

ADASS EAST Accommodation Services (OP) for Beacon House



GOOD

Involvement and Information

Respecting and Involving Service Users

Standard Rating



A01 The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.



What We Found

Electronic care plans were in place with the provider using the PCS software. There was also paper based information which includes medical appointment details.

Electronic plans reviewed were comprehensive all having the same content headings in place which included key summaries of each service users health needs and medical history along with their care and support needs. Details of specific moving and handling needs and equipment required was recorded along with details of additional individual support such as regular turning for several service users who were classed as bed bound. Plans were personalised with individual service users likes and dislikes as well as their life history.

Details of family and Next of Kin involvement was evident. Pre admissions assessments had been completed and care plans reflected assessment needs. Daily records reviewed also evidenced care support was being delivered in line with the care and support needs identified in the care plan. Each of the three service users care plans contained MCA assessments evidencing they lack capacity for their daily care and support needs and were subject to a DoLS authorisation.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).



What We Found

Three care plans were reviewed all being electronic using the PCS format each resident also had a separate file with additional information stored which included medical letters and DoLS forms.

Service users files contained copies of the providers service user guide and statement of purpose which were in standard text format .Although the manager confirmed larger text format could be made available along with a more pictorial user friendly document should this be required.

Evidence was also on file of monthly reviews being held with staff contacting the residents next of kin to discuss any changes to their care and support needs. Consent on admission forms were on file and had been signed by the residents NOK on their behalf which were dated and co signed by the deputy manager.

B01 Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.



What We Found

From discussion with two residents and staff observations carried out during the assessment visit, staff were seen interacting well with residents regularly offering their support and were observed engaging and listening to the service users.

One resident became a little unsettled and was promptly supported by two staff who offered to go out for a walk. Staff then supported the resident to get ready to go out in their wheelchair for a walk within the local area. Both service users spoken to confirmed they felt staff were all very nice and helpful ,with one saying he never has to wait long if he calls for staff help via his call bell. Staff were observed addressing service users in a polite and calm manner and demonstrating empathy and understanding towards each service user and their care needs.

B02 Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive. Good
★★★★★

What We Found

From observations of staff interaction with service users during the assessment visit a number of them were observed in the main lounge being supported by the homes activities co-ordinator who was providing a Elvis music sing- a- long session. A number of the service users were joining in singing along to various Elvis songs. One service user confirmed they like knitting which staff support them with if needed. The activity co-ordinator showed me a display board of leaves which they had been working on as part of a recent arts and crafts activity. Other service users were offered a quieter room to sit in if they wanted their own space and not wishing to take part in the planned activities. The activities co-ordinator informed me how they arrange time to meet each service user each week as a number of them are bed bound or prefer to spend time in their bedroom.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon. Good
★★★★★

What We Found

The manager provided service user quality questionnaires completed in May 2022. These are to be reviewed and feedback given as part of the overall service plan. Overall feedback recorded from the providers own satisfaction questionnaires was positive.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do. Good
★★★★★

What We Found

Two service users spoken to confirmed they have regular visits from their families and friends and can call their family members whenever they like. Both confirmed staff will support them to spend some time either sitting in the rear garden or go out locally for a walk should they wish to do so.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life. Good
★★★★★

What We Found

Service users spoken to gave details of how they like to spend their time , with one adding they like to spend time reading or taking part in daily activities or going out and spending time with their families when they visit.

C01 Staff are able to explain how they ensure people are treated with dignity and respect. Good
★★★★★

What We Found

A total of 15 staff completed the Bedford Borough surveys which provided details of how staff support residents with dignity and respect . Examples given by staff included talking to residents throughout their care, offering choices, involvement in decision making whenever possible, listen to what residents are saying or requesting, offering reassurance and support , supporting decision making such as asking what clothes they would like to wear. Encouragement in supporting residents with healthy food and fluids choices whenever possible. Being aware of their dignity at all times

Involvement and Information

Consent

Standard Rating

Good
★★★★★

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant. Good
★★★★★

What We Found

Three service users files and their PCS electronic care plans were reviewed with details of initial pre admissions assessments were on file to evidence details of capacity , DoLS forms were on file with pre MCA and Best Interest assessments which had deemed each service user as lacking capacity to consent and understand their care and support needs. Best Interest assessments contained evidence of family/ NOK involvement. Details of POA was also recorded for each service user.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good
★★★★★

What We Found

Over the lunch time period staff were observed supporting a number of service users with feeding , staff were seen checking they had finished each mouthful of food before offering more. Staff were attentive to service users needs not rushing them, offering choice and encouraging them to be as independent as possible. Staff were observing facial expressions in order to gain consent around feeding with other's able to verbally consent.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good
★★★★★

What We Found

From details recorded within staff Bedford Borough surveys the following examples were provided regarding staff understanding of MCA and how they put this into their daily work.

