Pathways Care Group Limited

Beaconhurst

Inspection report

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West Midlands
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 1 June 2018 and was unannounced. At our last inspection in March 2016, the service was rated as 'Good' in all questions asked.

Beaconhurst 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. Beaconhurst accommodates three people in one adapted building.

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." Although it was acknowledged that the service provided had links to the community, the service required a level of repair and refurbishment in order to provide a more homely environment

There was a registered manager. 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.

Systems were in place to audit, assess and monitor the quality of the service provided. However, repair and improvement work identified was outstanding and had not been completed in a timely manner. Works had been delayed and put on hold whilst the provider looked at other, more suitable premises. The service did not employ dedicated housekeeping staff to maintain the cleanliness of the service. There was an expectation that staff would not only support people, but would also ensure the service was kept clean.

People were supported by staff who were aware of the risks to them on a daily basis. Staff had received training in how to safeguard people from abuse and were aware of their responsibilities to report and act on any concerns.

People were supported to take their medicines as prescribed by their doctor. Where accidents and incidents took place, action was taken and individual analysis took place, but overall analysis of this information did not routinely take place.

People were supported by a group of staff who had been provided with training to meet their needs. People's healthcare needs were met by having access to a variety of healthcare professionals. People were supported to choose their meals they wanted.

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 in the service supported this practice.

Staff presented as kind and caring and were respectful of people's choices. People benefitted from positive interactions with staff.

People were supported by staff who knew them well and what was important to them. People were supported to take part in activities they enjoyed.

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.

People were supported by staff who were aware of the risks to them and how to keep them safe. People were supported to take their medicines as prescribed. Staff spoke positively about the recent increase in staffing levels. Accidents and incidents were reported and acted on appropriately.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training to provide them with the skills to meet their needs. People were supported to maintain a healthy diet and access healthcare services. Staff obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a kind and caring attitude. People were supported to make choices regarding their daily living and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans held detailed information regarding people's preferences and how they wished to spend their day. Staff were knowledgeable regarding people's and responsive to the changes in people's care needs. There was a system in place to raise complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had failed to ensure refurbishment to the building

was completed in a timely manner. Relatives said the registered manager was approachable and staff felt supported and well trained.

Beaconhurst

Detailed findings

Background to this inspection

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

The inspection was prompted in part by an anonymous concern regarding the care and support provided to people. Following this, additional concerns were raised regarding the environment in which people lived. As part of the inspection, we looked at these concerns.

The inspection took place on 1 June 2018 and was unannounced. The inspection was carried out by two inspectors.

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 information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We met with two of the three people living at the home. We observed the delivery of care to people at short periods throughout the day in order to lessen people's anxieties.

We spoke with the registered manager, the area manager, deputy manager and three members of care staff. Following the inspection we spoke with a relative on the telephone to gather their views of the service.

We reviewed a range of documents and records including the care records of two people using the service, three medication administration records, two staff files, training records, accidents and incidents, complaints systems, minutes of meetings, activity records, surveys and audits.

Good

Is the service safe?

Our findings

People living at the home were unable to tell us if they felt safe. However, we observed that people were comfortable in the presence of the staff who supported them. We saw and heard staff speak to people in a calm and reassuring manner. A relative spoken with told us they considered their loved one to be safe at the service and they had no concerns.

We saw that staff had received training in how to recognise signs of abuse and all staff spoken with were aware of their responsibilities to report any concerns they may have and the actions they would need to follow if abuse was suspected. We noted where safeguarding concerns had arisen, they were reported and responded to appropriately.

People were supported by a group of staff who were aware of the risks to them on a daily basis. We spoke with an agency member of staff who had been at the service for a short amount of time. They told us they had been provided with all the information they needed in order to support people safely and effectively. They were knowledgeable with regard to the risks to the person they supported and how to manage those risks. Care records showed that the risks to people had been assessed and plans were in place to manage those risks. For example, a member of staff told us, "We are looking more at the root causes of behaviour and I think it's better. If you try to use restraint on [Person] it makes them more angry". They went on to describe how they managed a particular situation which resulted in a person becoming calm after receiving 'several minutes of verbal reassurance'.

