

Hollybank Trust

# The Beeches

## Inspection report

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West Yorkshire  
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Date of inspection visit:

01 May 2019

02 May 2019

Date of publication:

22 May 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

About the service: The Beeches is a residential care home providing personal care. At the time of the inspection, 13 adults were living at the home.

People's experience of using this service: People were safe and protected from avoidable harm and relevant risk assessments were in place. The management of people's medicines were safe. The premises and equipment were clean and maintained.

Recruitment procedures were in place to reduce the risk of employing unsuitable staff. There were enough staff on duty to ensure people's needs were met. New staff received support to help them learn their role. All staff received regular supervision and on-going training.

People were supported to eat and drink. Where people had specific dietary needs, this was adhered to.

Communication was effective within the staff team and people were supported to access other healthcare professionals as needed.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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 were able to participate in their hobbies and interests.

Staff were caring and kind. People were treated with dignity and respect, they were involved in making daily decisions and encouraged to retain their independence.

Care plans were personalised and detailed. They included information about people's preferences and abilities. Staff supported people to participate in a range of activities. At the time of the inspection care records did not include information about people's preferences in the event their health deteriorated.

Staff felt supported and spoke positively about the registered provider and the registered manager. Systems of governance were in place to continually monitor the quality of the service provided. Regular meetings were held with people who lived at the home and the staff team. There was a system in place to manage complaints.

Rating at last inspection:

At the last inspection the service was rated good (published 11 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the intelligence we receive about this service until we return to visit as part of our re-inspection programme for those services rated requires improvement. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Beeches

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector.

#### Service and service type:

The Beeches is a 'care home.' People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The Beeches consists of two interlinked bungalows.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We visited The Beeches on 1 May 2019, this was unannounced. We also visited the home on 2nd May 2019. On the second day we told the registered manager we were going as we needed to be sure they would be available to meet with us.

#### What we did:

In 2018 the provider completed a Provider Information Return (PIR). 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. This information was used to help inform our inspection.

Prior to the inspection we reviewed information we had received about the service. This included reviewing

any notifications of accidents and incidents and information we had received from external agencies including the local authority clinical commissioning group and the infection prevention and control team.

This inspection included speaking to two people who lived at the home, the registered manager, four senior care workers, two care workers and the head of residential services,. We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service. We spent time observing interactions between staff and people within the communal areas of the home. Following the inspection, we spoke with four relatives of people who lived at the home.

After the inspection we requested further information from the registered manager and provider. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We asked two people who lived at the home if they felt safe. They both responded, "Yes."
- Each of the relatives we spoke with also felt their family member was safe.
- Staff had received safeguarding training and were clear about what may constitute abuse and their responsibility to report any concerns to a more senior member of staff.

Assessing risk, safety monitoring and management

- Person centred risk assessments were in place.
- Information about people's moving and handling needs was detailed and clear. Photographs were included in care records to show staff how specialist equipment should be applied and fitted.
- It was clear from speaking with the registered manager and staff, the management of risk was proportionate without negatively impacting on people's activities.
- Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- People had personal emergency evacuation plans in place which were reflective of their support needs.
- People and staff participated in fire drills, all staff had attended fire training.

Staffing and recruitment

- The recruitment of staff was sufficiently robust to reduce the risk of employing staff who may not be suitable to work with vulnerable adults.
- A person said, "There is always someone around. I never have to wait long." Relatives we spoke with felt there were enough staff on duty. One relative said, "They do have their issues, but it is never a problem, they cover it. They are good like that."
- Staff felt the home did not always have sufficient staff but told us they were aware the registered provider was constantly recruiting for staff.
- During the period of the inspection we observed there to be enough staff on duty. Peoples needs were responded to in a timely way and where people were allocated dedicated one to one staff support, this was in place.

Using medicines safely

- Medicines were stored and managed safely.
- Staff were able to describe how they reduced the risk of a mistake being made when administering people's medicines. They also understood the action they should take in the event an error was made.
- Staff were only allowed to administer people's medicines when they had completed training and had been assessed as competent to do so. One of the staff we spoke with told they did not administer people's medicines as they had not yet completed all the necessary training.

- Regular medicines audits were completed. A check of people's medicine administration records was completed after each medicine round to ensure people had received their medicines as prescribed and records had been completed in full.

#### Preventing and controlling infection

- There were systems in place to ensure the home was clean and odour free.
- A relative told us, "[Person's] room is always clean and smells nice."
- Information about infection prevention and control were displayed in bathroom and kitchen areas.
- Gloves and aprons were readily available for staff.

