

Dalesview Partnership Limited

Beechdale

Inspection report

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Preston
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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

Beechdale is a care home that is registered to provide care and accommodation for seven adults who have a learning disability. All facilities are located on the ground floor and the building has good accessibility for people who use wheelchairs.

This inspection visit took place on 27 September 2018 and was announced.

At our last inspection in November 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

People who lived at Beechdale and relatives told us they were safe, cared for and looked after well. A relative said, "We completely feel my [relative] is safe and well at Beechdale."

We observed many examples of staff being compassionate, kind and respectful to people they supported. This was confirmed by our observations and relatives we spoke with. A relative said, "The manager and staff are so caring everything revolves around the residents."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

People who lived at Beechdale received their medicines as required. Care records we looked at contained a medicines care plan and risk assessment to inform staff about medication details for each individual. Training was provided for staff to ensure they had the competency to administer medicines. This was confirmed by staff we spoke with.

The registered manager ensured there was sufficient staffing levels in place to provide support people required. People had one to one support to enable them to pursue activities of their choice.

The design of the building plus facilities provided were appropriate for people cared for at Beechdale. A relative said, "It works for the people cared for here, a lovely place."

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. People were able to choose what they wanted to eat and staff prepared meals.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and when people were out in the community. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people to follow their interests and provide care they needed.

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

The service had information about support from an external advocate should this be required by people they supported.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the service and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included, staff and 'service user' meetings in picture format. In addition, surveys were collected to seek relative/people's views about Beechdale.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beechdale

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Beechdale is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection visit took place on 27 September and was announced. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 27 September 2018 we completed our planning and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We contacted the commissioning departments at Lancashire County Council. We also contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection 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 did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because this was a small building and we spent the time together in communal areas.

During the visit we spoke with a range of people about the service. They included three people who lived at the home, three relatives, the deputy manager and three support workers. We also observed care practices and how the staff interacted with people in their care.

We looked at care records of one person, staff training and supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records. We reviewed the services staffing levels and checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with relatives to see if they felt people were safe in the care of staff at Beechdale. Feedback was positive for example a relative said, "We completely feel my [relative] is safe and well at Beechdale."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

The building was clean and maintained when we had a walk around in the morning. We also observed a staff member used personal protective equipment such as aprons when supporting people with care needs. One staff member said, "We have had infection control training and have plenty of aprons in stock." The staff member said, "Always thinking of personal hygiene and protecting the person." This demonstrated the registered manager had good oversight of systems intended to maintain everyone's wellbeing.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered support for people. These included, health and safety, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep people safe and secure. Consent forms for people/families signed to agree to care being provided by the staff at Beechdale were in the process of being finalised. Following the inspection visit one of the management team informed us these were all now in place.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

On the day of the inspection visit there was a sufficient workforce, fully trained and able to deliver support in a patient and caring manner. A staff member said, "We have enough staff on duty and one to one care as well." We observed during the inspection visit a calm and unhurried atmosphere throughout our inspection.

Staff recruitment records we looked at held required documents, such as references and criminal record checks, before they commenced employment. The registered manager had the same good recruitment systems in place as the previous inspection.

Staff supported people who lived at Beechdale with medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, administered as prescribed and stored and disposed of correctly. We found the registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits

confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances, wheelchairs and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

We looked at evidence the management team were referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. People who lived at Beechdale received effective care because staff had a good understanding of their personal and social care needs. For example one staff member said, "We [staff] have been here a long time and built up very good relationships with all the residents."

There was training to assist staff development, enhance their skills and understanding. This covered, for example, first aid, safeguarding, infection control and fire safety. The registered manager had completed a training programme for staff to follow to make sure they are well trained and equipped to support the people who lived at the home. The organisation had an intensive training programme to ensure all staff were fully trained and were up to date with current legislation. Staff we spoke with confirmed this. Staff also completed recognised qualifications in health and social care. Comments from staff confirmed access to training and development was good and included, "Great training opportunities. For example, I felt I needed dementia training and this was put in place straight away."

The service provided equality and diversity training to staff. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed during our visit people were not deprived of their liberty or restricted. Staff and the management team also had a good understanding of the MCA act when we discussed it with them.

We looked around the building and outside areas and found it was accessible and suitable for people's needs. The home had rooms all on the ground floor and a sensory room for the benefit of the people who lived at Beechdale. The main building accommodated six people at the time of the inspection. Communal space comprised of a lounge, kitchen and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. People who lived at the home had access to enclosed gardens which were safe for them to use.

The management team had considered good practice guidelines when managing people's health and care needs. For example, care records contained a 'hospital passport' in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person in their care.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners

(GP's) and other healthcare professionals had been recorded. The records were informative and had documented the outcome of each visit. The deputy manager told us they had access to and good working relationships with relevant professionals, for example, speech and language therapist (SALT), physiotherapist, wheelchair services, district nurses and GP's.

We saw at breakfast and lunch time people enjoyed their meals. They were the preferred choices of people who lived at the home. We found meal times were relaxed and organised around people's individual daily routines. Everyone had access to kitchen areas where they would be involved in supporting staff if they chose to with snacks and drinks as they wished. We asked one person if they enjoyed their meal and they smiled and said, "It's lovely."

