayed their CQC assessment rating at the service and on their website.

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

- We received positive feedback about the management of the service. One relative said, "The manager and staff I have always considered as excellent."
- Comments from staff about the registered manager was that they were, "Friendly and approachable," "Brilliant" and "Made the job look effortless."
- There was a positive staff culture. Staff enjoyed their roles and were enthusiastic about the service they provided. One staff member said, "I look forward to coming to work." Another staff member said, "I am passionate about this place, proud how people are looked after, how dreams and aspirations are fulfilled, proud that the staff work well as a team. I love my job."

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

- Feedback was sought from people. People could contribute ideas and opinions in meetings around activities, food and the services environment.
- A survey had been conducted with relatives in January 2019. Responses were positive and indicated that relatives felt staff respected people's privacy and dignity, they saw the manager regularly and they knew who their relative's keyworker was. 100% of respondents said they felt their family member needs were met. Comments included, 'There is good two-way communication between myself and the service manager,' '[Name of person] is always happy and well looked after and '[Staff are] brilliant.'

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

- The provider understood their responsibilities on the duty of candour. Relatives said there was good communication. A relative said, "If there are any concerns they communicate with me. We also have regular meetings."

Continuous learning and improving care

- Staff meetings were held regularly. One staff member said, "There is never a stupid question we can talk about anything." Another staff member said, "We can raise anything."
- Information was communicated to staff through handovers, meetings and written communication. This ensured all staff were aware of changes in people's care needs.

Working in partnership with others

- The service had developed links with local religious establishments and places in the community which offered activities, volunteering opportunities and social engagements.
- The service supported students in health and social care from the local college by offering work placements. One student had commented, 'I was treated so well by everyone and always felt so welcomed and part of the team.'