#### Learning lessons when things go wrong

- The registered manager demonstrated a clear culture of learning lessons when things went wrong. They told us, "We are open and honest. We want a no blame culture, we complete reflective practice and discuss [medicine] errors at our meetings."
- We saw discussions about lessons learned was included in monthly staff meeting minutes.
- Accidents and incidents were recorded and analysed. This enabled possible trends to be identified and, where needed, action to be taken to reduce future risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us when they had a vacancy at the home they would not accept anyone new until they had assessed their needs to ensure they could meet their requirements. They said part of this process included an assessment of any potential impact upon people already living at the home. They told us a person would be declined if they felt they would not meet their needs.
- Care records and risk assessments evidenced people's support was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- New staff were supported through an induction programme which included shadowing, training and regular meetings with a dedicated mentor. A recently employed care worker told us, "We meet every two weeks, it is really beneficial. I can talk about anything I need help with." One of the senior care workers we spoke with told us, "One of my roles as senior is to teach and develop staff."
- There was an ongoing programme of training for all staff. Most of the training was face to face. A senior care worker had taken on responsibility for ensuring staff were up to date with their training needs. The registered manager told us as result of the senior care workers involvement, staff training compliance was 98%.
- Staff told us they received regular management supervision. This was corroborated when we reviewed staff personnel files.

Supporting people to eat and drink enough to maintain a balanced diet

- We asked one person if they thought the food was nice. They responded, "Yes."
- One relative said, "I don't see the meals very often. But if [person] wants anything, then they get it for them. They have a take-away at the weekend, [person] looks forward to that and [person] can choose which cuisine they have." Another relative said, "They have a nice selection, there is a lot of home cooked food."
- One person told us they had asked to join a local slimming club. They said staff supported them to attend as well as helping them with their meal choices which supported their diet. Their care records evidenced they had lost small amounts of weight over the previous months.
- Another person's culture required them to have specific dietary needs. It was clear from speaking to staff, this person's wishes were facilitated and respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- All the relatives we spoke with told us communication between them and the home was good. One relative said, "Yes, (Communication), it is very good. I can ring up, but I also email [persons] key worker and they

email me back. That works well."

- Staff also told us the registered provider had established systems and processes to aid communications between staff within the home and the organisation. This include daily hand overs at shift change overs and staff having individual email addresses. This enabled information to be shared effectively.
- People were supported to access other health care professionals. A relative told us, "They take [person] to the doctors and they always let me know."
- We saw evidence in peoples care records of the involvement of doctors, physiotherapists, occupational therapist and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure a person's rights were protected.
- From our conversations with the registered manager and staff, it was clear they understood the principles of the act and where aware of the process they needed to follow in the event a person lacked capacity to make a decision.
- People's consent was gained by staff. Care records included the support people needed to enable them to make decisions about their lives.

Adapting service, design, decoration to meet people's needs

- The Beeches was purpose built and comprised of two interconnected bungalows.
- Each person had their own en-suite bedroom, decorated and furnished to their individual preference. Corridors and doorways were wide enough to enable people to move freely within the home. There were two communal lounges and each bungalow had its own kitchen-diner and a large bathroom with an assisted bath.
- Communal areas were homely while providing enough space for people to participate in activities.
- The Beeches had an enclosed garden which was wheelchair accessible. We saw one person accessing the garden as and when they chose. Some of the bedrooms had direct access into the garden. People also had access to Hollybank Trust grounds.
- One of the staff we spoke with said, "The facilities here are marvellous."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We asked relatives if the staff were caring and kind. Their comments included; "The care is very good", "[Person] is very happy, that makes us happy" and "The staff know [person] really well."
- A staff member said, "We treat people as individuals, everyone is different. They are all adults, they are at the centre of what we do." Another staff member told us, "Making them happy makes me happy."
- The atmosphere within the home was calm and homely. Staff interactions with people were consistently caring, kind and inclusive. At lunchtime staff supported people individually and there was friendly and appropriate chatter between staff and people.
- One person was going out, we heard a member of staff say, "I have got you a thin jacket as it is quite warm outside." Before the person went out, the staff member reminded them their jacket was at the back of their wheelchair in the event they needed it.
- We saw staff supported a person to sit in alternative chair as they looked uncomfortable in the chair they were sat in. Staff explained what they were doing, supporting them in a calm and unhurried manner.

Supporting people to express their views and be involved in making decisions about their care

- Each of the relatives we spoke with was aware of their family members care plan. One relative told us, "I know [name of key worker] goes through the care plan with [person]." Another relative said, "We always get a regular review."
- Care plans evidenced people's opinions. For example, one care plan detailed the discussion between the person and staff regarding the use of bed safety rails. The records clearly noted the person's choice to have the rails.
- Staff were able to describe how they supported people to make choices. We consistently heard staff offering people choices and asking their opinion.

