

Beech Cliffe Limited

Beech Cliffe Grange

Inspection report

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Tel: 01709557000

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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

At the last inspection in December 2015 the service was rated Good. At this unannounced inspection on the 28 November 2017 we found the service remained Good. The service met all relevant fundamental standards.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beech Cliffe Grange' on our website at www.cqc.org.uk

Beech Cliffe Grange is a care home for younger people with a learning disability. It can accommodate up to eleven people. At the time of our inspection there were nine people living at the service.

The service had 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.

People received care and support from staff who understood how to keep them safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe. Staff were available to meet people's needs and understood how to best support people. Staff were knowledgeable about risks to people's well-being and knew how to manage them. People were supported by staff to have their medicines as prescribed and checks were made to ensure staff supported people with their medicines appropriately. Infection, prevention and control systems were in place and effective.

Robust recruitment procedures ensured the right staff were employed to meet people's needs safely.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were an older building and could be designed better; however, the provider was looking at ways to improve this.

Staff supported people with kindness, dignity and respect. People were supported to undertake a range of activities at the service and in the community.

People had the benefit of a culture and management style that was inclusive and caring. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

People were asked for their views about the service, feedback received was acted upon. The registered

manager, staff and senior management team undertook checks and audits of the service. Investigations of incidents and accidents occurred and any learning from these issues was implemented to help to maintain or improve the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beech Cliffe Grange

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 November 2017 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were nine people using the service. We observed staff providing support to people in communal areas of the premises and interactions between people that used the service and staff. We looked around the premises, communal areas and some people's bedrooms with their consent. We spoke with four people who used the service and contacted four relatives during our inspection by phone for their views and feedback.

We spoke with the registered manager, head of care, a senior care worker and four care workers.

We looked at documentation relating to three people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. One person said, "The staff are good and nice to me." Another person said, "I do feel safe. My last place wasn't suitable for me. I get on with the staff and there are always enough staff to help me." Another person commented, "It's safe here, the staff care for me."

Relatives we spoke with all praised the staff and said they kept people safe. One relative that we spoke with told us, "[My relative] is very safe at Beech Cliffe Grange. They are very well looked after and I have no concerns. They are happy, and the staff are brilliant. I'm happy for them to be there. I'd know if they weren't happy. When they come home to us, they wouldn't want to go back if they didn't like it, but they love going back. It's a pleasure when we visit, it's always clean and the staff are always welcoming."

Another Relative told us, "Yes, [My relative] is safe; I wouldn't leave them there if they weren't. Certainly not with regards to their care it's a team effort between us and the Staff and we pull together well. There are enough Staff. [My relative] is supported on a one to one basis and they don't use agency staff."

Another Relative said, "[My relative] is absolutely safe. I don't think that they could be as safe as they are at Beech Cliffe Grange anywhere else. Their knowledge of autism is top notch. The skills the staff have are interpersonal and they have close links with the medical services."

There was safeguarding information on display in the service. The provider had safeguarding policies and procedures in place to guide practice for staff. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. All the staff we spoke with were very knowledgeable on the procedures to follow. Staff were also aware of the whistle blowing procedures and who to contact if they suspected any abuse or concerns to ensure these were raised with the appropriate professionals and action taken.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. Environmental risk assessments had also been completed. People who used the service did not have a personal emergency evacuation plan (PEEP) in place. However, the registered provider informed us these were in the process of being completed the week of our inspection. We have been informed since our inspection that these are now in place.

From our observations and speaking with people who used the service and staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw people were encouraged to be as independent as possible with support from staff to ensure their safety. The accident and incident policies and records we saw ensured people were protected and action was taken to identify any themes or triggers to manage and prevent accidents or incidents re-occurring.

From what people told us and our observations we found there was adequate staff to meet people's needs. Some people received one to one support for their safety and this was in place at the time of our inspection. We saw on the day of the Inspection, that between the hours of 10am and 7pm, each person was assigned

one to one support. We saw six people went out during the day with their allocated care worker. The three people who chose to stay in, we observed with their designated carers throughout the day. The rota we saw also showed sufficient staff on duty. Staff we spoke with also confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities.

