Beechfield Care & Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 24 and 27 July 2015 and was unannounced. This meant the provider or staff did not know about our inspection visit.

This was our first inspection of Beechfield Care & Support Limited (Beechfield).

Beechfield is a small domiciliary care provider in Newton Aycliffe providing support to people living in one of four adjoining houses. It is registered with the Care Quality commission to provide personal care. During our inspection we found the service provided personal care to three people.

The service has a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers,

Summary of findings

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 that there were sufficient numbers of staff available in order to meet the needs of people using the service. All staff were trained in core areas such as safeguarding, as well as training specific to the individual needs of people using the service. We found that staff had a good knowledge of people's preferences, needs, likes and dislikes.

Dignity in care and socialisation through encouragement and enablement were themes underpinning management and staff behaviours. We observed these behaviours during our inspection and saw evidence of them in recorded documentation. Relatives and external stakeholders told us that people were encouraged to build on social skills through interaction and we saw this during our inspection.

There were effective pre-employment checks of staff in place and effective supervision and appraisal processes.

The service had in place person-centred care plans for all people using the service. The provider sought consent from people for the care provided and regular reviews ensured relatives and healthcare professionals were involved in ensuring people's medical, personal, social and nutritional needs were met.

The registered manager was knowledgeable on the subject of mental capacity and had undertaken relevant capacity assessments.

The service had individualised risk assessments in place and a robust range of policies and procedures to deal with a range of eventualities. We saw these processes were reviewed regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe.

People were protected from potential harm through pre-employment vetting of staff and a strong approach to risk management.

Medicines were managed and stored safely, in accordance with best practice.

Good

Is the service effective?
The service was effective.

People successfully achieved their goals of increased socialisation and interaction with the support of staff.

People's medical needs were met through ongoing involvement of a range of healthcare professionals.

Staff received regular, comprehensive training to ensure they were able to deliver high standards of care.

Good

Is the service caring?
The service was caring.

Interactions between staff and people were warm, caring and kind.

People's dignity was maintained and promoted through inclusive policies and supporting documentation and involving people in all aspects of decision-making.

The registered manager and all staff had a good understanding of people's needs and preferences.

Good

Is the service responsive?
The service was responsive.

When people's needs changed, the service ensured that relevant healthcare expertise was sought and people's needs met.

Regular meetings with people and staff ensured the service took into account and acted upon preferences regarding group and individual activities for people using the service.

The registered manager proactively sought and acted upon advice from relevant experts to ensure people's changing needs were supported.

Good

Is the service well-led?
The service was well-led.

The registered manager had successfully developed an open and inclusive culture where suggestions for improvement and challenge are promoted.

Good

Summary of findings

A range of quality assurance processes were in place to identify individual needs and wider trends, drawing on a breadth of information, including the views of people using the service and their relatives.

Staff training was comprehensive, well-planned and delivered in a group environment to excellent feedback, meaning that staff were engaged in a process of continuous professional development and people using the service could be assured those giving care were suitably skilled.

Beechfield Care & Support Limited

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.

We visited the service on 24 and 27 July 2015 and our inspection was unannounced. The members of the inspection team consisted of two adult social care inspectors.

On the day we visited we spoke with three people who were using the service. We also spoke with the registered manager and one other member of staff. Following the inspection we spoke to three relatives and two further members of staff by telephone. We also spoke to staff at a day care centre used by people using the service.

During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, a selection of the service's policies and procedures, meeting minutes and maintenance records.

We spent time observing people in the living room and kitchen area of one house when we visited.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). During this inspection we asked the provider to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make.

Good

Is the service safe?

Our findings

One person using the service told us "Staff are good" and that it was "Good being here." All three relatives of people using the service we spoke to told us they had confidence in the service's ability to ensure their loved ones were safe. One said "It's very friendly and safe; I've never any complaints." Another said "They're looked after very well; [person] very happy."