The registered manager told us work had commenced with the organisation's Positive Behaviour Support lead and staff spoke positively about this. We noted that 'mood' charts were completed on an hourly basis to reflect people's general mood throughout the day and to analyse for any particular triggers. This information provided staff and management with an instant picture of a person's mood throughout the waking day and helped staff analyse for any triggers or trends. One member of staff said, "It's really interesting, it's like a traffic light system; I like it, but it's not started properly yet". There were plans this information would be analysed and used to develop the person's support plan.

Following recent concerns that had been raised, staffing levels had increased for two people living at the home. Staff told us the additional staffing levels had made a difference to how they supported people; one member of staff said, "The extra staff, it does make a difference". We were told staffing levels were based on the individual assessments in place for the people living at the service. There was no tool in place to assess staffing levels, but staff hours could be moved around to meet the needs of the people living at the service. The registered manager was complimentary of the staff team and their flexibility to support people living at the service. They told us, "The team are flexible, they manage the behaviours and come in to support each other. I'll work on the floor and help out as well". Staff spoken with confirmed this.

People were supported by staff who had been recruited safely. Staff told us and records seen confirmed, that prior to commencing in post, the appropriate checks had been put in place, including references and DBS [Disclosure and Barring Service] checks. The DBS check would show if a prospective member of staff

had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

We looked at the medication administration records of all three people living at the service. We saw that people's medicines were clearly recorded and signed for using a Medicine Administration Record (MAR). Staff told us that people's medicines were administered by two members of staff at all times and signatures seen on MARs reflected this. We saw people's medication care plans described people's preferences when it came to how they took their medication, for example, one person like to take their medicine from a spoon. Protocols were in place for medication that was to be administered 'as required'. The protocols provided staff with the information required to ensure the medication was given in the appropriate circumstances. A relative told us they had no concerns regarding the management of their loved ones medication, adding, "They look after it [medicines] very well". We checked the stock levels for the medicines in place and what was recorded as being given, tallied with what was in stock. However, the carry forward figure was not consistently completed for all medicines. We raised this with the deputy who advised this would be completed consistently in future.

A member of staff told us, "Cleaning is definitely an issue" and went on to describe the challenges staff faced on a daily basis in respect of supporting people safely and keeping them and the environment clean and infection free. The provider had told us in their Provider Information Return [PIR] that monthly cleaning schedules were in place and that people living at the service were encouraged to complete their own daily cleaning tasks and we saw evidence of this. Staff told us that the recent increase in staffing levels had enabled them to keep more on top of this area of work.

Where accidents and incidents took place they were recorded and acted on appropriately. We saw individual analysis took place and lessons were learnt. However, there was a lack of overall analysis of some of this information which would provide the registered manager with possible trends that they could act on. For example, incidents were recorded and the information analysed by a visiting healthcare professional, but there was no evidence available in the home of the outcome of the analysis and what, if any, actions needed to be taken as the information was taken away by the visiting professional and not left on-site. We discussed this with the registered manager for them to take forward with the healthcare professional.

Good

Is the service effective?

Our findings

Prior to moving into the home, people's needs had been assessed. These assessments gathered information regarding people's personal care needs, their medical history and their social needs. People were asked about their preferences, contact with their family and also their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs. A relative told us, "The service is excellent. I've always been very satisfied, especially since [registered manager's name] has been there, it's been even better". They went on to provide a reason for this view. They told us, "Lots of people try and push [person] to do things. [Registered manager's name] doesn't do that. They take their time and introduce different things slowly and if [person] accepts them, then that's ok and if they don't accept them, well that's ok too".

People were supported by staff who considered themselves to be well trained. A member of staff was complimentary regarding their colleagues and told us, "To the best of my knowledge, staff are quite professional". The provider told us in their Provider Information Return [PIR] that staff had received a variety of training and we saw evidence of this. For example, training records showed that staff training was up to date in mandatory areas, such as moving and handling, safeguarding, equality and diversity and first aid. Staff had also received specialist training, for example in epilepsy. A member of staff told us they had requested additional training and this request was being considered. We were told the company employed a trainer who was advising staff with regard to how to manage behaviour that challenged. Staff told us the majority of their training was completed online and they were happy with this arrangement.

Plans were in place for additional staff training that was tailored to meet the needs of the people living at the service. The provider employed a 'positive behaviour support' lead to work alongside staff and gain more information about the people they supported. The registered manager told us individual training for staff would be put in place if required, to give staff the confidence to put their learning into practice. The registered manager was focussed on learning from recent events and some actions had already been put in place. They told us, "Once visits have been done and final action plan is in place, we can concentrate on moving forward".

