

# Review of compliance

<p>Beeshaw Care Limited Longacre Neurological Support Unit</p>	
<p><b>Region:</b></p>	<p>East</p>
<p><b>Location address:</b></p>	<p>Longacre, Howletts Loke Salhouse Norwich Norfolk NR13 6EX</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing Rehabilitation services</p>
<p><b>Date of Publication:</b></p>	<p>September 2012</p>
<p><b>Overview of the service:</b></p>	<p>Longacre Neurological Support Unit is owned by Beeshaw Care Limited and is registered to provide the regulated activity of 'Accommodation for persons who require nursing or personal care' for up to three people with mental health needs or physical disabilities.</p> <p>The home is not permitted to provide</p>

	direct nursing care, due to its structure and staffing arrangements.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Longacre Neurological Support Unit was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 August 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

One person, we met and spoke with, clearly understood other people when they spoke, although the person was unable to respond verbally themselves.

However, this person showed us how they communicated by using sign language, a writing machine or an A-Z alphabet sheet.

Through our discussions this person told us that they enjoyed writing, reading and watching films.

When we asked the person if they had a support plan they confirmed by a mixture of signing and writing that they did. They also told us they knew what was in it and that they had been involved in putting it together.

When we asked what the staff were like, this person gave us a 'thumbs up' sign and wrote: "All good."

We asked if the person could discuss their care and support with staff, to which the person gave positive responses by nodding and writing yes.

We noted that, when telling us about the staff, the person smiled a lot and frequently gave us the 'thumbs up' sign.

When we asked this person if they could discuss things with staff, about the service and the way they were supported, they gave positive responses by nodding, smiling and writing yes.

## **What we found about the standards we reviewed and how well Longacre Neurological Support Unit was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider was meeting this standard.

People were supported by, suitably qualified, skilled and experienced staff.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people received.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

One person, we met and spoke with, clearly understood other people when they spoke, although the person was unable to respond verbally themselves.

However, this person showed us how they communicated by using sign language, a writing machine or an A-Z alphabet sheet.

Through our discussions this person told us that they enjoyed writing, reading and watching films.

When we asked the person if they had a support plan they confirmed by a mixture of signing and writing that they did. They also told us they knew what was in it and that they had been involved in putting it together.

When we asked what the staff were like, this person gave us a 'thumbs up' sign and wrote: "All good."

We asked if the person could discuss their care and support with staff, to which the person gave positive responses by nodding and writing yes.

The person we spoke with also confirmed to us that their privacy and dignity were respected by staff and that staff treated them well.

### **Other evidence**

We met and spoke with two people living in Longacre Neurological Support Unit during the course of our inspection. From our observations, discussions and the information we saw written in the support plans, it was evident that people understood the care and treatment choices available to them.

We saw that one person's support plan stated some of their hobbies as playing dominoes, cards, word-search, drawing, reading and watching films. This confirmed what the person had told us during our discussion.

We saw activities recorded in one person's support plan, which included shopping, working through the recipe book, going to the gym, watching car racing and attending house meetings. From what this person told us, together with the written information we saw, it was evident that the person was supported in promoting their independence and community involvement.

Observations during our inspection showed staff interacting in a friendly and caring manner and speaking respectfully with the person. From our observations and discussions with staff, we saw that staff had a good knowledge and understanding of the people living in Longacre Neurological Support Unit and their individual needs.

We saw that staff respected people's dignity by knocking on doors and supporting people discreetly with their personal care needs.

### **Our judgement**

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

One person we spoke with told us that staff supported them well.

We noted that, when telling us about the staff, the person smiled a lot and frequently gave us the 'thumbs up' sign.

##### Other evidence

One person we met and spoke with gave us permission to look at their support plan.

We saw that this contained a photograph of the person and information from an initial needs assessment. This helped to ensure that the service could meet the person's individual care and support needs.

There was also information recorded in respect of the person's daily living needs, an individual service user plan (including risk assessments), review procedures and care plan records. The support plan also contained a detailed personal history and details of the person's likes, dislikes, hobbies and interests. We saw that this information helped enable staff to have a better understanding of the person as an individual.

We saw that the support plan was very 'person centred' and had been regularly reviewed and updated. We also saw that regular health appointments were arranged for the person, as needed, such as physiotherapy, chiropody and dental.

The support plan we looked at contained risk assessments that had been reviewed on

a regular and ongoing basis and we saw that there was clear guidance for staff to follow in respect of how the person wanted and needed to be supported.

This told us that care and treatment was planned and delivered in a way that ensured the person's safety and welfare.

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

One person we met and spoke with gave us the 'thumbs up' sign, nodded and wrote 'yes, I like it' when we asked if they were happy with their room. This person also gave positive responses when we asked if they could have their own things around them.