Assume residents have capacity make their own decisions unless assessed otherwise, involving each resident in decision making process, treating each person as their own person with their own individual needs, respecting decisions made by residents.

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good
★★★★★

A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

Good
★★★★★

What We Found

Each of the three service users care plans reviewed were signed by family, next of kin or POA as they were deemed to lack capacity to consent to their care and support needs.

A05 There is evidence that where a key worker system in in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

Good
★★★★★

What We Found

Care plans did contain evidence of a Keyworker system being in place however the actual name of each keyworker was not recorded within the three care plans reviewed. One service user spoken to seemed unsure of the name of their allocated Keyworker although they were able to confirm a keyworker system was in place with a staff member meeting with them to discuss and review there daily care and support needs. Keyworker names were recorded on the wall of each residents bedroom.

The manager confirmed all service users have a named nurse who is responsible for developing their care plans and reviewing with them. The manager also confirmed they have recently changed to an electronic care plan system stating currently there is no where to record a named nurse or keyworker which the manager is now looking into.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

Good
★★★★★

What We Found

The homes service user guide was reviewed which contained details of who service users could contact and speak to should they have any concerns or complaints regarding their care and support being provided.

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good
★★★★★

What We Found

Each of the three service users care plans reviewed all recorded details of their social information which provided information in relation to their likes and dislikes. One service users likes included listening to radio 3 , TV programmes about nature and the environment , animals and gardening. Their plan also included details of previous hobbies and interests. Care plans also recorded tasks that service users were encouraged to complete independently.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

Each service users care plan contained pre admissions assessment details and DoLs assessments carried out with details of individual support needs . Risk assessments were also in place within each electronic care plan with assessed risk ratings for each assessment. Dependency assessments were also in place to evidence their overall dependency rating from each area of their assessed needs. Control measures were detailed such as all moving and handling support needs and equipment required for each transfer. Other details included specialist air flow mattress and regular turning to avoid risk of pressure sores. One service users care plan detailed they are PEG fed and details of their daily feed was recorded within their daily notes.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good
★★★★★

What We Found

Care plans are reviewed monthly by the nursing team along with separate monthly care plan audits carried out by the manager and deputy manager. Risk assessments were contained within each service users electronic care plans and detailed overall risk ratings and control measures in place.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

Two service users daily log sheets were reviewed within their electronic PCS care plans. Details recorded personal care support provided along with individual specialist care such as regular 4 hourly turns and regular personal care checks for two service users who are bed bound. Details of food and fluids being provided were recorded although PEG feeds for one service user were not consistently being recorded on a daily basis. recording is maintained within separate recording charts kept within service user bedroom . Following my visit the manager has now provided evidence of recording charts being in place. The recording charts have now been reviewed along with the service users MAR chart which provides additional evidence of PEG feed prescribed being in line with details recorded with PEG feed charts .The manager has now confirmed all service user PEG feed. Some additional details of activities were recorded although basic in content such as "TV watched".

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good
★★★★★

What We Found

On review of three service users care plans "Goals" recorded tended to relate to medical/ nursing needs of each resident based around retaining some personal self help skills such as encouragement to retain communication if able to do so, and joining in with their own personal care again if able to do so.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Good
★★★★★

What We Found

Two residents spoken to confirmed they and their families have been involved in writing their support plan with key staff. This included providing information of their life history, hobbies and interests as well as their likes and dislikes.

B08 If a key worker system is in place then service users are aware of who their named care worker is.

Good
★★★★★

What We Found

One service user was able to confirm there was a Keyworker system in place but they were unable to recall the name of their Keyworker .Keyworker details were displayed on the walls of resident bedrooms.

B09 Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

Good
★★★★★

What We Found

One resident who became unsettled during my visit was immediately supported by two staff. They offered support and reassurance and encouraged the service user to go for a walk outside of the home. The service user became more relaxed and looked forward to their walk.