We spoke with a member of agency staff who had recently been brought into the service to support the existing staff group. They told us they felt well supported in their role and were given a comprehensive induction when they commenced in post. They told us, "They [staff] are trying here. I've worked in some homes and they give you very little information and don't allow you to read the care plan but here they encourage it". They were mindful of the triggers that may upset the person and may lead to behaviour that challenges. They described how they had supported the person that day with their personal care and what they had done to encourage the person. They told us, "I tried something that isn't in [person's] care plan. I sang to them and it helped pacify them and they joined in". They told us they had updated the person's care plan to reflect this and to share the information and another member of staff spoken to confirmed this and described positively the effect this practice had had on the person. This meant that staff worked together to share information in order to deliver effective care. They told us that if they required any further information the existing staff were supportive and helpful.

People were supported with their nutritional needs. A relative told us, "The food quality is good. They won't buy cheaper brands and [person] has plenty to eat and exactly what they want". We saw pictorial menus in place to assist people in making choices at mealtimes. Staff were aware of people's preferences and the importance of cutting up food into smaller pieces for a person who was at risk of choking. For one person who had specific dietary requirements, this information was available to staff and they were aware of the person's needs. Systems in place to obtain people's feedback of the service, included checking people's preferences at mealtimes. We saw that mealtimes were flexible to accommodate people's routines.

People were supported to maintain good health. Staff were aware of people's healthcare needs and how to support them. A relative told us, "They [staff] look after [person] and their health and if they're not well they let us know. They have access to a good doctor and [person] soon tells them if they're ill". We saw each person had their own health care plan which detailed their healthcare needs, the support they required and details of follow up appointments with a variety of healthcare professionals. We saw each person had their own medical booklet in place which could be used to assist medical professionals when people were attending appointments or where admitted to hospital. These booklets provided helpful information such as how to communicate with the person, what was distressing for them and the support they required with eating.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. Staff understood the principles of the MCA and obtained people's consent prior to supporting them. One member of staff told us, "We will always try and get people to make their own decisions". Staff were able to explain how they ensured they obtained the consent of people who were unable to provide this verbally, through a variety of gestures and expressions. Where DoLS applications had been made, we saw evidence of best interests meetings taking place, which were attended by people involved in the person's care, including their relative or advocate.

Staff spoke about the challenges they faced working in an environment that required regular repair. The provider had recognised that the environment within the home required improvement and there were plans for the service to move to a new premises which would provide a more appropriate environment for people living at the service. Staff spoke positively about this and looked forward to the move, which they believed would be by the end of the year. A relative told us they were happy with the environment in respect of their loved one, and that it met their needs.

Good

Is the service caring?

Our findings

Although people were unable to tell us their opinion of staff, we saw that staff presented as caring individuals. Staff spoken with talked positively about the people they supported and our conversations with them demonstrated that they respected people and cared about them. For example, one member of staff told us, "I enjoy it [working at the service], it's rewarding. I have a good relationship with [person's name] and interact well with them". They spoke warmly of the person and went on to describe the different ways in which they communicated effectively with them in order to support them to make choices about how they spent their day. They told us, "When [person] is doing their personal care I will always encourage them to do things themselves, like shampooing hair or brushing their teeth. They can quite clearly say no and that's their choice". A relative commented, "The staff know [person] and can read them pretty well". A member of staff commented positively on their colleagues and told us, "Staff given people here a wonderful life". The registered manager and the deputy both told us they had positive relationships with relatives and a relative spoken with confirmed this.

Staff were mindful that any changes in people's routine could become distressing for them and were clear on how to support people in line with their care plans in order to avoid as much upset or disruption as possible. A member of staff said, "We try to get people to make their own decisions as any change an unsettle them". They went on to describe the importance of respecting a person's ritualistic behaviours and the positive impact this had on the person. This meant that staff were respectful of people and what was important to them.

We saw and staff told us, that each person had their own communication diary which provided staff with a list of words and phrases the person may use and what they actually meant. This information assisted people to express their voices and be involved in decisions regarding how they spent their day.

We saw that information was made available to people in pictorial formats. This meant people could be involved in planning their care, making decisions about their daily living and be supported where possible to maintain some level of independence. A member of staff told us, "[Person] will mop up in their lounge, they are very independent" and "[Person] has come on recently, they will get dressed and eat their food with or without staff support".

