

Residential Community Care Limited

Beech Gardens

Inspection report

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Date of inspection visit:
27 November 2018
28 November 2018

Date of publication:
04 January 2019

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

Beech Gardens is a care home without nursing that provides a service to up to eight people with learning disabilities who may also be on the autistic spectrum. At the time of our inspection there were seven people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service continued to meet all the fundamental standards and had a registered manager as required. The registered manager was present and assisted us with the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were handled correctly and safely.

People received effective care and support from staff who knew them well and were trained and supervised. We have made a recommendation related to reviewing the ongoing staff training at the service.

People received care and support which was personalised to meet their individual needs. They knew how to complain and staff knew the process to follow if they had concerns.

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's right to make their own decisions were protected.

People benefitted from a service which had an open and inclusive culture. Staff were happy working at the service and people benefitted from having staff who felt well managed and supported.

People were treated with care and kindness and their right to confidentiality was protected. People were treated with respect and their dignity was upheld. People's diversity needs were identified and incorporated into their care plans where applicable.

Further information is in the detailed findings in the full report.

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 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 was a comprehensive inspection and took place on the 27 and 28 November 2018. It was unannounced and carried out by one inspector.

We used information the registered manager sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, assistant manager and the provider's service users progress coordinator. We also spoke with the seven people living at the service and six care workers. As part of the inspection we sought feedback from three relatives and received responses from two. We sought feedback from 10 community professionals and received responses from one.

We looked at three people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for the five staff members who had been employed since our last inspection. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision and appraisal log, premises safety records, legionella and fire risk assessments, staff meeting minutes and various audits.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse and felt safe living at the service. 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 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 epilepsy, making hot drinks, going out alone and accessing the internet. 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. A community professional thought the service and risks to individuals were managed so that people were protected.

Environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks. In the legionella risk assessment, dated 15 August 2017, a recommendation had been made that a water management log book should be put in place and maintained within the service. This recommendation had not been followed through but the registered manager put the log book in place after our inspection. The registered manager also made arrangements for water samples to be carried out as part of the legionella monitoring. The staff monitored other environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire.

The provider employed a specialist who worked across the three care homes within the group. The specialist worked closely with the care staff helping them support people who had behaviours that may be considered challenging. The specialist advised and trained staff, drew up behaviour support plans, reviewed incidents looking for patterns, worked with staff and people moving into the service, as well as working with people who were moving on. Techniques to help people to manage their behaviours were well documented in their care plans. Staff had training in the management of actual or potential aggression. People turned to staff for reassurance on occasions during our inspection and we saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were comfortable with staff and reassured by any actions they took to help reduce their anxiety. One person told us the best thing about Beech Gardens was, "the other people and staff".

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the majority of the required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some missing items of information but the registered manager obtained the information promptly

after the inspection. The registered manager explained that, going forward, they had put in place a new system to make sure they checked themselves before new staff were rostered to work with people living at the service.

People were busy and going about their daily lives both in and out of the service. We saw staff were available when people wanted assistance with whatever they were doing. Staff said there were usually enough staff at all times to do their job safely and efficiently. Relatives said staff were available when needed. People said staff always had time to support them without rushing.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

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

The service continued to provide effective care and support to people.

People received care and support from staff they knew and who knew how they liked things done. Each care plan was based on a full assessment of people's needs and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

The care staff team was made up of the registered manager, assistant manager, one team leader, one interim senior care worker and 14 care workers. Care staff and people living at the service worked together on meal preparation, cleaning and laundry.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver quality care and support to the people living at the service. The service provided training in topics they considered mandatory, such as health and safety, fire safety, infection control and food hygiene. Mandatory training refreshers were up to date. People living at the service also joined staff on some of the training every year. For example, first aid and resuscitation, fire safety, food hygiene, infection control, safeguarding adults and staying safe on the internet. Additional training was also sought and provided to staff depending on the specific needs of people living at the service. For example, Makaton communication and epilepsy awareness training. People told us staff knew what they were doing when they provided support. Relatives thought staff had the training and skills they needed when supporting their family members. A community professional said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We noted the training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, topics recommended for social care staff were not included in the provider's mandatory training curriculum such as communication and recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision with their line manager to discuss their work and how they felt about it. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff had annual appraisals of their work. They confirmed they had regular supervision and said they felt supported by their managers and senior staff.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance.

Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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. At the time of our inspection the service had identified the people living at Beech Gardens who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. People and their relatives said they could access health professionals when they needed to.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Relatives said their family members enjoyed the food provided. Drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.