We looked at care files and saw there was a comprehensive approach to risk assessment. Each person had an initial risk screening to establish whether there was any immediate risk prior to using the service, such as a need for two-to-one support. We found each person then had individualised risk plans in place, which took into account their specific needs and preferences. Risk assessments were in place for a range of aspects of care, including financial, travelling, medicines, personal care and sleeping. These risk assessments and corresponding action plans were also informed by consideration of annual risk assessments undertaken by occupational therapy and social services. We found the service took a proportionate approach to risk and the emphasis was on enabling people through managing risk sensibly and individually rather than applying blanket policies. For example, one person wanted to be responsible for the vacuuming but was also at risk of slips and falls. In order to support this person's choice whilst also managing the risk, staff supported them as per the action plan to vacuum communal areas but took over when vacuuming the stairs. This meant the person was safe in carrying out day-to-day tasks.

We also saw that people using the service were consulted as a group to ensure safety was embedded within the culture of the supported living environment. For example, at one service user meeting, the registered manager reminded everyone about the importance of not leaving belongings lying around. This protected people against the risk of misplacing items or items being taken. At the same meeting, people using the service were reminded about the need to take care when negotiating the staircase. This meant that the service took a proactive approach to risk by involving people in the management and mitigation process.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Criminal Records Bureau (now the Disclosure and Barring Service) checks. We also saw that the registered manager asked for at least two references and ensured proof of identity was provided by prospective employees prior to employment. The registered manager acknowledged that they had not requested references regarding one member of staff they had previously worked with and agreed they would ensure their pre-employment checks were entirely consistent in future. This meant that the service had in place a robust approach to vetting prospective members of staff and had reduced the risk of an unsuitable person being employed to work with vulnerable people.

All staff we spoke to felt staffing levels were appropriate. All relatives of people using the service we spoke to agreed there was ample staffing and during our observations we saw that people were supported promptly. This meant that people using the service were not put at risk due to understaffing.

We spoke to three members of staff about their recent experience of safeguarding training and all were able to articulate a range of abuses and potential risks to people using the service, as well as their prospective actions should they have such concerns. This demonstrated that the service had ensured appropriate safeguarding training had been delivered and staff were able to identify live situations where it would be applicable.

The service had adequate medicines policies and procedures in place. We saw that annual supervision of staff was in place to assure their competency with medicines administration. We also saw that all staff had recently completed relevant training regarding the safe handling of medicines. Medicines were stored securely in line with the National Institute for Health and Social Care Excellence (NICE) guidance. The service held no controlled drugs. We looked at medicine records in individual care plans and on the premises where people using the service lived and saw no gaps in the Medication Administration Records (MARs), whilst all medicines were up to date and accounted for. This meant that people were protected against the risk of maladministration of medicines.

The registered manager confirmed there had been no recent disciplinary actions or investigations. We saw that the disciplinary policy in place was current, clear and robust.

We sampled records kept for recording people's finances and saw there were no shortfalls and all outgoings were

Good

Is the service safe?

accounted for, with corresponding receipts in place. This meant people's money was safely kept. The service had an incident/accident reporting system in place but we saw that there had been no reported accidents to people using the service. When asked, the registered manager and staff confirmed this was the case. Similarly, no one using the service or any relatives had experienced or witnessed accidents or incidents.

The registered manager told us that people had panic buttons in place and the fire alarms were set to alert the fire service. We found the provider had in place regular fire drills. All staff were trained in First Aid and we saw that First Aid equipment was clean and complete. This meant staff had been trained to respond to any accidents.

Good

Is the service effective?

Our findings

One relative told us about the positive impacts the service had had on their family member: "They're coming along with their reading and going out more. They would never go out previously." This impact on one person's ability to socialise was reflected throughout the service's enabling and supportive approach to people's socialisation.

When we spoke to the registered manager they told us that, as per individual care plans, feeling part of a community was a key goal for people and one the service was meeting successfully. For example, two days before our inspection there had been a barbeque whereby residents from all four supported living houses were invited to attend. The registered manager told us people responded well to the "neighbourly" atmosphere, whilst one relative told us "They're always getting together and getting out." One person using the service also said "I go to social clubs and I enjoy them." One member of staff summed up the ethos: "We try to get everyone together to interact but there is no pressure if they'd rather do something on their own." There were adequate numbers of staff on duty when we inspected the service and we saw that the staff rota reflected hours as described by the registered manager.