People were supported by staff who treated them with dignity and respect. Staff told us that the additional staffing that had been introduced had a positive impact on care delivery as they were able to spend more time with people on a one to one basis to take part in activities they enjoyed. We saw that in people's care records, privacy and dignity was a theme, for example, if a person suffered a seizure, staff were to maintain the person's dignity as well as their personal safety. Staff also told us about how they were able to ensure this took place.

The provider told us in their Provider Information Return [PIR] that for those people who required the support of an advocate, arrangements would be made to access these services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A relative told us they were involved in regular reviews of their loved one's care and that they had no concerns. We saw efforts were made to involve people in the development of their care plans. Care records seen held information regarding people's likes and dislikes, what was important to them, what they liked to do, what they didn't like, and how they liked to spend the day. Long and short term goals were set to help assess people's progress at their monthly reviews.

Staff provided us with a good account of the people they supported. We observed staff knew people well and knew what was important to them. Staff were mindful of the importance of maintaining routines and supporting people in a way that provided reassurance and helped them remain calm. Positive behaviour support plans were in place which detailed people's likes and dislikes and triggers that could lead to particular behaviours. For example, "[Person] likes their own space and needs staff who will listen to them".

People were supported by staff who knew what was important them, their family history, relationships and how they enjoyed spending their time. A member of staff told us, "[Person] likes going out in the car, they like the cinema and bowling and swimming. Staff spoken with knew people well. They could tell us people's likes and dislikes, what was important to them, what upset them and what actions to take to help them remain calm. A relative told us, "Staff take [person] out in their car and they like the music on. They like to go out but don't always like to mix with the public, but staff know that". Regular key worker meetings produced a report on all aspects of a person's care and included activities people had enjoyed and any healthcare issues. We saw the language used in care plans was positive, for example, "Person enjoys communicating with all around them and has a good sense of humour". Positive behaviour support plans were in place which detailed people's likes and dislikes, triggers that could lead to particular behaviours. For example, "[Person] likes their own space and needs staff who will listen to them".

We saw people's support plans were reviewed on a regular basis and where possible, the information was shared with people to encourage them to become involved in their care. Care plans provided staff with a wealth of information regarding people's daily routines and how to support them, for example, people's preferences when it came to bathing.

Efforts were made to support people to maintain relationships with friends and relatives. For example, when one person's relatives were unable to visit due to ill health, arrangements were made for the person to visit the family, thereby maintaining contact and providing the person with the reassurance of seeing their relative.

A relative said, "I've never had to raise a complaint, if I did I would contact the manager and take it from there". They went on to add that they had every confidence that if any concerns were raised they would be followed up appropriately. We saw there was a system in place to raise complaints and the complaints procedure was available in a pictorial format. There had been no complaints received regarding the service. The provider told us in their Provider Information Return [PIR] that regular meetings took place with people living at the service in order to gather their views. We saw where possible and staff were mindful of the signs

to look out for if people were unhappy but were unable to tell them verbally.

We saw where possible, people's preferences and choices for their end of life care were recorded and kept under review. These were recorded in a pictorial format to enable people to participate in the discussion.

Requires Improvement

Is the service well-led?

Our findings

The general environment within the home was in need of improvement and the systems in place operated by the provider to ensure that the environment was appropriately maintained also required strengthening. A member of staff said, "When I first came in, I thought, what have I come into?" Another member of staff said, "The layout of the house is not suitable and it's been patched up beyond belief". They were referring to the general environment which was in need of updating and repair. Staff had been told that plans were in place for the service to move to another location, one which would provide people with the facilities they needed and would create a warm and welcoming environment. The registered manager told us the environment was their biggest challenge, adding "If the building was set up ok, then everything would fall into place. We have no communal area and no place for staff to have time out". We saw there a number of areas in the home that were in need of repair. For example, in one bedroom, plaster was coming away from the wall around a door frame, leaving the area sharp to touch. In another bedroom we saw an ongoing leak from a sink lead to stains on the flooring. We noted in the same bedroom, a sharp screw sticking out of the floor, alongside their bed and we saw the door handle was missing on the outside of a bathroom door. We raised both of these concerns with the registered manager who arranged for the door handle to be replaced and the screw to be removed.