Care staff observed within communal areas of the home were seen continually checking service users, checking on their welfare and ensuring the environment was safe.

C03 Staff understand and can explain the role of the keyworker if used in the service.

Good
★★★★★

What We Found

Staff gave examples (within their Bedford Borough surveys) of their keyworker role and responsibilities by recording the following points .Making sure each resident has what they need and contacting the residents family to request any toiletries and clothes, personal items requested by each resident. Supporting residents with chosen daily activities, liaising with residents families .The manager confirmed nurses are responsible for updating and reviewing each residents care and support plans as required making sure all information is maintained and kept up to date.

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good
★★★★★

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good
★★★★★

What We Found

Care plans reviewed all contained detailed information regarding their support needs around food and fluids and required diets. Details were seen of specialist nutritional assessments and plans in place with clear guidelines for all staff to follow for food and fluids. SALT recommendations and guidelines were in place detailing individual service users needs for fortified diets and thickeners and soft or pureed food requirement. Additional guidance from Dietician involvement was also evident within service users files and detailed within their PCS electronic support plans. Details of allergies and PEG feeds and daily intake requirements were also evident.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good
★★★★★

What We Found

MUST assessments and nutritional assessments and plans were in place for service users as detailed within their care plans. Evidence of regular reviews taking place for nutritional plans and MUST plans were also in place via daily recording and monitoring recorded within each service users PCS daily recorded logs.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Good
★★★★★

What We Found

One service users file contained details of Food First letter to the residents GP to highlight their PEG feeding regime which was dated December 2021 . Their care plan also contained a section entitled people who are involved in my care, which listed Hospital OT, and Nutricia PEG feed supply support team.

B10 Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Good
★★★★★

What We Found

From a total of 29 Bedford Borough surveys completed 24 service users documented that they were given food/meal choices and they found the food/ meals provided to be "good" . One resident commented N/A as they are PEG fed. Three other residents recorded they were not offered choice with a further three commenting the meals are nice but they are not given a choice at mealtimes.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Good
★★★★★

What We Found

Staff were observed in the dining room and main lounge offering residents regular choices of drinks and snacks. Daily menus were displayed on the dining room wall and included a good balanced diet with vegetables and protein and carbohydrates. Fruit and yogurts were available and food was prepared following each residents recommended guidelines with a number of residents requiring soft and pureed foods with some residents who are nil by mouth and are PEG fed.

B12 Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.

Good
★★★★★

What We Found

From observations undertaken there was evidence of service users having access to fluids throughout the day. This was either jugs or water or squash. Additional drinks rounds with snacks are carried out three times a day .Service users who remain in their rooms all had access to drinks within reach.

B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Good
★★★★★

What We Found

Staff were observed over lunch time in the main dining room wearing appropriate PPE with face masks, and aprons . Staff were seen supporting a number of service users with feeding as well as supporting them with their fluid intake.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good
★★★★★

A15 Where the responsibility for the service user's care and support is shared with other providers, the care and support plans should evidence this co-operation. Where a named service user is transferred to one or more services, records should reflect this appropriately.

Good
★★★★★

What We Found

Service users care and support is not shared with other providers. However, all health and medical information including any visits and hospital discharges are recorded within Care Plans.

B14 Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

Good
★★★★★

What We Found

Evidence was seen of service users having visits from family members. Details of contact with service users GP and other health professionals was recorded in daily care notes.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good



A17 Assessments, together with and care/support plans effectively maintain people's safety and DoL's are only used when in the best interests of the service user (where possible).

Good



What We Found

All three service users care plans reviewed confirmed they were subject to a DoLs with details of MCA and Best Interest assessments carried out assessing the residents capacity prior to the DoLS being applied for. Risk assessments for service users are in line with their key health and support needs and focus particularly on their health and medical needs and diagnosis. Restrictions in place are assessed as proportionate to meet residents individual health and safety needs from lack of awareness of risks and dangers.

B21 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good



What We Found

From the 29 completed Bedford Borough surveys all 29 service users confirmed they felt safe and supported by care staff .No service users were spoken to about any Safeguarding concerns raised .

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good



What We Found

Staff recorded the following details within their Bedford Borough surveys of how they might identify abuse and what they would do if they suspected abuse has occurred.