Staff training was comprehensive, covering such areas as safeguarding, person-centred planning, first aid, infection control and food safety, mental capacity, dignity in care, dementia awareness health and safety. We saw that the newest member of staff was shadowing more experienced members of staff and having their competency with regard to administering medicines supervised. Staff described training as "comprehensive" with one refresher course per month planned and all future training mapped out to ensure staff did not fall behind with core skills. Staff also preferred the courses being interactive rather than online. This meant that staff had the knowledge and skills to carry out their role and provide high levels of relevant care to people using the service.

We saw that staff appraisals were undertaken annually. When we asked how supervision meetings were conducted the registered manager acknowledged that support was less formal. We spoke to staff who confirmed that they felt fully supported and, whilst none had encountered serious problems in the role, were confident they could raise issues at any time with the registered manager. We also saw that, when staff raised any queries, the registered manager documented this in a diary for audit purposes. The staff member and the registered manager signed the diary entry. This meant that staff received a combination of formal appraisal and clearly documented interim support.

We saw the provider consistently applied policies to support people's needs and preferences. For example, the service had in place a Making Choices and Decision Policy that stated all people using the service "Have the right to make informed choices and decisions whilst recognising the rights of other people to do the same." We saw this principle applied practically in both individual care plans and group discussions. For example, we saw in the minutes from the 'Service User's Meetings' preferences regarding holiday options expressed by people using the service and we found that these had been acted on.

People were supported to plan their evening meals on a weekly basis with all people in the house and staff contributing to the planning. One person told us "The food is nice." We found meals were meeting people's nutritional needs and everyone's weight was regularly monitored, with no significant losses or increases.

The registered manager ensured that an annual 'Health Check' was in place via a Nurse Practitioner and we saw comprehensive evidence that people were supported to maintain health through accessing healthcare such as consultant appointments specific to their condition, GP appointments, occupational therapy support and District Nurse visits. We also saw specific staff were allocated to take people to their appointments. If this was not possible, the registered manager supported people if that was their preference. Daily notes regarding each person's care were kept in individual diaries, whilst any general staff handover comments regarding issues in the house were kept in a staff communication book in each house. This meant staff were able to communicate with each other about people using the service.

We saw that members of staff had been trained on the subject of Mental Capacity recently and were comfortable talking about the subject. The registered manager confirmed that no one using the service had been assessed as lacking capacity. We saw appropriate capacity assessments in people's care files confirming this.

Good

Is the service caring?

Our findings

We observed patient, caring, warm and fun interactions between staff and people using the service during our inspection. One person said "The staff are the best in the world" and "They are very helpful" whilst a relative said "They do it all and they're very friendly." Another relative said "They looked after [person] very well: tip-top."

Staff demonstrated to us, they had a good knowledge of people, their histories and interests. For example, one member of staff regularly arrived for work early in order to ensure they could support one person using the service to access the hairdresser they had always preferred. Likewise, one person using the service was keenly interested in crafts. During our inspection visit they showed us the plastic mosaics they had made. They told us how a member of staff helped them make various versions and we saw the results of the collaborative work. This meant that staff took an interest in the pursuits of people they supported.

We saw staff encourage people to make independent decisions and saw people taking the initiative. For example, people offered us cups of tea and biscuits on our inspection and one person told us about their visit to the hairdresser and the style they had chosen. This meant that people were enabled to confidently express their views and take the lead in decision-making through staff support.

We saw that staff spoke to people in a dignified way during our inspection and that these interactions were underpinned by the policies and procedures of the service. For example, there was a 7-stage 'Dignity' document that all staff were required to sign, detailing all aspects of upholding the dignity of people using the service in plain English. With regard to people's sensitive personal information we saw clear explanations in care files about how the service would look after their information and when it might be necessary to share that information, for example, with a healthcare professional. We saw that consent had been sought and given for such information sharing.

People we spoke to said they felt involved in their care and support and could be as independent as they wanted to be. Likewise, all relatives we spoke to stated that they were invited to care plan review meetings. Nobody using the service required an advocate but the service nonetheless used more informal forms of advocacy to good effect to ensure people's best interests were supported. For example, the registered manager supported one person who had suffered bereavement by making them aware of counselling support and, with their consent, ensuring that this support was delivered. This meant that people's emotional needs were being identified and met through collaborative processes.

In addition to individual meetings with people using the service, we also found the provider held group meetings as a means of gathering preferences and addressing any wider ongoing concerns. This meant people were given voices as individuals and as a group to contribute to their own wellbeing.

