

Affinity Trust

# Beckley Close

## Inspection report

14 Beckley Close  
St Leonards On Sea  
East Sussex  
TN38 9TA

Tel: 01424854104

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

This inspection was carried out on 24 May 2018 and it was announced. We gave the provider 24 hours' notice so we could be sure the right people would be available when we visited the service. At the last inspection, the service was rated 'Good.' At this inspection we found the service remained Good.

Beckley Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to up to six people living with a learning disability and other complex health needs.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The service continued to be well managed by the provider, long standing registered manager and staff team.

The provider did not always make sure people's money was managed as safely as it could be. There was a minor risk that people would pay for staff meals and drinks when out, when they should not do so. Otherwise, people were safe and had the support they needed to express and achieve their goals and aspirations for the future. Positive risk taking was encouraged, and risk assessment and risk management practices to support this were robust. People were supported to eat and drink enough, and specialist dietary needs were met. People were able to access the healthcare they needed to remain well and their medicines were safely managed.

People continued to be supported to have maximum choice and control over all aspects of their lives, and staff supported people in the least restrictive way possible. People led the lives they wanted to and were able to maintain contact with those people who were important to them. People were also able to participate in a wide range of activities, educational opportunities and holidays.

People experienced care that met their needs, and were supported by kind and caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were given every opportunity to express their choices and preferences. People were supported to make their end of life care wishes known, and staff knew to involve people in making decisions about their care if they became unwell.

As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of

abuse and what they should do if they thought someone was a risk. The home was clean, and people were protected from the risks of poor infection and prevention control.

Staff were properly supported with training, supervision and appraisals to make sure they had the skills they needed to provide good quality care. Specialist training had been arranged where needed, for example, dementia care. There were enough staff to support people to stay safe and meet their needs. Staff knew how to report incidents and accidents, and if these did occur, they were properly investigated. Information about these types of incidents were shared, so managers and staff could learn from mistakes.

People had their care needs regularly assessed, and all of the relevant people were involved in care reviews. People experienced care and support that was in line with current guidance and standards. Staff made sure they worked within the organisation and with others, to make sure people received effective care. The building and environment was properly adapted to meets the needs of the people who lived there.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be deprived of their liberty for their own safety or unable to make informed choices about their care. Staff had sought support from all the relevant parties which enabled people to make decisions about their own health and wellbeing.

People and those who were important to them had access to a complaints process, and relatives said they would be happy to raise a complaint if they ever needed to. There had been no recent complaints, but the registered manager and staff knew what action to take if a complaint were made.

There continued to be good leadership and staff felt supported and able to contribute to the development of the service. People's views were sought and acted on to improve the service. Regular checks and audits were carried out to make sure staff continued to provide good support. The registered manager had notified the CQC of events that were reportable. The rating of 'Good' was displayed at the service and on the provider's website. The service has met all the fundamental standards and the registered manager and staff have maintained a consistently good service. 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?

The service requires improvement in one area. The provider did not always make sure people's money was managed as safely as it could be. There was a risk that people would pay for staff meals and drinks when out, when this arrangement had not been agreed.

**Requires Improvement** ●

### Is the service effective?

The service remains Good

**Good** ●

### Is the service caring?

The service remains Good

**Good** ●

### Is the service responsive?

The service remains Good

**Good** ●

### Is the service well-led?

The service remains Good

**Good** ●

# Beckley Close

## **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 comprehensive inspection took place on 24 May 2018 and was announced. We gave the provider 24 hours' notice of our visit, to make sure people's day to day lives would not be disrupted. We also wanted to make sure the right staff would be available to talk with us as part of our inspection. The inspection was carried out by two inspectors.

Before the inspection the registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return to inform the inspection.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We met and spent time with all six people living in the home. We spoke with three members of staff and the registered manager. After the inspection visit we contacted two relatives by telephone. We sampled various records including one care plan, medicine records, quality audits, and staff recruitment and training records. We observed how people were supported and how staff interacted with people.

## Is the service safe?

### Our findings

The service was mostly safe but there was one area of practice that required improvement. People needed support to manage their money. Some people had been out during the inspection to a café with staff. Staff were not clear about who should pay for staff food and drink when out on activities with people. Some said people paid for them and other staff said they paid for themselves and another said that one of the home's budget for them. Some records of expenditure showed that people had paid for staff food and drink when out.