Examples provided were unexplained bruising, body marks, body language, person being more withdrawn, changes in behaviours, skin tears, cuts and changes in behaviours around certain staff. Staff documented how they would firstly inform the manager or lead person on shift of their concerns and how they would also report to Safeguarding ,CQC and the Police as required. Staff also detailed awareness of their Whistleblowing policy and their responsibility to report any concerns to their manager immediately.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.

Good



What We Found

Staff confirmed within their Bedford Borough surveys that they have completed MCA / DoLs awareness training and Safeguarding training. The manager provided a copy of their staff training matrix which supports this training being carried out and completed.

E08 Appropriate safeguarding Information is on display in the Home.

Good



What We Found

A Safeguarding poster was seen displayed on the wall within the main entrance area of the home.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Good



What We Found

The manager provided their Safeguarding file which contained a Safeguarding log sheet of each Safeguarding alert raised with summary of details of concern , recommendations and actions taken with date signed as complete by the manager. The last recorded SV1 alert raised were for a resident with a pressure sore in

September 2022. Details of TVN involvement and air flow mattress in place with on going monitoring in line with recommendations made at the time were viewed. Previous Safeguarding alert was in place for what was seen as a poor hospital discharge, this was in relation to missing medication to which the hospital admitted. There was evidence seen that the family had been kept up to date throughout this process.

Safeguarding and Safety

Cleanliness and Infection Control

Standard Rating

Good



B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good



What We Found

During my visit observations were made of a number of domestic staff carrying out cleaning duties throughout all communal areas of the home . Observations seen included staff wiping down surfaces and doors , cleaning chairs, dusting and hoovering carpets. Staff were observed wearing appropriate PPE , of face masks, aprons and gloves when supporting residents over lunch time .

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good



What We Found

All 15 staff confirmed in their Bedford Borough survey that they have completed infection control training in line with the providers mandatory training matrix.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good



What We Found

Daily cleaning schedules were in place along with the managers own health and safety audits . From observations made from walking around the home the laundry room was very clean and tidy with colour coded mops and buckets , sluice areas were clean and well maintained. The laundry room was well organised with each resident having their own labelled box for their laundry. The COSHH room was viewed which was locked at all times. All cleaning materials within this cupboard were stored as required. The main kitchen area was clean and tidy. Colour coded chopping boards are used as required. Evidence was seen of food temperatures for both hot food and food storage being recorded.

E02 There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Good



What We Found

Infection Control posters are evident within the main entrance area along with hand washing posters and signage located within toilets . A separate visitors toilet was located next to the managers office off the main entrance hall . The toilet was clean and in a good state with liquid soap, hand sanitizer and lidded bins.

Safeguarding and Safety

Management of Medicines

Standard Rating

Good



B16 Staff are observed to handle medicines safely, securely and appropriately.

Good



What We Found

One staff member was observed carrying out the lunchtime medication round . The staff member was observed gaining consent before each administration. The staff member was wearing a tabard to indicate they were carrying out the medication round. The staff member was polite and respectful toward each service user when

entering their bedrooms checking first it was ok to enter. The staff member also supported each service with having a drink with their medication and checking they had access to further fluids within their bedroom before leaving. The staff member demonstrated a good understanding of each service users care and support needs. The staff member only signed each medication once it had been taken. The staff member administered the medication from the trolley which was locked after use and stored on the ground floor medication storage room. The medication trolley was clean and not over stocked containing each service users medication with labelled stickers relating to each room number.

B17 Service users confirm that they are involved in decisions regarding their medication.

Good
★★★★★

What We Found

All three service users care plans reviewed were subject to a DoLS authorisation as they lacked capacity and required full support with their medication management.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good
★★★★★

What We Found

The deputy manager provided details of all staff trained who are trained to administer medication. All nurses within the home are able to administrate medications to residents. The manager confirmed two nurses are on each shift. The deputy manager responsible for overseeing all medication ordering and management confirmed spot checks are carried out along with weekly stock balance checks for medications . Staff medication competencies training was also in place for management to monitor best practice. Staff observed carrying out medication administration to residents were knowledgeable and confident of correct medication administration procedures as well as offering PRN medications such as pain relief .

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

The homes medication room is located on the ground floor of the home. The room is fit for purpose to store medication as is air conditioned. Two medication trollies store the residents medication, these were clean and tidy with each service users medication stored separately.