We asked this person if they were able to spend time in the garden, to which they wrote 'yes, but I need to be careful as I catch a cold easily'. They gave a positive response when we asked if they liked having their chair where it was and they indicated that they liked looking outside and watching things in the garden.

##### Other evidence

During our inspection we saw that people were provided with comfortable and well maintained private accommodation and also had the use of shared communal areas. All the areas of the home that we saw were clean, tidy and very homely.

We saw that people were able to have their personal possessions around them and our observations supported what one person had told us during our discussions about what it was like living in the home.

We saw that ramps had been put in place to enable access for people using wheelchairs to and from the outside areas, although neither of the people we met was able to access the outside areas independently.

This told us that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

**Our judgement**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the service but their feedback did not relate to this standard.

##### Other evidence

We looked at two random staff files and spoke with a member of staff about the recruitment processes for Beeshaw Care Limited.

We saw that there were checklists in place to ensure all the required documentation and processes had been completed such as application form, interview records, personal identification and photographs.

We also saw that pre-employment checks such as clear disclosures from the Criminal Records Bureau (CRB), Independent Safeguarding Authority (ISA) Adults First checks and references, were obtained for all staff before they started working with Beeshaw Care Limited.

This told us that appropriate checks were undertaken before staff began work and that there were effective recruitment and selection processes in place.

##### Our judgement

The provider was meeting this standard.

People were supported by, suitably qualified, skilled and experienced staff.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

One person we spoke with told us that the staff were good and, when we asked if there were always enough staff to support them when they needed, the person gave positive responses by nodding and writing yes.

##### Other evidence

We observed staff going about their duties during the course of our inspection. We saw that there were enough staff available throughout the day and night to spend time with people and support them with various tasks, as needed.

Members of staff we spoke with confirmed that the overall staff team of Beeshaw Care Limited was stable and that there were hardly ever any issues in respect of staffing levels. This told us that staffing levels were consistent with those seen during our inspection.

Staff also told us that agency staff were never used, which meant the people living in Longacre Neurological Support Unit always knew the staff who were supporting them.

Staff told us they knew the people well that they supported in Longacre Neurological Support Unit and understood their individual needs.

##### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the service but their feedback did not relate to this standard.

##### Other evidence

In the two staff files we looked at in depth, we saw evidence that supervisions were carried out and we saw that copies of relevant training certificates were also held on people's individual files.

Both staff, who responded to specific questions we asked, confirmed that they had completed an induction. These staff members also told us that they were happy and confident in their work and that they knew the people well that they supported.

Both members of staff said that they felt well supported by the management team and that they regularly received one-to-one time for support and supervision.

A member of staff also showed us the training records folder, which contained a full overview of each staff member's qualifications and any training they had undertaken.

We saw that some of the areas, in which staff had received training, included moving and handling, first aid, safeguarding adults, fire safety, lone working, managing behaviour that challenges, key working, risk assessing, deprivation of liberty and the Mental Capacity Act (MCA).

A member of staff we spoke with explained that each staff member also had an

individual development portfolio, which they were given for their personal and ongoing use, once they had successfully completed their shadowing period and induction.

We were also given a copy of Beeshaw Care's Annual Training Programme for 2012/2013. We saw that this gave staff opportunities to access additional and enhanced short courses, which aimed to help further develop staff's knowledge and understanding in various areas of health and social care.

We saw that, in addition to a number of training courses that were marked as mandatory, additional/optional courses were also available for staff, covering areas such as dementia awareness and diabetes awareness and management.

This told us that staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

**Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We asked one person if they could discuss things about the service, and the way they were supported, with staff. This person gave positive responses by nodding, smiling and writing yes.

##### Other evidence

We saw that there were a number of systems in place to assess and monitor the quality of service provided at Longacre Neurological Support Unit and Beeshaw Care Limited as a whole.

For example, a member of staff told us that regular audits of all locations were carried out by the provider. A senior member of staff told us that they were qualified as a pharmacy dispenser and now had the responsibility of carrying out regular quality assurance audits for medication and records for each location within the organisation.

Staff told us that they had staff meetings, during which they could give their views and discuss how the service was running.

We saw from some of the records we looked at that staff knew how to report accidents and incidents and there was evidence that learning from incidents took place and appropriate changes were implemented as necessary.

When we asked staff if anything could be changed to make people's lives better in the home, the staff responded that they would like to be able to have more time to spend

with people individually and take people on more outings. Staff also said that they understood that this was down to funding and not because there was a lack in the quality of the service provided.

**Our judgement**

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people received.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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<b>Audience</b>	The general public
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