We asked the registered manager about their policy relating to how people's money was managed as no one was currently managing their own money. The registered manager told us this information was not included in the managing people's money policy. They had no record of how the decision to spend people's money in this way had been made, when and by whom and whether it had been made with people or in their best interest. The registered manager agreed to take action to address this and consult with people, their appointees and loved ones to protect people's finances as there was a risk of people's money being mis-managed.. After the inspection the registered manager told us that the provider was reviewing the policy relating to managing people's money and was consulting with people about this. We will follow this up at the next inspection.

Staff had regular training in safeguarding people, and knew how to report any concerns. This included reporting concerns to the registered manager or the local authority. Staff knew about the types of abuse and how people might behave if they were being mistreated. A relative told us, "We trust them" when talking about staff and "I am always seriously impressed with the things they do...they do some really great things which are potentially challenging". Another relative said, "I am 100% certain (name) is safe".

Other risks to people's safety were well assessed and properly managed. People were supported to live as independent a life as possible, and positive risk taking was incorporated into each person's care plan. Staff knew what they needed to do to make sure people remained safe and were able to describe how they would identify risk and take appropriate action to minimise it. This included supporting people who may have behaviours that could cause themselves or others anxiety, or managing a complex health need which could put people's safety at risk, such as epilepsy.

There were enough well-trained staff on duty to meet people's care needs in a safe way. Where agency staff were used, they were well known to people and other staff. The provider was currently in the process of recruiting staff to fill one staff vacancy. Recruitment practices remained good, and the relevant checks were made before staff began work. Where appropriate, people were involved in the recruitment of new staff, and had the opportunity to meet prospective employees before a job was offered to them.

Medicines continued to be managed safely. Each person had a lockable facility in their room. Medicines were stored securely and at the right temperature. Medicine administration records were well recorded and accurate, any hand entries had been checked and counter signed as correct. Staff were knowledgeable about people's medicines and any side effects, staff had regular training to keep them up to date with safe

medicines management.

There was clear information about medicines including those needed on a 'when required' basis including pain relief. Care plans gave detail about how often 'when required' medicines could be given and in what circumstances. There was information about how people might let staff know that they needed this medicine including behaviours and expressions. Staff knew people well and could interpret any signs of pain and discomfort. Staff were very knowledgeable about people's medicines.

The home was clean, and there were regular audits to make sure cleanliness standards were maintained. Staff knew what to do make sure infection prevention and control was considered and used the relevant personal protective equipment (PPE) such as gloves or apron when needed. The building and some equipment were maintained by the landlord and not the provider. The registered manager made sure that all the relevant maintenance was up to date, by being in regular contact with the landlord. Regular checks were carried out to ensure the environment remained safe, which included checks of the fire safety equipment.

Incident and accidents were recorded and reviewed. Any themes were identified by the registered manager or other quality monitoring staff within the organisation. A regular 'lessons learned' debrief session was completed by registered managers from the providers other homes. The registered managers shared information about when things may have gone wrong or could have been improved, to make sure the same incident did not occur at other services within the organisation.

## Is the service effective?

### Our findings

People continued to have their needs and choices regularly assessed. Relatives and others that were important to people were all involved in every care plan review, which were completed every six months. This ensured people's needs were regularly reviewed, and their goals and aspirations supported. To ensure as many people as possible were involved, the registered manager made sure everyone met at a suitable location, which could be away from the home, such as a relative's house. People received care and support that was based on current guidance and standards. For example, everyone had the most up to date guidance in place to manage the risk of choking.

Staff had a good understanding of how to involve people in decision making and made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves.

The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those people that lacked capacity. Where a DoLS had been granted, staff made sure they met the conditions of the DoLS.

People had their capacity to make decisions about their care and day to day life assessed. Best interest decisions were person and decision specific and detailed how the person was involved in the decision making if possible, as well as those important to them, such as a relative or health care professional. People were well supported with more complex health care decisions, and staff and others always acted in people's best interests.