Locked storage for overstock as well as a wall mounted separate Controlled Drug (CD) cabinet was seen in the medication room. The CD cabinet contained all medication required to be stored in this way along with CD administration book, this had been signed by two care staff following each administration. Evidence of weekly stock checks were completed.

Homely remedies were in place with a separate recording book along with the providers medication policy which referenced homely remedies.

The fridge stored all medications including insulin that were required to be stored in this way.

Prescribed anticipatory medications were stored separately away from other medications.

No covert medications were in place at the time of the assessment.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Good
★★★★★

What We Found

Evidence was seen of medication audits being completed by the manager and deputy manager every second month.

CD weekly stock checks were carried out along with daily stock check balances, these had been signed by two staff.

Homely remedies were in place with a homely remedies toolkit / policy , a separate recording book was in place for all homely remedies in stock and administered.

The Deputy manager responsible for overseeing the homes medication demonstrated the reordering of medication process.

Several residents MAR sheets were checked and contained no gaps in recording with details of residents GP, prescribing pharmacist , allergies status , photo ID , DOB all recorded .

PRN protocols were in place for residents with dates of next reviews recorded and signed by staff completing the protocol.

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

The three service users care plans reviewed confirmed they were deemed to lack capacity and were subject to a DoLS authorisation and were required full support with their prescribed medication. No medication was prescribed that was currently administered covertly.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good

★★★★★

E04 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good

★★★★★

What We Found

From observations carried out around the home the communal rooms were clean and tidy and clear of any obstructions. The home has a large rear patio area that was safe and accessible for those that were able to do so independently or with support. Rooms seen were nicely decorated and clean with added homely touches of pictures on the walls. The main lounge area had a laminate style hard floor which was easy to clean as two large pet rabbits were kept in a large cage which residents spoken to all confirmed are often let out to run around the room allowing residents time to pet and stroke the rabbits with staff being on hand to support. The manager confirmed having pets within the home really helps residents to relax and talk about their own experiences of having their own pets in the past.

The main entrance had Digi lock coded access and other doors within the house had butterfly pictures with code numbers displayed. Door alarms were in place linked to fire alarms.

E05 The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

Good

★★★★★

What We Found

Care plans reviewed all contained details of individual residents needs in relation to transfers and moving and handling support required. Details of moving and handling equipment was also recorded for each resident such as hoist , sling types and sizes , sliding sheets, and air flow pressure mattress in place including details of what each piece of equipment was for and how it should be used. Risk assessments were in place and individually scored with risk ratings which included areas of nutrition, oral health, Waterlow, MUST, and moving and handling assessments.

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.

Good

★★★★★

What We Found

Access to the home is via the front door, this was accessible by a door bell and coded entry system. Staff were observed checking any visitors for ID if they were unfamiliar with who they were. Daily checks and night checks are carried out to maintain the homes security as well as a range of monthly audits completed including Health and Safety and building maintenance checks.

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good

★★★★★

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good

★★★★★

What We Found

All 15 staff who completed the Bedford Borough staff surveys all confirmed they have received appropriate training in moving and handling and the correct use of moving and handling equipment such as hoists , slings, sliding sheets and following the correct safe transfers for residents.

E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good
★★★★★

What We Found

The manager was able to provide a file with comprehensive service agreement checks and safety certificates for a wide range of equipment including all hoists as part of LOLER testing which was completed six monthly with the last test date recorded of 9.05.22, PAT testing annually last carried out July 2022, Abestos checks annually last completed 23.04.22, Clinical Waste service 30.09.22, fixed electrical 5 yearly due next May 26, Environmental health inspection last completed 28.07.22, Gas safety certificate 28.7.22, and fire alarms/ equipment testing and servicing completed May 22(6 monthly).

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good
★★★★★

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good
★★★★★

What We Found

Three staff files were viewed all contained two references, with details of their job application, right to work forms, employee details and their Next of Kin emergency contact. Photo ID information of checks carried out for DBS were held within each staff file. One staff file viewed was for a nurse which contained evidence of their nursing qualification and registered nurses ID /PIN code. Health questionnaires & equal opportunities monitoring forms were also evident within staff files.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Not Assessed

What We Found

The manager confirmed no records are available as not required as no agency staff are used.

