

Graceland Social Care Services Limited

Beulah Lodge

Inspection report

51 Beulah Road
Thornton Heath
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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

Beulah Lodge is a residential care home registered for up to five people with learning disabilities. At the time of our inspection there were five people living in the home all of whom were under the age of 65. Each person had their own bedroom. The home was located in a residential road in Thornton Heath with easy access to local shops and public transport. There was a secure garden at the back of the property which contained a small activity centre where people living in the home participated in organised group activities.

At the last inspection in 2015, the service was rated "Good". At this inspection we found the service remained "Good".

People living in the home were protected from abuse and foreseeable harm. They felt safe. There was a sufficient number of staff to support people safely, meet their needs and support them to go out into the community. The provider ensured staff had the necessary training, skills and experience to support people effectively.

Staff obtained people's consent before providing care or support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received care which met their individual needs from a consistent staff team who knew them well and were kind and caring.

People were satisfied with the quality of their meals and told us they had a sufficient amount to eat and drink. Staff supported people to maintain good physical and mental health and liaised well with outside social and health care professionals. There were appropriate arrangements in place to ensure medicines were stored, administered and disposed of safely. People were supported to take their medicines as prescribed.

People were supported to be as independent as they could be. People were enabled to participate in a variety of activities inside and outside of the home. They were also encouraged and assisted to keep in contact with their family and friends which helped to ensure they did not become socially isolated.

People were given opportunities to feedback on the care they received. They felt able to complain if the need arose. The registered manager listened to and used feedback to improve the quality of care people received. There were appropriate systems in place to assess and monitor the quality of care people received. The home was well organised and managed.

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.

Beulah Lodge

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 took place on 23 and 29 March 2017. The inspection was unannounced and was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included routine notifications and the previous inspection report. We spoke with four people using the service, two staff and the registered manager.

We looked at four people's care files and two staff files which included their recruitment records and training certificates. We looked at the service's policies and procedures and a variety of records relating to maintenance and management of the home.

Is the service safe?

Our findings

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe. People commented, "I feel happy and safe", "I am safer here than if I lived alone" and "Yes I am safe." A relative commented, "I'm confident [the person] is safe. They treat [the person] like part of their family." Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed thereafter. The risk assessments were personalised. Care plans gave staff information on how to manage identified risks and keep people safe. This covered such issues as how to keep people safe in the community and when taking public transport. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. People told us there was always a staff member available when they needed support. We observed that there was a sufficient number of staff to help support people safely and to enable people to participate in organised activities.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. People told us they received their medicines when they were due. Each person's care file contained information on the medicines they were taking, what they were for and details of any allergies. Staff had been trained in medicine administration. They were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. These measures minimised the risk of people being given the wrong medicine.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. One person commented, "It's always nice and clean." People's rooms and the communal areas of the home were clean and tidy. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People were supported by staff who had the knowledge, experience and skills they needed to carry out their role. People felt comfortable with the support staff provided. One person said, "They [the staff] know what they are doing." Another person commented, "They [the staff] are good."

The registered manager kept records of the training undertaken by staff. Staff had completed training relevant to their roles. This included infection control, food hygiene, first aid, safeguarding and the Mental Capacity Act 2005 (MCA). Staff had supervision meetings with the registered manager to reflect on their practice, skills and development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the general requirements of the MCA and knew how it applied to people in their care. Staff obtained people's consent to care and treatment.

People were protected from the risk of poor nutrition and dehydration. People were complimentary about the food they received and told us they had enough to eat and drink. People commented, "I love the food" and "The food is really nice." Staff supported people to maintain good health. They supported people to attend appointments with their GP, hospital consultants or other healthcare professionals.

Is the service caring?

Our findings

The home was a small, friendly, family environment where people got on well and had formed meaningful relationships with each other and staff. We saw relaxed interactions between people and staff. Staff spoke to people with respect and were patient when providing support. One person told us, "I love [the registered manager]. She's very good to me even when I'm in a bad mood."

People were involved in devising their care plans which reflected their age, gender and interests. People made their own decisions about what they did and how they spent their day and their decisions were respected and supported by staff. Staff had good knowledge of people's care plans and knew the people they were caring for well. They were able to tell us about their character, life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences. This helped staff to provide person-centred care.

Staff gave people the level of support they required for specific tasks but also encouraged people to be independent and assist with household tasks as far as they were able. One person told us, "I come and go as I please." People's visitors were made to feel welcome. Relatives who chose to, were in regular contact with home and kept updated on their loved ones health and welfare.

Is the service responsive?

Our findings

The care people received reflected their care plans which they had helped to devise. People were satisfied with the care and support provided by staff. People commented, "I'm happy" and "I love living here, I'm never going to leave." Care plans were personalised and considered people's individual day-to-day needs. There was continuity of care because there was an established, consistent staff team who worked well together. They knew the content of people's care plans and care was delivered in accordance with people's care plans.

There were arrangements in place to help ensure that people did not become socially isolated. People were supported to maintain relationships with their friends and relatives. People who were able to organised their own social time and went out as they pleased. Staff organised group activities for people living in the home. These included art and IT sessions. One person proudly showed us the art work they had produced in the previous weeks. People were satisfied with the type and amount of activities available.

People and their relatives felt able to express their views about the care provided. The service routinely sought people's views on how they wanted their care to be delivered and whether they were satisfied with the care they received. The registered manager has also conducted a survey which gave people the opportunity to feedback on the quality of care they received. Although there had not been any complaints in the past 12 months, there was an appropriate system in place to record, respond to and monitor complaints. People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager at the home. 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. The registered manager had worked in adult social care for many years and understood the needs of people living in the home and how to promote person-centred care.

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home. They knew and understood the provider's values and supported people to live fulfilling lives.

There were arrangements in place for checking the quality of the care people received. As part of their daily checks, the registered manager observed staff interaction with people and checked the standard of cleanliness in the home. There was a system in place to check that staff training, supervision and appraisal were up to date. There were systems in place to ensure that the standard of maintenance of the home was monitored and prompt action was taken when repairs or servicing was required.

The registered manager sought feedback from people living in the home on the quality of care provided. The registered manager acted on feedback and implemented recommendations made by external agencies such as the local authority, to improve the service. The registered manager promptly submitted relevant notifications to the CQC.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.