Morley Care Services Limited

Beech Haven

Inspection report

3 Beech Road
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South Yorkshire
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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

Beech Haven is a service run by Morley Care Services Limited. The service provides care and accommodation for up to two people who may need assistance with personal care and may have care needs associated with living with learning disabilities. On the day of our inspection the service did not have any vacancies and the service does not provide nursing care.

The home was previously inspected in November 2015. It was overall rated as good.

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

The service had a registered manager in post. 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 of the service had been in post since initial registration with CQC in 2013.

Staff were trained in safeguarding people and knew about signs of abuse and the actions to take if they suspected it. People received information and training from the provider to keep themselves safe. People's risks were assessed and they were supported to take positive risks. Staff providing support were safe and suitable as a result of the provider's recruitment processes and safe staffing levels were maintained. Staff administered people's medicines safely and in line with the prescriber's instructions. People were protected due to the infection prevention measures in place.

The service was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported by kind and caring staff. We observed that staff had developed positive and caring relationships with people. People were treated with dignity and respect and were encouraged to maintain their independence and make choices. Throughout the day we observed staff supporting people in a kind and respectful manner, offering reassurance to people where required. Information was provided in ways that was easy for people to understand. People were supported to maintain relationships with family and friends. People were supported to eat and drink enough.

The provider was outstanding in its responsiveness to people's choices and wishes. People received a high level of person centred support. The provider supported people to engage in the activities that were important to them. People were encouraged and supported to work, socialise, share intimate relationships

and participate in hobbies and interests. Care records identified people's needs, aspirations and achievements.

The service was well-led. There were systems in place to regularly assess the quality of the service and that people were kept safe. People were able to share their views at regular resident meetings. Relatives and healthcare professionals were positive about the care provided and had been given opportunities to give feedback and make suggestions to improve the experience for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

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.

This announced inspection took place on 30 May 2017. The provider was given 48 hours' advance notice because the location provides supported living services and we needed to ensure that people, the registered manager and staff were available. This meant the provider and staff knew we would be visiting the service before we arrived.

The inspection was undertaken by one adult social care inspector.

Before our inspection, we reviewed information held about the service. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return. 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.

As part of the inspection we spoke with two people who used the service. We also spoke with two staff members, the registered manager and a healthcare professional.

We reviewed two people's support plans and risk assessments. We also looked at people's health action plans and medicines administration records. We also reviewed three staff files which included pre-employment checks, training records and supervision notes. We saw the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

It was not appropriate for us to contact relatives however we tried to contact several health and social care professionals to gather their views about the service people were receiving. One responded.

Good

Is the service safe?

Our findings

People who used the service were protected from risk of abuse and avoidable harm. They told us they felt safe and were comfortable in the home. People said they were happy with the staff and trusted them. One person said, "I think the staff are all wonderful." Another person told us, "I know I am safe here, the staff look after us very well."

People continued to be kept as safe as possible from all forms of abuse. The service had maintained the regular training of staff in safeguarding adults. Staff members were able to describe how they would deal with specific safeguarding concerns. All staff were fully committed to protecting the people in their care and were clear about how, when and why they would use the provider's whistle blowing policy.

Each person had risk assessments in place to enable them to be as independent as possible taking into account associated risks. These included; accessing the community, finance and personal care. These had all been reviewed regularly. Staff we spoke with told us they updated risk assessments when required and carried out additional ones for extra or specific activities such as holidays.

Incidents and accidents were monitored to enable the service to identify issues and take action to minimise them from reoccurring again. Regular checks were completed to ensure the environment and equipment was well maintained and clean. Weekly fire procedures were followed to ensure the service could respond in emergencies when needed.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were enough staff deployed to meet people's needs. We saw from rotas that any shortfalls in staffing numbers were made up through staff volunteering to take up additional shifts.

At the time of our inspection nobody was taking any prescribed medicines. We saw that when they were, policies and procedures were in place to ensure that medication was managed safely. Staff and the registered manager told us that each person would have their medication securely locked in the staff office. Each person would have a medication profile which would explain what medicines they were taking and the reason why. It would also give an overview of how the person liked to take their medication. Regular audits and stock checks would also take place for medicines management, storage, administration and recording.

Good

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No person living at Beech Haven was subject to a DoLS decision yet staff had received training in MCA and DoLS and we found that they had a good understanding about people's rights to make decisions and the importance of obtaining people's consent to their care. It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves.

People received care and support from staff with the required skills and knowledge. One staff member said, "There is a lot of training." We saw the provider had a training matrix to inform staff when any training was due and arranged and booked any training requested. Documentation we saw showed all staff training was up to date.

Staff told us they felt well supported. We saw evidence to show that staff had a supervision meeting with a manager on a three monthly basis. This meant staff had the opportunity to meet with a more senior member of staff to discuss any concerns and their development needs.

