Morley Care Services Limited

Beech Haven

Inspection report

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Date of inspection visit: 24 November 2015
Date of publication: 08/01/2016

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

We inspected Beech Haven on 24 November 2015. The inspection was announced. Beech Haven was last inspected in June 2014, no concerns were identified at that inspection.

Beech Haven provides accommodation and support for up to two people with learning disabilities and autistic spectrum disorders. On the day of the inspection two people were receiving care services from the provider. The home 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.

During our inspection we spoke with two people who used the service. We also spoke with a member of care staff, the registered manager and professionals outside the service.

During our visit to the service we looked at the care records for two people and looked at records that related to how the service was managed.

Summary of findings

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. The registered manager had procedures for informing people which staff would be carrying duties. This meant people knew who they would see each day. People were treated with kindness and respect. People we spoke with told us, "I like living here a lot."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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?

Good

The service was safe.

Staff knew how to protect people from avoidable harm. The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

There were enough staff to keep people safe. Staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

People's medicines were managed safely and they received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received a nutritious, balanced and varied diet. They told us the food was good. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans best interest decisions were in place where necessary.

Is the service caring?

Good

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People told us staff were caring. We saw genuine positive interaction between staff and people throughout the inspection. People were treated with dignity and respect.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

Is the service responsive?

Good

The service was responsive.

People using the service had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

People were involved in activities they liked, both in the home and in the community. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

A complaints procedure was in place. The service encouraged feedback from people who used the service and their relatives.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

Beech Haven

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 carried out this inspection on 24 November 2015 and it was announced. The provider was given 48 hours notice because this was a small service and we needed to be sure that people would be available to meet with us.The inspection was carried out by an adult social care inspector.

We spoke with two care staff, the registered manager and professionals external to the service. We asked two people for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for two people and also looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe when they received care and support provided for them by staff working for the provider. One person told us, "I feel very happy and safe here with the staff." People told us they felt staff knew them well and were aware of their needs and as a result made their care safe. One person said, "(Staff) know me and the things I like and don't like."

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff including the most recently recruited. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

We saw the service had skilled and experienced staff to ensure people were cared for appropriately. We looked at staffing rotas and saw there were sufficient numbers of staff employed to ensure people were safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager explained to us that staffing levels could be adjusted according to the needs of people using the service.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs if required and we saw from training records, all staff had received medicines training.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessment were in place to help identify individual risk factors, such as safety in the community, falls and nutrition. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

Accidents and incidents were recorded. These were regularly reviewed by the registered manager to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed.

We toured the premises during this visit. The registered manager told us that there had been some extensive work completed at the service following a flood caused by a burst pipe. We saw that some affected walls and ceilings had been re-decorated.

The provider conducted regular checks to ensure the environment was safe. Electrical appliances had a portable appliance test (PAT) certificate, gas and fire fighting equipment also had up to date certificates issued by appropriate professionals.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place weekly, in line with the fire authority's national guidance.

Good

Is the service effective?

Our findings

People received effective care. They told us staff had the skills and experience to support them to have a good quality of life. One person said, "I like living here as I can do the things I like. I really like the staff." Another said, "The staff give me everything I need." People told us that staff looked after them well. One person said, "I really like all the staff". Another person told us, "Staff are really nice, we laugh and joke a lot."

We observed the breakfast time routine. People were preparing to go to community based activities. One person told us, "I love going to college, I do sport there, it's fantastic. I make my own pack up for lunch and choose what I want in my sandwiches." Staff encouraged as much independence as possible yet remained available to offer support or guidance if requested or required.

The service had policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and we saw evidence that staff had been trained in this area. The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how the decision had been reached. Best interest decisions were recorded, for example for personal finances and we could see people and appropriate health and social care professionals had been involved in these. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

People were supported to maintain their health and had access to health services as needed. Care plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists. One person told us, "If I was poorly the staff would look after me and would get a doctor for me."

Staff told us they had received induction training and had completed mandatory training as part of the induction process. Training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding and medication. Documents also showed that staff had completed training including first aid, nutrition and health, mental health and challenging behaviour. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff told us they received regular supervision where they could discuss any issues in a confidential meeting with their line manager. One member of staff told us, "We have a regular one to one with the manager and an annual appraisal."