Care files were comprehensive and person-centred. We saw that there were individual consent agreements for all aspects of care and all people using the service had an 'All About Me' book at the front of the file, detailing likes, dislikes, personal history, interests, allergies and other facts.

We saw the provider had in place differing ways of communicating to meet the needs of people using the service and to ensure they understood the care they were given. For example, the annual health check was supported by pictorial explanations, as was the tenancy agreement. The service's policies were also made available to people using the service and were written in an accessible style. The Assessment and Needs Policy, for example, stated that "It is important that we know what your physical, social, emotional and cultural needs are and to know your hopes and wishes too so that we can meet them at Beechfield." We saw this policy in action, for example, with one person regularly attending church. This meant the service understood and was meeting the needs of people's religious beliefs.

We saw clear evidence that the views of people using the service were fully considered. For example, all staff agreed that holding some meetings/training courses on site would be beneficial and convenient. Before this took place however all people using the service were asked for their permission for staff to use their home and all signed to confirm they were happy with the arrangement. This meant the dignity and preferences of people using the service were considered even when decisions were not directly

Good

Is the service caring?

related to their day-to-day support. This also meant that the service was having due regard to the rights of people using the service to a private life, in line with Article 8 of the Human Rights Act 1998.

Good

Is the service responsive?

Our findings

People using the service had a good degree of autonomy and their views, likes and dislikes were integral to the care and support they received. For example, one person had specific personal care requirements. We saw the care plan was in their chosen words and made clear to all staff what was expected of them. This meant that people's needs were responded to with their involvement, in their words and with regard to their dignity and independence.

One person told us "You can do what you like here." We asked about what activities people like the most, one member staff responded "They all like different things" and listed examples of people's preferences and how the service ensures they are able to access them. For example, one person is extremely interested in boxing so the service ensures that they access a boxing training session at the local day centre regularly.

The service routinely involves people using the service in activity planning by holding 'Service User' meetings. The latest of these covered such topics as house rules, home improvements and holidays. We saw that suggestions by people using the service were acted on where practicable, for example a trip to Blackpool and other holidays had been planned. We also saw that the registered manager reminded people at the meeting of their right to complain about anything they were unhappy with and how they could do this. We saw people using the service had a pictorial guide on how to make a complaint in their personal care file. This meant the service continued to be receptive and responsive to the views of people using the service. No complaints had been made but we saw the service had a robust complaints procedure in place.

We saw evidence that the registered manager liaised promptly and proactively with healthcare professionals to ensure people using the service received the best outcomes from treatment. For example, one person had been prescribed a particular drug, the dosage of which the registered manager began to have concerns about. Through regular monitoring of the person the registered manager was able to present these concerns alongside the person's history to a consultant in order that the person's needs could be reviewed with the best available evidence. The outcome for the person was that their medication was altered with significant health benefits.

We also saw that the registered manager proactively sought and responded to the opinions of healthcare professionals. For example, people's houses were reviewed by an occupational therapist and we saw the manager had acted on recommendations, such as providing a step to aid people getting into the bath independently, as well as handrails where recommended.

We reviewed three people's care plans and saw evidence of people and their relatives involved in quarterly reviews of their care plan, as well as being consulted whenever a need arose. The service assessed a broad range of input to ensure people's care plans were accurate and responsive to the changing needs of people. For example, we saw input from the GP, District Nurse, Occupational Therapy, Podiatry and Social Services.

In addition to the quarterly reviews we saw the registered manager held annual Service User Consultations to gain people's views on the service. Feedback we saw, signed by people using the service, was that they were happy, liked the staff and felt listened to and cared for.

We saw that the registered manager's focus on socialisation and community had a positive impact on the care people received and underpinned staff interactions with people. For example, people were encouraged to take part in a range of sociable activities such as communal barbecues, group excursions and bingo. One relative told us that their relative was "More outgoing than they used to be: chatty." We saw this person now regularly attended tea dances and other activities at the local day centre.

We saw that people were encouraged to maintain relationships with family members and partners and were supported to remain independent through, for example, the arranging of taxis and the planning of visits. This meant that people were protected from the risk of social isolation and were as independent in their preferences as possible.