Respecting and promoting people's privacy, dignity and independence

- One person told us they liked to be independent. They said, "I do my laundry. The staff take me in (to the laundry room) and I put my washing into different colours. They help me load the washer. I tell them what can go in the drier. They put my airer up in my room, so I can put my other clothes over to dry." They also showed us the devices they used to enable them to switch their lamp and fan on without having to ask staff to do this for them.
- One of the staff said, "It's about how we facilitate what they can and want to do."
- Staff were able to describe how they maintained people's privacy and dignity. This included closing doors and curtains prior to completing personal care and asking permission to enter people's bedrooms.
- Information about staffs' values and actions which promoted a culture of dignity and respect were displayed in the reception area, alongside four staffs' dignity champion certificates.

- One person who lived at the home had an advocate who supported them with decision making. We also noted information about advocacy was displayed within the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were enabled to participate in a range of activities. This included, swimming and hydrotherapy, games, drama, arts and crafts, wheelchair dancing, cinema and meals out.
- One person described the programme of activities they participated in each week. The activities were reflective of their preferences and they clearly enjoyed them.
- A relative told us, "We ring up to say we are going to visit, and they tell us [person] is out swimming. [Person] goes where they want, the staff take [person] where they want to go."
- The registered manager told us work had begun on developing personal profiles for people and staff. They explained this would enable people to have a more engaging experience of an activity if they were supported by a staff member with a similar interest.
- People's care records were person-centred and detailed. Care plans included information about people's daily routines, including the tasks they could do independently and where they needed support. For example, one care record noted, "I like to choose my own clothes, staff are to tell me what the weather is like outside, so I know what clothes to wear." This information also referenced domestic tasks, for example, "I enjoy making my own sandwiches. I can butter the bread and put the filling in. I will need you to help cut them."
- The service understood people's information and communication needs. These were clearly identified and recorded in care plans.

Improving care quality in response to complaints or concerns

- We asked one relative if they were aware of how to complain. They told us, "I have no complaints. Any issue I would just ring up and tell them."
- The registered manager told us they had not received any formal complaints about the service. They said, "Any concerns, we sort it out, they never progress (to a formal complaint)."
- The registered provider had a complaints policy. Information on how to complain was displayed in the reception area.

End of life care and support

- None of the care records we reviewed contained any information from people or their families care preferences in the event of a deterioration in people's health or as people neared the end of their life.
- The head of residential services told us the registered provider had recognised that further work was needed regarding end of life care planning. They talked with us about the action taken to date and their plans for addressing this shortfall.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Parents felt both the provider and The Beeches were well led. One relative told us they felt the organisation was transparent when communicating with parents.
- Staff told us they felt supported and were positive about the registered manager. One of the staff we spoke with said, "The organisation is fantastic and really supportive of staff."
- The registered manager spoke proudly of their staff team. They said, "When I walk out of the door, I don't worry as I am confident in my staff."
- A senior care worker told us, "It is an open-door policy here, the adults love to be involved."
- During the inspection every member of the staff team we spoke with was professional and open and inclusive when speaking with us about their role and the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All the staff we spoke with were clear about their role and responsibilities.
- There was an effective system of governance in place. A range of audits were completed at regular intervals by different members of the staff team, including medicines, various aspects of health and safety and infection prevention and control.
- The registered manager submitted a weekly report to the head of residential services each week. A more detailed report was also submitted to the head of residential services and the executive team each month.
- The registered manager told us the registered provider had implemented a new compliance audit for each of their services. They explained this would be a comprehensive audit to include all aspects of the service. The scheduled date for The Beeches was 14 May 2019.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with people who lived at the home. A senior care worker told us, "I do the adult meetings each month. I have a support worker to help me. They can observe people for non-verbal feedback. That then feeds back into our staff meetings."
- We saw minutes from staff meetings. These were held at regular intervals and covered a range of topics.
- The registered provider also facilitated a parent's group. This was a meeting held three times per year when a representative parent from each service operated by the registered provider, met. The head of residential services explained feedback from these meetings was used for further learning and making improvements.

#### Continuous learning and improving care

- The registered manager and each of the staff we spoke with were clear in their wish to learn and continually improve the quality and safety of the service provided to for people.
- The registered manager told us they attended monthly managers meetings where good practice was shared. Regular meetings were also held with members of the senior management team.
- The head of residential services told us recent changes within the organisation included improvements to the systems of governance and IT. The registered manager told us future plans included implementing electronic care records.

#### Working in partnership with others

- The registered provider and registered manager worked in partnership with other health care professionals and organisations. These included the clinical commission group, social workers, and the local hospice.