

Residential Community Care Limited

Beech Gardens

Inspection report

Salmond Road
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Reading
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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

This inspection took place on 24 and 25 May 2016 and was unannounced. We last inspected the service in July 2014. At that inspection we found the service was compliant with all essential standards we inspected.

Beech Gardens is a care home without nursing that provides a service to up to eight people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were seven people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

People told us they felt safe living at the home. Staff understood their responsibilities to raise concerns and report incidents and were supported to do so.

People told us staff were available when they needed them and staff knew how they liked things done. Staffing levels and skill mixes were planned, implemented and reviewed to ensure there were enough staff to meet people's needs.

People were encouraged to do things for themselves and staff helped them to be as independent as they could be. Risk assessments were person-centred, proportionate and reviewed. Staff recognised and responded to changes in risks to people who use the service.

People received effective personal care and support from staff who knew them well and were well trained and supervised. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans formally reviewed every six months or as changes occurred.

People received effective healthcare. People saw their GP and other health professionals, such as dentists and chiropodists, when needed. Medicines were stored and handled correctly and safely. Meals were nutritious and varied and people told us they enjoyed the food at the service.

People's rights to make their own decisions, where possible, were protected. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were treated with care and kindness. During our inspection people were busy going about their daily lives. Staff supported them, where needed, to carry out activities in the home and going out to college or other day time activities. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. Relatives and social care professionals confirmed

staff respected and upheld the privacy and dignity of people living at the service.

People benefitted from living at a service that had an open and friendly culture. People felt staff had a good relationship with them, each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People and their relatives told us they felt the service was managed well and that they could approach management and staff with any concerns.

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 protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led as active a daily life as possible, based on their known likes and preferences. Staff knew them well and were quick to respond to people's changing needs.

People and their relatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Social care professionals felt the service demonstrated good management and leadership and worked well in partnership with them.

Beech Gardens

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.

This inspection was carried out by one inspector and took place on 24 and 25 May 2016. It was unannounced.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with all of the people who use the service. We spoke with the registered manager and five care workers (three in depth). We observed interactions between people who use the service and staff during the two days of our inspection. After the inspection we spoke with three relatives and one independent advocate. We requested feedback from six social care professionals and received responses from two.

We looked at three people's care plans, associated documentation and medication records. We looked at the recruitment files for four members of staff employed since our last inspection, staff training and staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. These included: the fire risk assessment, the legionella risk assessment, utility service records, provider monitoring visit reports, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service. Relatives also confirmed they felt people were safe at the service with one relative commenting, "Definitely." and another said, "Absolutely." Social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility, potential to self-harm or risks related to specific health conditions such as difficulty in swallowing. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly. For example fire safety and fire equipment checks. Thermostatic mixer valves (TMV) were in place on the bath hot water outlets to reduce the risk of scalding. TMVs also provided a failsafe safety function. Failsafe means that the valve is designed to automatically shut and prevent the flow of mixed water to the outlet spout should there be a disruption to either the hot or cold water supply. This prevents either very hot or very cold water entering the bath or coming from the shower head. There was no record that the failsafe function of the TMV valves at the home had been tested. Following the inspection we were told the testing/servicing of the TMV valves was booked to be carried out and completed by 10 June 2016.

Staff said any maintenance issues were usually dealt with quickly when identified. During our inspection we noted that the sealant around the bath and shower stalls was perishing and coming away from the surfaces. There was also evidence of black staining of the tile grout and sealant in areas around the bath and shower stalls. These areas were potential sources of bacterial growth. We pointed this out to the registered manager. Following the inspection we were advised that the sealant had been replaced and the mould areas on the tiles were being treated, with the work expected to be completed by 3 June 2016.

Emergency plans were in place, such as emergency evacuation plans. Following risk assessments, the provider had sourced and purchased vibrating pillow alarms and flashing warning lights for two people who were hard of hearing. The pillow alarms and flashing lights had been connected to the fire alarm system so that those people would be aware of a fire alarm, even if they were not wearing their hearing aids. Accidents and incidents were recorded in people's care plans and reported to the Care Quality Commission as required. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible.