People did not have access to their own dedicated bathroom areas, as there were no separate bathroom facilities available for staff or visitors. We saw that these issues had been raised in July 2017 and again in December 2017 by the registered manager in the weekly audits, but the work had still not been completed. The provider told us in their Provider Information Return [PIR], dated 12 January 2018, that they were in the process of obtaining quotes to provide a staff toilet and an ensuite bathroom for a person living at the service. We saw that this was also announced at a staff meeting in January 2018. However, at the time of the inspection this work had not been completed. Further, we saw the upkeep and maintenance of the fabric of the building had not been maintained. The registered manager told us the plans for the impending move to another location had seen some environmental work put on hold. However, this meant that whilst plans were being made for the future, people remained living at a service which required some investment. The provider had failed to consider the impact of this on the people living at the service. The provider had failed to ensure work was carried out in a timely manner, in anticipation of the service being moved to another location.

This lack of investment did not just relate to the general building. For example, we saw in one person's lounge area there was a sofa and an armchair. The sofa was new, but the armchair was old, worn and had fabric peeling off it. We raised this as a concern as we noted other furniture [in a less worn state] had been placed at the side of the building for removal, but this chair remained in place.

There was an expectation that staff should support people to clean their rooms. However, there was no acknowledgement by the provider that staffing levels in place were based on providing people with one to one or two to one support, leaving staff with little opportunity to carry out cleaning duties to a satisfactory standard. We observed that staff were doing their best in a difficult situation, but the lack of domestic support in the home meant the provider could not be confident that the environment was kept consistently

clean and infection free. For example, in one person's room we saw that when the room had been cleaned, dirt had been swept up against the wall, particularly around the sink. This led to there being an area of ingrained dirt on the floor around the sink area and had not been picked up on the registered manager's weekly audit. Following recent concerns raised, additional staff had been bought into the service. A member of staff told us, "The extra staff available has given us more time to do activities with people".

We discussed these concerns with the registered manager and the regional manager who told us they would look at what options could be taken with respect to accessing dedicated cleaning services. We also discussed our concerns regarding the environment. The area manager advised that a number of options were being looked at with respect to moving to a new location and acknowledged the suitability of the current environment was not of the standard expected. Following the inspection we were informed that plans were in place to provide an ensuite facility for one person and a staff toilet.

There were a number of audits in place to assess the quality of the service provided, for example, accidents and incidents, medication, care plan paperwork, complaints and the environment. However, despite areas identified for action on environmental audits, they were not consistently acted on. Also, we saw an environmental audit dated 14 May 2018 stated the home was 'overall clean' and all furniture was clean and in good repair. However, our findings on inspection did not reflect this.

People spoke positively about the registered manager and the improvements they had introduced to the service. A member of staff told us, "Since I've been here quite a few things have changed". They described how one person was supported positively with their personal care and the impact this had on them. They said, "[Person] is looked after better, we have a better team of staff". A relative told us they were very happy with the service and would recommend it.

The registered manager told us they felt supported by the new management structure in place. They told us, "This new company sound very positive, [area manager's name] is the main link and through all this they have been very good". They said they hoped that the plans for moving to another building, which would provide these facilities, would improve the quality of life for people at the service and the working environment for staff.

We saw staff supervisions and team meetings took place. The registered manager talked of the support provided to staff and efforts being made to make staff feel more valued, for example, by providing staff with additional responsibilities but also signing them up for schemes that provided discounts against particular purchases. There was also an anonymous helpline available for staff should they wish to raise any concerns without going directly to the manager. Staff were confident that if they raised any concerns they would be listened to and were aware of the whistleblowing policy. Whistleblowing procedures protect staff members who report colleagues they believe are doing something wrong or illegal, or who are neglecting their duties.

We saw action plans were in place following the recent concerns that had been raised. The registered manager told us, "We had already seen this and a plan was in place". People were supported by staff who were aware of their roles and responsibilities. There was a new deputy in post, but they were still in the process of learning the role. The registered manager told us, "As I'm doing things, I'm trying to get [deputy manager's name] with me. People were supported by staff who were committed to them and understood the need for consistency of care. For example, the registered manager ensured a member of staff's shift pattern was changed to create a better work/life balance but to also maintain their employment at the home. The member of staff told us, "I feel very supported by [registered manager's name and area manager's name] and I am committed to this place"

We saw systems were in place to involve people in the running of the home. Meetings took place with people who lived at the service and staff attempted to engage with people and obtain their view where possible, for example it was recorded that one person had commented that they were looking forward to their holiday.

The registered manager worked openly with other agencies, for example, behaviour support services, in order to support the delivery of effective care.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.