Staff training was up to date, and care workers were supported with regular supervision and appraisal. They had regular opportunities to talk about the people they supported, and reflect on their practice. The registered manager had made sure that staff had completed training in caring for people with dementia, in preparation for people getting older, and who may experience age related dementia in the future. Staff had completed other specialist training which was relevant to the people they supported such as supporting people who may from time to time display behaviours of concern. We observed staff supported people calmly and with compassion and kindness. Staff used techniques called active support which gave people just the right amount of support for them to take part and be involved. One person was supported to make a dessert, and staff got the person involved as much as possible in mixing, slicing and tasting, the person looked very happy to be taking part.

People continued to be well supported to eat and drink enough. Food was healthy and nutritious, and

people were encouraged with meal preparation when they were able. Some people had difficulty swallowing and were at risk of choking. This meant they ate a diet that was soft or pureed, to help reduce the risk of them choking. Guidelines regarding the consistency of food for people with swallowing difficulties had recently been updated. Staff made sure people were visited by the speech and language therapist (SALT), to make sure their nutritional guidelines were updated with the new guidance. Staff also took this opportunity to help people update and review menus, so everyone was able to enjoy foods of their choice. Staff knew each person's nutritional guidelines well and told us about them in great detail and knew what to do to make sure people had enough to eat and drink, while remaining safe.

Staff worked with staff from other organisations to make sure people had the support they needed. Some people enjoyed attending college, and activities such as flower arranging, woodwork, and arts and crafts. Other people enjoyed an exercise therapy using trampolines. People and staff accessed a local facility which had specialist hoisting equipment as well as appropriate trampolining equipment. Staff proudly showed us what people had made and produced during their art classes, and achievement was celebrated by staff, however small.

People continued to be supported to work with healthcare professionals so they maintained good health. Everyone was registered with a doctor and dentist and staff and the registered manager made sure people had regular health checks and medicines reviews. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed.

The building was suitable for people's needs and everyone had access to all areas including the garden. Everyone had their own room which was decorated how they wanted it to be. There was plenty of specialist equipment to help people bath and shower, and rooms had been adapted so some people who used a wheelchair or other mobility equipment could get around as easily as possible.

## Is the service caring?

### Our findings

People were treated with kindness and compassion by kind and caring staff. A relative told us staff "seem very, very kind caring people" and "We don't have to worry, we know (our relative) is well cared for." Another relative said their family member was "well looked after" and "wants for nothing". There was a relaxed atmosphere in the home and it was clear staff knew people and their preferences well. People's privacy and dignity was respected and staff knew how people preferred to live their lives. Each person's room was their own, and staff did not enter without the person's permission. Where people wanted, they had their own key, and staff helped people to make sure their door was locked when they wanted it to be. People's confidentiality was protected and written records were locked away, and electronic records password protected.

People were given as much choice and control over their own lives as possible. People were at the centre of everything in the home, and staff made sure people were involved in all aspects of daily life. For example, people answered the door when the bell rang, with the help of staff, rather than staff doing this on their own. Staff made sure people's voices were heard, and staff communicated with people in their preferred way, to help make their views known. This included using objects of reference and pictures where appropriate. Staff also understood people's body language very well, and what a person was communicating with their actions instead of their voice.

People, their relatives and staff were all involved in care plan reviews and in supporting the person to make their preferences known. One relative said, "There's always time to talk" when discussing their family member's care reviews. Staff and the registered manager had worked with people over some time, and this experience enabled them to understand preferences and to support people to be as independent as possible. People were encouraged to go on holiday and visit their families regularly, as well as attend college and join in food and meal preparation.

People's friends and relatives were encouraged to visit as often as they liked. Get togethers and parties were common and people and staff told us about a recent party that been held in a local community hall. Everyone said how much they had enjoyed it, and that the person had experienced great enjoyment in organising it. People were supported to stay in contact with relatives who may be far away, using social media and video calling. Everyone who wanted to had a 'tablet' or laptop computer so they could access the internet and stay in touch. People were encouraged to keep a memory box which contained photos and mementos of events and activities they had taken part in, such as holidays or day trips out. Staff used the memory boxes to engage in conversations with people and talk about their memories.

Staff spoke positively and warmly about people, one staff member said "(Person) has got so much character and a lovely sense of humour." There was a feeling of equality and warmth to people and each other from the staff.

Information was produced with pictures and photographs to make it more meaningful to people. There was a board showing photographs of the staff on duty so people knew who would be supporting them. There

was opportunity to make activity and menu information and choices more accessible and the registered manager agreed to give thought to this.