People were mostly protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the majority of recruitment information required by the regulations. For example, proof of identity and criminal record

checks. In two of the four files we looked at there were some gaps in employment histories that had not been explored and two references that did not give evidence of the applicant's conduct in that employment. In addition we found one person's reasons for leaving previous employment with vulnerable adults had not been verified. However, the missing information was obtained and checked the day after our inspection. The registered manager had also put in place a system to check all recruitment information was obtained before allowing new staff to start working with the people at the service.

There were five care workers allocated to the service during the daytime. Overnight there was one waking night staff and one care worker sleeping on the premises and available to assist if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted. Staff told us there were usually enough staff on duty at all times and commented that the managers helped when needed.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. One person said: "It is lovely here." Social care professionals felt the service provided effective care and supported people to maintain good health. Relatives felt the staff had the training and skills they needed when looking after their family members. One relative added, "Absolutely, they are so good. They all deserve a pat on the back."

The care staff team was made up of the registered manager, the deputy manager, one team leader and 16 support workers. Care staff and people living at the home worked together on meal preparation, cleaning and laundry.

New staff were provided with induction training which followed the Skills for Care new care certificate. Ongoing staff training was overseen by the provider's training manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, food hygiene and safeguarding adults training. Other mandatory training included medicine administration, infection control and health and safety. Additional training was provided relating to the specific needs of the people living at the service. For example, training in learning disability and autism. Training records showed staff were up to date with their training and a reminder was included in the training matrix to show when updates were due. Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Staff were encouraged to study for and gain additional qualifications. Of the 19 members of the care team, the registered manager held a Leadership and Management Award, one held the National Vocational Qualification (NVQ) level 3 in care and five held an NVQ level 2. The provider also ran a graduate programme, offering post graduate jobs to psychology students.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place six times a year with their line manager. Staff also confirmed they had yearly performance appraisals of their work carried out with the registered manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

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 application 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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found the staff were working within the MCA and the requirements of the DoLS were being met. The registered manager had filed appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

People were able to choose their meals, which they planned with staff support. There were always alternatives available on the day if people did not want what had been planned. Snacks and drinks were also available at all times and people were free to decide what and when they ate. Staff made referrals to the GP where there was a concern that someone was losing weight, or were putting on too much weight. Where nutritional input was a concern food and fluid intake was recorded and the care plans showed staff were working with dietitians and speech and language therapists where indicated. People told us they enjoyed the food at the service and we saw there were enough staff available to help them with meals when needed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. The service also worked closely with the local mental health team and had a clinical psychologist as part of the provider's management team available for advice and support if needed. Social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. We saw staff had a good knowledge of triggers that may upset someone and quickly diffused any situations that occurred. People were comfortable with staff and were confident in their dealings with them. Throughout our inspection it was obvious staff and people living at the home worked well together as they went about their daytime activities.

People's care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

We saw staff working with people encouraging their independence and supporting them in what they could do. At lunch time staff provided assistance only where needed. Where people were not able to manage, assistance was given quietly and respectfully. One person went out to college and chatted with us about how much they enjoyed their college course and being independent. They told us, "I do what I want and can come in whenever I want."

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened and acted on what people said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in people's lives and participated in the six monthly reviews. Where people had no family members to support them, independent advocates were involved instead. People told us staff knew how they liked things done and confirmed staff treated them with respect.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Social care professionals felt staff were successful in developing positive, caring relationships with people using the service. They also confirmed the service promoted and respected people's privacy and dignity. Relatives told us staff treated people with respect and protected their family member's dignity. They said staff were caring and knew how their family members liked things done. One relative commented, "[Name] absolutely loves it there and is so well looked after." Another told us, "All the carers are so kind. They are just lovely, very relaxed but very efficient."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment and we saw, where they were able, people had added their signatures to the plans to say they agreed to its content.