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Good
★★★★★

What We Found

The manager confirmed they use the services of an external chiropodist which had a DBS check in place and provided their own business insurance. No other external services are currently in use.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★★★★★

What We Found

The manager confirmed the company have their own initial staff induction workbook which includes 12 week timescale of the Care Certificate / Skills for care for all new employees new to working in care. The manager confirmed the home has not needed to use agency staff for over seven years as the provider has a number of locally based care homes which support one another with staff cover as required. Within staff files reviewed details of job descriptions were on file along with employee handbooks.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Good
★★★★★

B18 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Good
★★★★★

What We Found

Two service users spoken to both confirmed they felt there was always enough staff around and on hand to support them and other service users . One service user gave the example of when they had used their call bell they never had to wait very long before staff attended to check on them. From observations carried out staffing levels seemed adequate in responding to service users needs.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

From the 15 Bedford Borough staff surveys completed 3 staff detailed they felt there was not always enough staff to cover the needs of the service . One other staff member commented yes and no adding some days the service is short of staff . The majority of staff confirmed they are offered extra shifts to cover staff sickness or annual leave. All other staff commented they felt there was enough staff to cover the service and the needs of the residents.

The manager confirmed they felt the service always had sufficient staff levels on duty to meet the daily needs of the service users . The manager confirmed this included nursing staff on shift and the manager confirmed they were nurse qualified so can also step in and provide additional cover if required. This was evident on the day of the assessment.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Good
★★★★★

What We Found

Staff rotas were reviewed for the week of my visit and confirmed adequate staffing levels with the required qualifications and experience including nurse cover. During observations it was noted that call bells were being answered in a timely manner suggesting there were enough staff on duty to meet the needs of the service.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

The provider has a comprehensive Business Continuity Plan which contained extensive and robust plans and details for a wide range of emergencies which would effect the operation of the service . Plans included staffing levels, loss of power, heating , water damage flood, fire and evacuation of the home, loss of IT equipment, Lift out of action, Severe weather disruption, loss of accommodation . All emergency plans were detailed with easy to follow instructions with relevant emergency contact numbers for out of hours services and manager/s.

Suitability of Staffing

Staff Support

Standard Rating
Requires Improvement
★★★☆☆

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

Two staff recorded in the Bedford Borough surveys that they had been new to care and completed the Care Certificate with one other staff member recording they have not started their Care Certificate yet adding they have only been in post for the last three months however the Care Certificate should be completed within the employees first twelve weeks in their care post .All staff recorded they had completed an initial induction period generally recording their induction training lasted two to three weeks.

The manager has since confirmed the staff member in post for the last three months is now undertaking an NVQ level 2 in health and social care so does not need to carry out the Care Certificate.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Requires Improvement
★ ★ ★ ★

What We Found

Staff gave varied responses as to how often they had supervision, this varied from one month to a more general response of 2-3 months. Staff also confirmed they do receive annual appraisals although the manager confirmed no staff appraisals have been carried out in the past year due to staff struggling to comprehend the providers appraisal format.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good
★ ★ ★ ★

What We Found

Staff recorded in the completed Bedford Brough surveys that they have completed the following training Fire, First Aid, Safeguarding, Health and Safety, Moving and Handling, Infection Control, Dementia Awareness , MCA and DoLs and Oral Hygiene.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Not Assessed

What We Found

The manager confirmed they have not been required to use any agency staff for over seven years as a number of other local homes are based within the same road and staff are available to cover along with a number of relief bank staff available within the homes company.

C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★ ★ ★ ★

What We Found

From staff Bedford Borough survey responses staff confirmed they would either contact the manager if they felt any bullying , harassment or violence was taking place within the service. Some staff recorded they would also contact the local authority and the nurse in charge. Staff confirmed they were aware of the providers Whistleblowing policy.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★ ★ ★ ★

What We Found

Staff files viewed all contained training records and certificates for each training course completed. The manager also provided a copy of their staff training matrix which detailed records of staff completing their initial induction training with date of completion . All mandatory training was recorded with timescales of renewal dates required for each training listed. From the staff files viewed all three staff had previously worked in care and details of completed qualifications such as level 2 BTEC in health and social care was seen in one employees staff file.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Requires Improvement
★ ★ ★ ★

What We Found

The manager produced a copy of their staff annual supervision log sheet which confirmed all staff do have 1-1 supervisions in line with the providers Supervision policy of four supervisions annually. However the manager confirmed they have not held formal staff appraisals due to staff finding the process difficult to understand and follow.