Is the service caring?

Our findings

Beech Gardens continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. Relatives said staff were caring when they support their family member and people were complimentary about the staff. They said staff were caring towards them and one person told us, "I wouldn't change anything [about the service or staff]."

People were supported to develop and maintain relationships with those who were important to them. One person wanted to improve relationships with others at the service and had been successfully working on this with staff support. Another person was assisted to visit their parents when they wanted to. Some people had relatives overseas and trips to see those relatives were also successfully planned for and took place.

Most people living at the service were actively working on ways to reduce the way they handled anxiety and change behaviours that may not always be considered acceptable. Staff explained to us how this hard work had helped people and led to many gains for them. One person was now able to eat in a group rather than on their own, another person was enjoying the results of being more sociable and had increased their circle of friends.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. Where people were not able to communicate verbally staff showed skill and knowledge when communicating with them in the way they understood. A community professional thought the service was successful in developing positive caring relationships with people living at the service. People and their relatives said they were involved in planning their care.

People's equality and diversity needs were identified and set out in their care plans. Staff were respectful of people's cultural and spiritual needs. One person was supported to attend their church every week and enjoyed the continued contact with people there. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the diverse needs of each person well.

People's rights to privacy and dignity were supported. People felt staff knew how they liked things done and did things in the way they preferred. People told us staff never entered their rooms without permission. A community professional said staff promoted and respected people's privacy and dignity.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Relatives said staff encouraged their family members to be as independent as possible. One person

explained how they had worked hard and hoped to soon be moving on to a more independent setting and also hoped to be able to find a job. Staff told us, "[Name] has made such great progress this past year and we expect this to continue in the future also."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people who use the service.

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. A community professional thought the service provided personalised care that was responsive to people's needs. One family wrote to thank staff after their family member had been taken ill and hospitalised. In their email they said to the registered manager, "You, along with your staff, were all pillars of strength to us during this worrying period. Many thanks indeed."

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for people to get involved with. This took into account their individual interests and links with different communities. People had access to a busy activity schedule. During our inspection everyone kept busy with activities they enjoyed, either inside or outside the service. People could choose what they wanted to do and were also able to try out new activities when identified. One person had re-started swimming after a number of years. Other people had started to take part in 'boxercise' sessions that were introduced at the home in February 2018.

People had the opportunity to plan and have a holiday of their choice each year. One person told me about the holiday they had enjoyed in France in 2017 and another spoke of the holiday they were going on the week after our inspection.

People confirmed they chose what to do each day and that they had maximum choice in all aspects of their daily lives. We saw a visitor's questionnaire that had been carried out in July 2018. There had been 13 respondents. One question visitors were asked was, "How do you rate the methods by which service users are empowered in the home?" Respondents said they rated the methods as either excellent (42%) or good (58%). One visitor added a comment, "I was impressed with the care that has been given to my client ... and the noticeable change in reduction in challenging behaviours. Staff have rapport with clients."

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of reviewing and updating people's care plans. They planned to document the communication needs of people in a way that meets the criteria of the standard.

People and their relatives knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints log for the previous year and saw there had been none. We looked at the feedback survey

people had completed about their keyworkers, carried out in November 2018. Four people had responded. They said their keyworkers were always approachable and felt they could always talk to them if they had any concerns.

Is the service well-led?

Our findings

The service continued to be well-led.

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. All 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.

The provider had an effective audit system in place and the service's staff and the provider's maintenance staff ensured health and safety audits of the premises were carried out. The registered manager and staff undertook other audits at the service as part of their roles. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service had been awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 27 June 2018. All records and audits seen were up to date and details of actions taken to remedy any concerns demonstrated actions were completed promptly.

The service carried out an annual quality assurance survey. We saw some of the responses for the last survey carried out earlier in 2018. One visitor commented, "Caring and well-trained team to suit the needs of people [at the service]." People and their relatives told us they had been asked for their opinion about how things were run at the service. They said the management listened and acted on what they said and one added, "We are 100% happy with the overall care [Name] is given."

A community professional felt the service was well-led. They said the service demonstrated good management and leadership, delivered good quality care and worked in partnership with other agencies.

People benefitted from a staff team that were happy in their work. Staff told us they felt the service was well-led and they enjoyed working at the service. They felt supported by the management and their colleagues and felt they were provided with training that helped them provide care and support to a good standard. Comments from staff included, "It's good working here, we are doing a good job" and "Colleagues are all supportive if I don't understand something. I really enjoy it [here]". Another member of staff told us, "I like the service users and I like the staff and management."