Care plans had a section called "My life, My world" which included things that were most important to the person in their life. People had named staff (key workers) who worked closely with them and helped them decide and work on their short term and long term goals. The care plans had all been reviewed within the previous six months. Care managers were invited to formal annual reviews and relatives and advocates were invited to support people and contribute. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

Each person had their own individual daytime plan, selected from different activities in which they were interested. One person went to college during the week. Others kept busy with pre-arranged activities and at other times decided what they wanted to do, either inside the home or outside. People could choose what they wanted to do and were also able to try out new activities when identified. People were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. People sometimes used public transport and the service had access to a vehicle when needed.

People knew what to do and who they would talk to if they had any concerns. There had been no formal complaints made to the service since our last inspection although one concern had been raised with the manager by a person using the service. The concern had been dealt with promptly and to the satisfaction of the person raising the concern. There had been a complaint to the service from a neighbour. The complaint had been dealt with quickly and the resolution was recorded along with actions taken.

People were supported to maintain relationships with their family and friends. One relative told us how their family member had visited them at the weekend with a member of staff. They told us, "[Name] was so happy, they spent three to four hours with us. My mind is at rest now knowing [Name] is so well looked after." Social care professionals felt the service provided personalised care that was responsive to people's needs. One social care professional commented, "I am very happy with the service that is provided, they are always responsive to any issues."

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt the staff were happy working at the service and that there was a good atmosphere. One person commented, "I love it here, it is my home." Staff told us they usually got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

The provider had a "staff member of the month" award where staff were nominated by other staff at the service. Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff meetings were held on a regular basis where any changes or plans were discussed. People living at the service had regular "Service User Meetings" where they could discuss things that were important to them and find out what was happening. Topics discussed at the April meeting had included day trips, menus, new staff and a short session looking at what abuse meant. Suggestions and requests made by people during the meeting were minuted and passed to the registered manager to take forward if possible.

The provider carried out a six monthly survey of people who use the service and visitors. Every six months "key worker surveys" were carried out with people using the service. This gave people the opportunity to comment on the support and care they received from their keyworker. The survey from December 2015 showed people were happy with their keyworkers and the relationship they had with them. The last visitor survey was from June 2015 and was mostly answered by relatives. Topics covered included the quality and friendliness of the staff; cleanliness and décor of the home; response to complaints and phone calls; staff interaction with people living at the service; how the service empowers people and reviews their needs and the visitor's overall impressions of the home. Visitors had responded either "good" or "excellent" to all questions, apart from "How do you rate the décor and home's ambience", to which 78% had answered "good" or "excellent" and 22% had answered "fair". During our inspection we saw actions had been taken in response to the comments about the décor. The hallways had been redecorated as had some people's bedrooms. The service's development plan for 2016 also included improvements to be made to the furnishings and fittings. For example, replacing broken furniture and shower curtains where necessary. One person told us about new furniture they had ordered and was expecting to be delivered that week, as well as plans they had to re-organise their bedroom. People felt they were included in decisions regarding changes at their home.

The provider had an effective audit system in place. The system included three monthly visits to the home by a member of the provider's management team. During those visits they looked at the premises, and furniture and fittings to ensure they were clean and in good repair. They also looked at a selection of documents and spoke with people living at the home to see if they were happy or wanted to raise any concerns. A report was produced which included an action plan for any issues identified and follow up notes covering progress on the action plan from the previous visit.

All of the registration requirements were met and the registered manager ensured that notifications were

sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard.

Social care professionals felt the service demonstrated good management and leadership and worked in partnership with other agencies. After a visit to their client one professional told us, "The manager demonstrated good management skills and there appeared to be mutual respect among the staff and the manager." Relatives felt the service was well managed and that staff were happy working there. One relative commented, "It's a good team, seems an excellent place to work." Another relative told us, "They get 110%, they're brilliant. It [the service] knocks spots off other places." Relatives were also complimentary about the registered manager. Comments received included, "With [the registered manager] it is all about the residents. There is nothing I would want any different.", "I am very impressed with [the registered manager] and very impressed with the service."