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from and were developed through consultation with people who used the service. Staff confirmed people had access to good quality food and

there was plenty of choice. One staff member told us, "We encourage as healthy diet as possible with plenty of fruit and vegetables. They (people) choose, shop for and prepare, with support, all the meals."

Good

Is the service caring?

Our findings

We observed staff relationships with people living at Beech Haven were strong, supportive

and caring. One member of staff told us, “It’s a fantastic place to work, the lads are wonderful.” People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, “The managers and staff are brilliant, one of them loves Doctor Who, just like me.” Another person told us, “Staff are nice they help me to prepare and cook meals.”

Staff described their role with passion. One member of staff said, “The atmosphere here is relaxed supportive and professional. Everyone is commited to each other to deliver the best support we can.” People we spoke to said had regular care staff. One person said, “There is a big sign in the kitchen so I can see which staff are working, what’s for dinner and where my activities are on any day of the week.”

Staff were respectful of people’s privacy and maintained their dignity. One staff member told us “Everyone has a key for their own bedroom, it’s important to have privacy and independence. We always make sure that we knock and ask to enter.”

The two support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, ‘What is important to me’, ‘How to support me.’ And ‘What people like about me.’ It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

We saw written comments from a relative who had attended a person’s care plan review. They said, “I am really happy with (relative’s) progress, he has become more independent, staff do an outstanding job. Brilliant work from all concerned.”

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice. One person told us, “I am going to decorate my room soon, I will be choosing the colour and helping to paint.” People were invited to attend residents’ meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. We saw the minutes of this bi-monthly meeting. The topics discussed and those in attendance were in pictorial form and available on the notice board.

We saw people’s personal details and records were held securely at the Beech Haven. Records were filed in locked cabinets so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People told us they had been involved in developing and reviewing care plans.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for two people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs. These reviews had been attended by the person who received support, representatives of Beech Haven, family members and professionals external to the service, for example social workers. We saw that these reviews had been signed by the person who received the service.

Care plans were detailed enough for any staff member to understand fully the care and support require by an individual and how it should be delivered. People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, it was documented whether people preferred to shower rather than have a bath, and they received this support according to their preference.

We saw that daily records were kept for each person at Beech Haven. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived at Beech Haven.

People knew how to make a complaint and the provider had a complaints policy in place. People were very complimentary about the service and told us they had no reason to complain. If they had any comments or suggestions these were taken on board and immediately actioned. Staff were clear about their responsibility and the action they would take if people made a complaint.

We spoke to a professional external to Beech Haven. They told us, "Communication from the manager and staff at Beech Haven is excellent. Any issues or concerns are responded to quickly and effectively."

People told us they were supported to take part in activities and interests that met their personal preferences when this was part of their support plan. For example, one person had an interest in gardening at the day centre they attended. We saw that staff at Beech Haven had encouraged this interest which had resulted in articles and photographs of recognition by the local media.

Good

Is the service well-led?

Our findings

There was a manager in post who had managed the home and been registered with the Care Quality Commission since 2011. The registered manager had experience in working with people with learning disabilities in other organisations. One person from an external agency connected with people living at Beech Haven said that they found the registered manager, "Approachable, responsible and caring." Staff said they found the registered manager and senior staff very approachable and very supportive. One staff member said, "They are very hands on, positive and supportive."

Staff felt the registered manager was relaxed yet professional. They felt the manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, "We have a fantastic team at all levels. We are supportive of each other, it's a great place to work." A relative told us, "The manager is very good, approachable and responsive."

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements

following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The provider had a clear vision and set of values for the service which focussed on giving people the best opportunity to lead a normal life and enable people to have choice and control over their own lives. It was clear that these values had been embraced by staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred plans, individual activity plans and bedrooms that had been decorated to the individuals taste.

The provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis. The registered manager monitored the service and planned improvements through these formal quality assurance processes they had in place. They completed audits in areas such as care records, infection control, complaints, medication, health and safety and both the internal and external environments. This meant that the service was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

The registered manager and senior staff were dedicated and enthusiastic about the service and talked about ways of improving. We were told, "We offer good support to people and have a good team of staff but we must always look to improve." The provider subscribed to the social care information and learning services (SCILS). This gave them access to learning materials for the personal development of everyone who worked at Beech Haven. It also helped the registered manager identify new thinking and good practice.