

Beechfield Care & Support Limited

# Beechfield Care & Support Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beechfield Care and Support Limited provides personal care to people. At the time of the inspection the service was supporting 3 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported safely with medicines. Staff followed Infection prevention and control good practice guidance. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

Staff understood how to protect people from poor care and abuse. The service had enough appropriately skilled and trained staff to meet people's needs and keep them safe. Where people had support, this was flexible, available when they needed it and to the level they needed. Care was provided in a person-centred way and records reflected outcomes for people. People said staff treated them with care and kindness and supported them to take part in their individually preferred activities and to follow their own lifestyles.

### Right Culture:

Overall, the culture at the service was very positive. People, relatives and staff said they were listened to. The service was open to new ways of working and ongoing developments were introduced to promote independence and continuous improvement. Staff placed people's wishes, needs and rights at the heart of everything they did.

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

### Rating at last inspection

The last rating for this service was good (published 5 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechfield Care and Support Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Beechfield Care & Support Limited

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who use the service, and 3 relatives. We spoke with 7 staff including the registered manager and 6 support staff

We reviewed a range of records. This included 2 people's care records and medicine records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which showed measures for staff to follow to ensure people were kept as safe as possible from harm.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies such as day services to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them told us they felt safe living at Beechfield.
- Staff managed the safety of the living environment. Regular checks on equipment and the environment were made.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to provide support flexibly to meet people's needs. The provider made sure there were enough staff to meet people's individual care package.
- The provider was responsive to people's changing needs and sought support from other services where needed.
- Staff recruitment and induction training processes were effective. The provider had worked diligently to recruit and retain staff.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place.

- Staff had clear, up to date guidance about how to protect against COVID-19. Staff had access to supplies of personal protective equipment (PPE).
- All areas of the service were clean and free from clutter or hazards.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely. Staff followed systems and processes to administer, record and store medicines safely.
- People received safe care because staff managed incidents affecting people's safety well and learned from them. There were very few incident or accidents, but staff knew how to recognise and report any concerns. One relative we spoke with said, "Oh yes, I know [Name] is very safe living at Beechfield."

# 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.

At our last inspection we rated this key question as good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made.
- The provider had a system of audits and checks to monitor the quality and safety of the service. However, this was a new system and needed to be embedded.
- We received feedback from a commissioner of the service. They said, "The registered manager is incredibly committed, hard working and cares for her staff and service users. They managed really well through the pandemic."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were "very happy" with the service. One person said "I have loved it here since I moved in."
- Relatives told us staff were "Very friendly and caring."
- We observed a staff meeting taking place. Staff voiced issues and gave feedback and this was listened to and responded to by the management team in a positive way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their duty of candour responsibilities.
- People and staff described the management team as always available and around.
- There was a clear plan in place for the provider who was also the registered manager, was planning to retire. A new manager was already working at the service and would transition into the registered manager role with support to ensure a seamless transition.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people. People were involved in regular meetings and relatives and staff were sent an annual questionnaire.
- Relatives spoke positively about the communication with the service. One relative was highly praising of the service saying, "A staff member brings [Name] to visit me weekly now my health is worsening, it's wonderful they do this for us both."

- The service worked with other health and social care professionals who were involved in people's care.