Nutritional risk assessments were in place and we found these were regularly updated to reflect people's changing needs. The service had allocated a 'Nutrition Champion' within the home. This was to ensure people who lived at Beechdale had a healthy balanced diet whilst enjoying their favourite meals. The service promoted healthy living by offering balanced healthy options at meal times and these were based on the person's preferences. When required staff had sought advice from dietitians to support with any specialist needs. One staff member said, "We regularly ask advice from the (SALT) team." Menus were in easy read form and picture format to ensure people made their own choices. They had also developed easy read documentation so that it was better for the individuals to understand and make informed choices of what they wanted to do.

Is the service caring?

Our findings

During our inspection visit we sat in the lounge and dining area and observed interactions between staff and people who lived at the home. We found staff were sensitive, joining in with routines of the day and supporting people with breakfast. People who lived at the home were enjoying the interaction whilst this was taking place. We spoke with a relative who visited on the day of the visit and said, "It is so relaxed and the people are really caring and compassionate to everyone."

Care plans looked at confirmed people and their families had been involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Records contained personal preferences about how they wished to be supported. In addition, picture format was available so that people could understand their care plans. A relative said, "When we came the attitude of the staff and management here so impressed us and we went through everything."

We spoke with the management team about access to advocacy services should people require their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

There was clear understanding and togetherness between the staff and the person they supported. For example, the person's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The management team had a good understanding of protecting and respecting the person's human rights. They were able to describe the importance of promoting the individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit by all staff there.

We observed during the day of our visit staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring, compassionate and patient when supporting people. For example, a staff member was supporting a person with breakfast and at no point was the person rushed or hurried to finish when everyone else had. Also, we observed staff knocked on people's private bedrooms before entering.

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their needs and were available when required. During the day we sat with staff and people who lived at Beechdale in the lounge and dining area. We found it a relaxed environment with staff and people interacting in a pleasant and warm way. For example, one person was playing with their 'iPad' (hand held computer) and staff were helping and joining in with them. A relative said, "They are so attentive and all the staff make such an effort with the residents."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the service's assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read, sign language, large print reading, brail or audio books.

Each person who lived at Beechdale had their own activity planner which they had been involved in developing based on their likes and dislikes. In addition, a lot of group activities took place in the local community. Such as swimming, holidays and the 'sensory rooms' in Preston. The staff kept a 'community activity folder'. This document recorded sessions in the local community where they visited and different activities that had taken place. During our inspection visit we saw people communicated with their support workers their preferred activity for the day. On the day of the inspection visit a music morning had been arranged. This took place in the lounge and all the people joined in singing and dancing together. One person we asked about the activity said, "Its' great fun." All activities were evaluated every time they happened and this was reviewed monthly and changed as required.

The service had Wi-Fi (wireless connectivity) in the building enabling people who use the service to have internet access through their iPad (hand-held computers.) The deputy manager told us this enabled people who used the service to play computer games and watch films at their leisure. A staff member said, "[Resident] enjoys football games and [resident] plays with the staff." We asked one person who lived at Beechdale if they enjoyed their computer and one person got excited and said, "I really love it."

People and relatives we spoke with said they were clear about who to report concerns and complaints to and how these would be addressed. Details were provided in documentation given to families and in picture form so that people could understand how to raise any issues. The complaints form explained how individuals could raise concerns. This included the steps the registered manager would take to address any issues. No complaints had been received since the previous inspection. A relative said, "We do know the system but never had to raise any complaints at all."

The service is a small care home for younger adults and would not normally be involved in providing end of life care. We discussed this with the management team who told us if an end of life situation arose they would liaise with appropriate healthcare professionals and support the person to remain in their home if possible. However they were in the process of sourcing 'end of life training' to ensure staff were aware of how to support people in end of life care.

Is the service well-led?

Our findings

Comments received from family members of people who lived at Beechdale were positive about the service provided and the way Beechdale was operated. For example, one relative said, "It is run for the benefit of the people here and is well organised which is what we like."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager was not available at the time of the visit however the deputy manager was. We found staff were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with staff on duty confirmed they were clear about their role and between them provided a consistent service. A staff member said, "It is run very well and most staff have been here for a long time which says everything."

The service had systems and procedures in place to monitor and assess the quality of their service. For example, regular audits had been completed reviewing the services medication procedures, communication audits, and care plans of people who lived at the home. Actions had been taken as a result of any shortcomings found. Staff told us they were able to contribute to the way the home operated through staff meetings, supervisions and informal discussions with the registered manager and their deputy. In addition, staff told us the organisation was approachable and supportive if required. One staff member said, "We do have great support right through the organisation and [registered manager] is so supportive and always puts the care of the residents and staff first."

The registered manager ensured the service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, opticians, chiropodists and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The management team focused on involving people and their relatives in the running of Beechdale by constantly seeking their views. This was confirmed by people we spoke with. They conducted surveys from staff and relative/people. 'Resident' surveys had been completed in picture format and were positive. For example, when one person was asked if they liked Beechdale with a smiley face, the symbol of a thumbs up was returned in a positive manner. All surveys responded to were positive. The management team informed us any negative comments would be analysed and acted upon.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.