There was a robust recruitment and selection process in place, which included a structured induction to the home. All essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the service. We found medicines were stored safely. We saw records were kept for medicines received, administered and any medication that had been disposed. We found people were receiving medication as prescribed. However, we identified some improvements in documentation were required. For example, we found topical medications such as creams and ointments were recorded on a separate medication record but these were not always completed by care staff to show they had been applied. We also identified that more information could be included in the protocols for medication that was prescribed to be given as and when required to ensure staff were aware of when to administer the medication.

The medication room temperature was monitored. However, this was checked once a day and did not evidence the temperature over a 24 hour period. The use of a maximum/minimum thermometer would ensure the temperature was monitored throughout the day to ensure the recommended temperatures were achieved.

The registered manager agreed to ensure the issues we found, including topical medication, information in protocols and medication temperature monitoring, were addressed at a team meeting to ensure records were maintained accurately.

The Home was clean and hygienic. People's bedrooms were very personalised, bright and airy and reflected people's personalities, preferences and choices.

However, the décor in some areas was tired and in need of some remedial works and re-decoration. The registered provider had commenced some improvements we saw there had been two upstairs bedrooms that had been stripped, plastered and repainted. Some bathrooms had been upgraded and one of the wings had been made into a self-contained flat. The registered manager told us that there were plans to continue the refurbishment and an environmental plan was in place.

Is the service effective?

Our findings

Staff had the right skills, knowledge and experience to meet people's needs. We reviewed the training records that showed staff were provided with and completed mandatory and specialist training. For example; nutrition, food hygiene, safeguarding, The Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. We identified some staff did not have up to date first aid training, but this was arranged and dates were booked to ensure staff were up to date with this training.

Training provided helped to develop and maintain the staff's skills. New staff had to complete a period of induction and undertaken the care certificate [a nationally recognised training programme]. Staff received supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss any performance issues or training needs.

On the day of the Inspection, we observed staff had the skills and knowledge to meet people's individual needs. We observed one staff member supporting a person who had poor eyesight and autism, they were sat together talking. There was a lot of banter and it was obvious that the staff member knew the person very well. There was laughter and affection between them that showed. Relationships seemed to have been built up over time and the people we observed were very comfortable in the company of the staff that were supporting them.

Staff we spoke with all told us that they received the training they needed to do their job well. Staff were also able to attend specific additional training if required including, training in how to manage behaviours that may challenge and autism.

Relatives we spoke with all spoke highly of all the staff. One relative told us, "The staff definitely have the skills. They have historical knowledge and they are very good at training new staff. It's good because they are very careful training them [new staff] up as well. They're also very good at communicating with us and keeping us up to date."

Another relative told us, "There is a lot of training delivered before anyone is left with a resident alone. Even then there is always more experienced staff on duty with them who they can ask for help. We have a very close relationship with Beech Cliffe Grange. As a relative, my input is obviously great, we talk most days with staff and I can always get through when I need to. To my knowledge, they have a well thought out, balanced menu. My [relative] has lost some weight and the home has achieved excellent results."

Another relative commented, "The staff training is invaluable. My [relative's] team are always training for their added problems. They go out of their way to tell any new staff about their likes and dislikes, what works for them and what doesn't, and they keep us absolutely involved in everything that they do."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards

(DoLS). The manager and staff were aware of their responsibilities under this legislation. Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

We observed staff understood they had to promote people's human rights. Staff told us they asked people to consent to their care. This was done by verbal communication or through the use of body language. We saw staff understood each person's unique way of communicating. We found staff gave people choices and supported them to make decisions for themselves

One member of staff told us that one person who they supported had virtually no communication skills when they arrived at the home. The staff member explained how staff had got to know the best way to communicate and the person could now choose what activities that they wanted to do each day cards with pictures of activities that staff had developed helped the person to make the decisions.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care.