The manager confirmed they will now review their appraisal format to support staff with a better understanding of this process.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★ ★ ★ ★

What We Found

The manager provided their staff training matrix which contains refresher training dates for all staff in line with the providers mandatory staff training requirements. A number of care staff within the providers mandatory training matrix had no dates for completion of MUST or End of Life training. However the manager has now confirmed only kitchen staff require this training as mandatory (which is provided by the CCG team), and all other care and nursing staff are supported by the manager within their 1-2-1 sessions to provide them with knowledge of MUST and IDDSI. All nursing staff lease with the palliative care team for all end of life service user support needs.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating

Good



C15 Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good



What We Found

Four staff recorded with their Bedford Borough staff surveys that when they have raised concerns with management they did receive feedback and support. All other staff recorded they have not been required to raise any concerns with management.

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Good



What We Found

The manager provided the service audit file which contained a number of Service Improvement Plans which detailed on going actions from a wide range of audits being undertaken throughout 2022. Service improvement plans contained key areas of details of issue identified, actions required and by who, date of completion with staff sign off details for each action identified. Action plans contained actions from a wide range of sources including Safeguarding alerts, staff training, complaints, incidents, accidents, audits which were extensive covering all service areas. Evidence of actions being completed with details of actions taken and date and signed by the relevant staff member responsible for each action. The manager oversees the Service Improvement Plan.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good



What We Found

The entrance of the home displayed the providers complaints procedure along with Safeguarding poster for reporting any concerns of abuse to the local authority.

Staff induction and mandatory training includes Whistleblowing procedures and staff responsibilities of reporting any concerns. The manager added they will discuss safeguarding and whistleblowing within team meetings and staff 1-1's with evidence of this viewed. A service complaints file was also reviewed as part of the assessment.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating

Good



B19 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

Good



What We Found

One service user spoken with confirmed they had only been at the home for a short time but had not had to complain about any care and support during their time living at the home. The service user confirmed they would talk to staff or the manager if they did have any concerns about their care.

B20 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★★

What We Found

Three service users recorded in the homes resident satisfaction questionnaire from May 2022 that they were happy that the management team deals with any complaints in a timely manner and keeps them informed of outcomes and any required actions.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

What We Found

Staff confirmed within their Bedford Borough surveys that they are able to add agenda items for team meetings and confirmed they have team meetings on a regular basis normally monthly .

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good
★★★★★

What We Found

The manager provided their complaints file which contained a summary log sheet of all complaints received. The most recent complaint was dated 17.08.22, evidence was seen that this has been dealt with in line with the complaints policy. Further evidence was on file of Care Standards QA concerns raised for one resident back in May 2022 which has now been closed with actions completed.

F07 There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

The manager confirmed they have not had relatives meetings due to Covid . The manager provided details of their most recent relative and friends satisfaction surveys completed in September 2022. The manager confirmed feedback overall was confirmed as mainly excellent or Good . The manager did feedback that they would look how they can improve any relatives comments or scores that have been marked as satisfactory.

Staff team meetings were evidenced as taking place with the most recent team meeting on file recorded on 28.09.22. Typed team meeting minutes were in place with an agenda however no details were recorded of any actions agreed or by whom , the manager agreed they would look to change the format to add actions agreed for each team meeting going forward.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Good
★★★★★

What We Found

QA concerns raised by Bedford Brough council were detailed within the providers complaints file with evidence of the managers feedback of actions taken responding to Bedford Borough original QA concerns.

Quality of Management

Records

Standard Rating

Good
★★★★★

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good
★★★★★

What We Found

Residents care plans and personal files are kept in the managers office which was secure and locked when not in use. Electronic care plans for residents required log in details and were password protected.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLs, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good
★★★★★

What We Found

The manager provided a copy of their DoLs log sheet which contained details of all residents granted DoLs with expiry dates. The manager provided evidence that they keep an overview sheet up to date making sure new DoLs applications required are sent in on time to Bedford Borough .

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good
★★★★★

What We Found

The manager provided their service audits file which was comprehensive containing details of when each audit was completed and by whom. The manager provided clear evidence of on going actions picked up from a range of audits and other compliance sources which were added to their service improvement plan. This recorded details of the issue found and actions required along with planned target dates for each action.

Audits were mainly carried out by the manager and Deputy manager however some audits were carried out by the Operations manager which included a whole service audit quarterly review and an additional annual "Buildings and Grounds" audit was completed by the directors of the company.