With regard to potential transition between services we saw that everyone using the service had a comprehensive 'Hospital Passport' in place. This documented essential information to be used if a person was admitted to hospital.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. 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 had worked at the agency since it began in 2003.

During the inspection we asked for a variety of documents to be made accessible to us during our inspection. These were promptly provided and well maintained. We found the registered manager maintained up to date and accurate records, reviewing policies annually.

The registered manager had a sound knowledge of the day-to-day workings of the service and was integral to the provision of care. For example, supporting people to appointments where a member of staff was not on shift. They understood and acted on the needs and preferences of people using the service and were passionate about people receiving a high standard of care. We found the registered manager supported and valued staff both in day-to-day interactions and through supporting continuous professional development through additional training. As such, turnover of staff was extremely low. This meant that, through a consistent value-led management approach, people using the service received a continuity of care that all people we spoke to agreed was beneficial.

One of the key themes of socialisation had been successfully embedded by the registered manager through policies, procedures, meetings and interactions. People using the service, relatives and staff all told us there were positive outcomes from the "Neighbourly" atmosphere that had been created and the flexible approach to staffing.

Previously staff had been assigned to one of the four houses supporting people but the registered manager had recently put in place a rotation system whereby every member of staff worked with all people using the service. Staff we spoke to told us this was a positive change and ensured both they and people using the service did not "Get stale". One staff member said "You build a rapport and we feel like one big unit," and another "It means you're not going in as a stranger." This meant that staff members were, as individuals and as a team, clear and consistent in their caregiving roles and knew the needs and interests of all people using the service rather than those they had previously been assigned to work with. People using the service were therefore given a consistent standard of care from a more flexible and effective workforce.

The registered manager held monthly staff meetings, where possible immediately before or after training events to ensure all staff were in attendance. The registered manager also held regular 'Service User' meetings and undertook quarterly reviews of care plans with the input of people, relatives, social services and day care staff to identify areas where the service could improve. This meant that the registered manager actively sought the views of all relevant people and that people using the service, relatives and staff had the opportunity to challenge aspects of the service if they felt it necessary.

People using the service, relatives and staff were encouraged to raise queries openly and we saw meeting minutes that evidenced this openness of dialogue. One member of staff told us of the registered manager "They're a good boss; hands on." Another said "Everything is run well." One relative told us the registered manager "Puts a lot of work in" and "We've seen a few other places that weren't a patch on Beechfield."

The registered manager made resources and support available to develop the care team. For example, external training was provided in work time to unanimous approval from staff regarding its rigour and relevance. Staff knew what was expected of them through a comprehensive set of policies and procedures which were distilled into the staff handbook in an easily-accessible style by the registered manager.

The registered manager acknowledged formal quality assurance procedures through external feedback could be more comprehensive but we did see consultation with relatives in the form of feedback questionnaires. The registered manager told us they wanted more comments back from people. We saw the responses were relatively limited in terms of qualitative feedback that could lead to change but were nonetheless positive. The registered manager told us they planned to review these processes.

The registered manager had ensured the service engaged with external partners and stakeholders to ensure it kept abreast of the latest sector developments and best

Good

Is the service well-led?

practice. For example, we saw that the registered manager had signed up to the Learning Disabilities Health Charter, a charity-led (Voluntary Organisations Disability Group) approach designed to “Support social care providers to improve the health and well-being of people with learning disabilities, thus improving people's quality of life generally.” Feedback from a local healthcare professional was that the registered manager had been keen to sign up to the process and had been fully committed to the process, attending follow-up meetings. The registered manager had also recently attended the Learning Disability Forum and was able to explain how the service would improve its Hospital Passport system as a result of this forum.

The registered manager had also fostered good links with local day care services such as Wishing Well and Innovations. A staff member at the latter told us that people "Loved their” support from Beechfield and they had never had any concerns about people’s wellbeing. With regard to stakeholder engagement, they confirmed that they were always invited to take part in people’s care plan reviews. This meant that the registered manager assured people received a continuity of service by using all resources available to them.

We found the service was well managed. There was an emphasis on empowering and enabling independence through regularly reviewed care plans. This was balanced with a proportionate and person-centred approach to risk management that had been successfully embedded through policies, procedures, behaviours. The culture of the service as a result was positive, inclusive and focussed consistently on positive outcomes for people using the service.