People's nutritional needs were met by staff that had consulted people about their dietary likes and dislikes, allergies and medical conditions. We observed people having breakfast. People were able to choose what they wanted. We saw one person had chosen beans on toast and they cleared the plate and were very happy with the meal. There was also a choice for lunch. People were able to choose between jacket potatoes, salads, wraps, soups, and other snack type foods. Dinner was a set menu with at least two choices that had been devised with the involvement of all the people who lived at Beech Cliffe Grange. The kitchen was large, well-stocked, and very clean and hygienic. The chef told us, "I've been here for seven years and I love it. You get to know what the residents like and don't like and it helps when you are planning the meals that you will prepare."

We also observed one person making their own lunch. Staff brought up the bread, butter, cheese and other choices from the kitchen to the person's flat and they made themselves a cheese toasty. Staff stood behind them observing and maintaining their safety while offering support and advice.

We also saw people had been supported to lose weight with exercise and healthier eating. The home had a good success rate with achieving people's targets that they have set themselves. A staff member told us, "We want to give them nice food that they like, but also that is nutritious and healthy. The residents have really taken to it and done brilliantly and lost the weight that they have wanted to which is great to see."

People we spoke with told us they liked the food. One person told us, "The food is nice. I always get to choose things that I want and I get enough." Another said, "I enjoy the food."

Another commented, "I love the food, especially chicken wraps. I don't like onions or chilli sauce though. The other day we made pork and apricot burgers. I like to try cooking different things. They were yummy."

The adaptation and design of the building could be improved to meet the needs of the people who used the service, in a more person centred way. The registered providers had already identified this and had plans to improve the environment. They had already converted part of the building into a self-contained for one person and had re-decorated some areas. The further plans were in place to continue these improvements. The improvements had been developed in consultation with the people who lived at Beech Cliffe Grange.

Is the service caring?

Our findings

All people who used the service and their relatives we spoke with all commented that the staff were extremely caring and kind. One person said, "The Staff do care for me." Another person said, "They are kind and they are there when I need them." Another person said, "I do like the staff who help me."

Another person just smiled when we asked if they thought that the staff cared for them. Staff told us, "[The person's] autism means that they can't really understand the concept of questions or answering them. We are playing a game called 'memory lane' where I talk to them and they help to finish off the sentences. They are in a mischievous mood today! They love memory lane and it helps their sensory functions, their memory and reminds them a lot of their sister and family." We observed the person was laughing and giggling and thoroughly enjoying the game and the company of the staff member.

A relative that we spoke with told us, "I think that the staff and managers are very caring. The other week, my [relative] had a minor procedure. They [the staff] were very quick to notice that they were in discomfort and sought medical help very quickly. The manager kept us informed every step of the way. I'm very happy with the service."

Another relative commented, "They definitely help [my relative] to be as independent as they can be. They [the staff] explore the possibilities of extending their interactions, they give them choices and they treat them with dignity and more importantly, they treat them as an individual."

During our inspection we observed the atmosphere was calm and pleasant. People were relaxed and obviously at ease in the company of staff. People were happy to sit and talk with us, telling us about their experiences of living at Beech Cliffe Grange.

The staff seemed to know the people that they were caring for very well and good positive relationships had been built up over time. Staff were polite and courteous to people they supported and they responded quickly to people's needs. Dignity and respect was shown to all people by each staff member that we observed during the Inspection.

We observed people looked clean and well cared for. Some people showed us their bedrooms and we saw these were light, bright and well furnished. All were clean and tidy. Some people had their own furniture with plenty of shelving to display personal possessions and collections.

We were told that everyone living at Beech Cliffe Grange had relatives, friends or a designated representative to represent them, but that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The manager was aware of the need to seek advocacy when required.

Although at the time of the inspection people who lived at Beech Cliffe Grange were healthy, the staff had

included people's wishes, in regard to if they became ill or were admitted to hospital. People also had information documented of how to meet the person needs if they were admitted into hospital.

Is the service responsive?