People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. People were also weighed as part of nutritional screening. Staff knew people's likes and dislikes in respect of meal choices. We observed one person prepare their own breakfast with staff observing from a distance. One person told us, "The food is lovely. We choose what we want to eat and help to prepare and cook the meals."

Throughout the inspection we observed staff gaining consent from people. For example, asking if they were ready to go out for activities. We also saw staff ask people's permission to enter their room. People had also signed to give consent for the care and support they received.

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments. Each person had a 'health passport'. This was a file which contained all relevant information regarding the person's health and medication with contact numbers and information.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person told us, "They look after me very well. I really like all of the staff." Another person said, "The staff are all good, they are my friends." Our observations of interactions between staff and people using the service were in line with this feedback.

Staff built up good relationships with people through working with them over time and reading their care plans. Our discussions with staff showed they understood their preferences and the best ways to support people, in line with guidance in their care plans. Staff understood people's needs including their needs relating to mental health and learning disabilities.

People's care plans recorded their preferred name, and we observed that these were used by staff. Staff described to us how they respected people's privacy and dignity when assisting them with personal care. Staff explained that people needed prompts and not assistance the majority of time when they were undertaking personal hygiene activities. One staff member said, "It's important to promote independence and privacy. People had the privacy they needed. One person liked to spend time in their room playing computer games. Staff monitored them to ensure their safety but respected their wish to be on their own. We observed staff were polite and friendly with people and that people were treated as equals in all aspects of their care and support.

People were supported to be as independent as possible, with any risks being managed. One person regularly attended college independently. Risk and safety assessments covered the method of getting to and from the college. These had been completed in association with the person who used the service.

The service kept people's written information in an office which was locked when no staff were present. Confidentiality was included in the provider's code of conduct and a specific policy was in place.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. Person-centred care is individual to the person being supported. A person-centred approach to care focuses on the person's personal needs, wants and aspirations. People's needs take priority and they remain central to the care process.

We checked the care records for both people who lived at the home. An assessment had been received from the local authority who commissioned the person's placement. This information, along with an assessment undertaken by the registered provider, had been used to develop an individual plan of care. We found care plans included a profile that described the person's relationships, personality, daily routines, how the person communicated, assistance needed with personal care, medicines prescribed, favourite pastimes, mobility, nutritional requirements, the person's likes and dislikes and a life history. The content of care plans had been discussed with people and they had signed them to show their agreement. Care plans were reviewed regularly by staff and more formal reviews were held with service commissioners.

A healthcare professional told us, "Transition into Beech Haven for [person] was seamless; the registered manager couldn't do enough."

People living at Beech Haven were supported by staff to pursue hobbies, interests and activities of their choice. The registered manager told us one person was supported to attend a day centre which provided person centred activities for people with learning disabilities. People were also supported with activities within the home. One person told us, "I like to do work in the garden. I also help a lot when we do barbeques." We saw that the gardening activity had received media coverage and newspaper articles were displayed in the home. Another person said, "Staff help me organise trips and holidays."

Staff told us they had a handover meeting from one shift to the next. They read the person's latest log sheet and the house diary so that they were aware of the person's current care needs and well-being.

Staff demonstrated a positive approach to helping people keep in touch with family and friends, both through visits and over the telephone. One person had their own mobile telephone which they used to keep in touch with friends and the home whilst in the community. Any relationships were clearly recorded in people's care plans and any visits to see family and friends were included in their weekly activity sheets.

There was a complaints policy and procedure which was available as an easy read to enable people who used the service to complain if they wished to do so. One person told us, "I would complain if I needed to." Another person said, "Everything is great, I have nothing to complain about."

Good

Is the service well-led?

Our findings

There was a registered manager in post who met their CQC registration requirements. 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 and staff we spoke with told us they were involved in the development of the service. For example some refurbishment was in the process of being planned. People were asked for their preferences of colour choice for decoration in various areas of the home. One person said, "I have picked the colours for my bedroom. I will try to help out and paint where I can."

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

Staff meetings were held on a regular basis and staff told us they had the opportunity to express their views at these meetings. They told us that they had a daily handover meeting and were a close-knit team who kept each other informed of events at the home and about people's well-being.

The registered manager was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

The service benefited from good management and leadership. A social care professional commented, "I have known [registered manager] for some time and know that they are driven to provide the best service possible. Yes the service is well led." A staff member said, "It's a homely place to be with a positive, relaxed and open culture." The registered manager told us, "This is people's home that we work in, it's important we don't forget that. I think we are successful because everyone wants to be here."

A range of systems and audits was in place to measure and monitor the quality of the care delivered. Audits were in place for care plans, daily records, staff files, training and supervision, medicines, fire, health and safety, premises audits and accidents and incidents. These audits enabled the provider to identify any issues or concerns that needed to be addressed and for appropriate action to be taken.