## Is the service responsive?

### Our findings

People continued to experience care that was person centred and focused on them as an individual. Person centred care assessment, planning and delivery was an important part of the service. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People had regular reviews of all their care needs and care plans and risk assessments were amended if necessary. A relative said, "I am really impressed with what they do" when talking about the support their family member received. Regular review meetings were held and people invited their loved ones if they wished them to take part. Technology was used so that loved ones could attend even when they lived abroad. Support plans were very clear and detailed and gave staff the information they needed to give people the care and support they needed.

People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were also encouraged to express what their hopes and dreams for the future might be, such as a special activity like going to car racing or a destination for a holiday. We heard numerous examples of people being supported to achieve their personal goals, for example one person had been to a theme park in Europe, and another person enjoyed a show at a London theatre. People were smiling when staff were telling us about these outings and holidays.

Staff were always responsive to people's individual needs and communicated well with people and each other. Staff responded well to requests for support and helped people be as independent as they wanted to be. Staff knew what 'good' and 'bad' days looked like for people, and what they should do to make sure people had a good day most of the time. People were supported with their religious and spiritual needs and had been supported to attend a place of worship of their choice, when and if they wanted to.

The registered manager told us in the PIR they intended to recruit more permanent and bank staff to allow them to be more flexible and responsive to people's day to day wishes, so they could facilitate activities on an ad-hoc basis. The registered manager confirmed at the inspection that recruitment was ongoing.

The provider had an appropriate complaints policy in place. An easy read format was available if needed. No complaints had been made recently, and the registered manager said they would always try and address any concerns before a formal complaint was needed. If any concerns were raised, they were listened to and the registered manager aimed to use them as a learning tool. A relative said, "I know if we ever needed to speak up, we would feel OK about going to the manager". Another relative told us, "I have nothing to complain about".

Although no-one was being supported with end of life care at the time of the inspection, staff had considered what might happen in the future as people age. They had talked with people or their relatives to find out what their funeral preferences would be. The registered manager said that if anyone did need end of life care this would be fully assessed at the relevant time. A relative told us they had discussed arrangements for if their family member died and said, "It was difficult, but they (staff) managed it well".

## Is the service well-led?

### Our findings

There was 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. They managed another of the provider's services but made sure they were flexible and could be at the home whenever they were needed. Responsibilities were clear, and there was a staffing structure in place for the day to day management of the service. Records were robust. They were up to date, accurate and kept securely.

The registered manager had been managing the service for several years and were experienced in supporting people with learning and physical disabilities. The registered manager was supported by a senior management team. Staff told us they felt supported and valued by the registered manager. They said their views and opinions mattered and they had made suggestions to improve the quality of care people experienced. For example, staff suggested one person try using a different cup to drink from. Although this was a small change to a clear transparent cup this it made a positive difference to the person. Staff had also suggested day trips that people might enjoy and these had been arranged. One staff member told us, "We are a really good team, we are always making suggestions."

The provider, registered manager and staff promoted a culture that was person centred and empowering. All staff aimed to deliver high quality care, and this was at the centre of their work. Staff wanted to make sure people achieved good outcomes, both health wise and in their everyday lives and spoke passionately about wanting to provide the right support to people. The registered manager and staff reflected on their practice to ensure they maintained the good standards of care they had already achieved in the home.

There continued to be a suitable quality monitoring system in place which included health and safety checks, medicines audits and standards of cleanliness. Any areas identified for improvement were addressed. Senior managers within the organisation monitored quality assurance checks and provided support to the service if it were needed. Senior managers also regularly visited the home, to meet people, review their care and to make sure quality standards were maintained.

People, and their relatives, where appropriate, were regularly asked for their opinions about the quality of service during regular meetings and in surveys. Areas covered included the quality of food, types of activities available and cleanliness. One relative said, "It (the service) feels well managed" and "We have always considered ourselves very lucky (our family member) is there, to be honest". Another relative described the service as 'very good.' A survey completed by a stakeholder said, "Staff go the 'extra mile' and are extremely caring."

Staff worked closely and in partnership with other organisations including local social clubs and groups, doctors and other health and social care professionals. Staff had been trained by health care professionals so they could give people the specific care they needed especially relating to eating and drinking. Relatives made positive comments about the staff team and about how they kept them informed about their loved

ones.