Our findings

All people we spoke with and their relatives all told us they were very happy with the care and support provided. Relatives confirmed that people's needs were met in a responsive way.

We found each person had a care file which contained information about them and their care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. However, the care files were very difficult to follow, had some information duplicated and were not person centred.

We discussed this with the registered providers who acknowledged the care files were large and could be difficult to follow if you were unfamiliar with them. They agreed to review the care files and ensure new files were developed with the involvement of the people they supported so they were person centred including people's choices, preferences and decisions.

The daily records and visit records were all up to date. These records showed the registered manager worked responsively with external professionals, such as learning disability nurses, occupational therapists and dietitians. We saw the professional visit record was updated following any input from health care professionals.

There was a complaints' policy which was given to each person and their relatives when their care package commenced. A record of compliments received had been maintained with outcomes. People we spoke with all told us if they had any concerns they would raise them with staff.

We saw people took part in varied meaningful activities. We saw six people when out accessing the community on the day of our inspection. The other three participated in activities of their choice in the home. One person that we spoke with told us, "Staff take me out. I've been to the shops this morning."

Another person said, "I am going to the shopping centre after lunch today. There are lots of activities that I like to do. I like going on the bus, walking, there are some nice walks around here. I go to Doncaster and I love going to the country park and the ice cream parlour, though it's very expensive. When I am at home, I go on my I-Pad, I like to do arts and crafts, and watch TV..I also go out with my [relative] to Asda and McDonalds and then go to their house and we watch Tom and Jerry and The A Team."

A relative that we spoke with told us, "They could perhaps do more activities in the actual house, but they take them to town, they go bowling, swimming, they go to the pub. They come home to me twice a week and they [the service] do provide us with a driver as I can't drive, if we want to go anywhere. I know that they have baking there."

There were no restrictions on visitors. A relative said, "We can visit anytime that we like. They [the service] do amazing things, my [relative] has improved beyond recognition at Beech Cliffe Grange, their responses used to be so low, but they can now make choices they get lots of stimulation and they really enjoys car rides."

A staff Member that we asked about visits told us, "There aren't any restrictions on visiting times. We encourage friends and family members to come any time that suits them or that they want to. Most do ring ahead but they are most welcome to just drop in unannounced."

Is the service well-led?

Our findings

People we spoke with and their relatives all know who the registered manager was and the registered providers. One person said, "The managers are good. They are all easy to talk to."

A relative that we spoke with said, "I can ring the manager at any time. Sometimes they are difficult to get hold of but they do always get back to me. They are easy to talk to. My [relative] has improved considerably since they have lived at Beech Cliffe Grange. They [the staff] have turned their life around and I can't thank them enough."

Another relative told us, "I am very confident in the leadership. They have medical knowledge and I have an absence of worry which is such a relief after some of [my relative's] earlier places."

Another relative said, "They do a sterling job, I am the first to acknowledge that it's not easy. We meet the management regularly to discuss our [relatives] wellbeing and I've no worries really."

Another relative commented, "They [the management] are completely approachable. When my [relative] was in hospital, they made sure that if they weren't there, they had a member of staff with them 24/7 plus it was over Christmas and New Year nobody complained about giving up their free time and they gave up leave without batting an eyelid."

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included a head of care, senior care workers and care workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) and they sent notifications to us in a timely way, thus fulfilling the requirement to notify us of accidents/incidents and safeguarding concerns.

All staff we spoke with told us that they were well supported by the management. They said there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

One staff member said, "We work as a team all staff are fantastic. The management are really, really good we have excellent communication." Another staff member told us, "We are an excellent team; we always discuss ways to improve and learn lessons from any mistakes or incidents to find a way to ensure it doesn't happen

again. We do this as a team so we can all have input into any decisions and discussion's to improve the service."

We found systems were in place for managing safeguarding concerns and incidents and accidents. Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the registered manager. Any issues identified were recorded on an action plan and were actioned. The issues we saw during our inspection had already been identified by the manager and the operations manager and action was being taken.

The provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.