

Beechmount Care Home Service

14 Ulundi Road
Johnstone
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Voyage 1 Limited

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Service no:
CS2003001296

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Beechmount is a care home for up to eight adults with learning disabilities. The home is a detached property in Johnstone and is close to local amenities and transport.

Bedrooms are located on two levels and are all single occupancy. One bedroom has en suite facilities, and the others have a wash-hand basin. There are two shared bathrooms, a sitting room and a large dining kitchen.

The service aims to 'provide high quality support to individuals in a manner that enables them to live as fully as any other member of the community, and gain the benefits and responsibilities of citizenship.'

Beechmount is owned by Voyage Care, and has been a registered care home service since 1 April 2002.

What people told us

We sought the opinion of people who used the service, including family members, as part of our inspection. We had feedback from eight people and comments were positive, including:

"Beechmount is a friendly and homely establishment. The staff treat my relative with respect and understanding. He is very well cared for. We couldn't ask for more."

"The manner in which my son treats Beechmount as his home is, I believe, testament to the care the staff put into treating him as an individual. The manager has an open door policy for family and this has resulted in a build-up in trust."

"My daughter is very happy in Beechmount. She is well looked after and the staff are very caring and attentive. I am also kept informed if she has to see the doctor or a health professional."

"I'm very happy with the service at Beechmount. My daughter is well cared for there. She's always busy, either out at her centre or out with staff. She always looks well-presented and happy."

"The staff are fantastic. There have been changes - some coming and going - but the new staff have settled in nicely. They're always friendly when I speak to them and have gotten to know my daughter."

"My son is happy and got his own independence. That's what we've always wanted."

"The staff are wonderful. They seem very dedicated to the job."

"There have been some staff changes, but actually it's worked out quite well. I used to be an advocate for only having long-term staff in there. But it's nice to get new faces and an injection of fresh ideas. The new workers are very friendly, good at their job and get on so well with people already."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

Beechmount valued the opinion of people and their families. There were regular opportunities for people to influence their support and the overall service. An inclusive culture had developed through tenants' meetings, one-to-one keyworker sessions and six-monthly person-led reviews. We saw evidence that the service listened and responded to people's wishes.

For example, we spent time with a person with learning disabilities and autism. They had expressed a strong interest in buses, and were supported to complete voluntary work at a bus depot. This was complimented by regular trips to transport museums and places of interest. These activities brought the person great joy and demonstrated the service's person-led practice.

We saw that other people had personal and meaningful activities that promoted their wellbeing. Some people attended a local dance class in the community, which they explained was fun and helped develop their confidence and mobility. Other people joined community clubs in the evening, which provided stimulating and diverse social opportunities.

People were involved in decision-making on issues throughout the service, including the environment, activities and food. Those with complex needs and non-verbal communication skills were encouraged to exercise as much choice as possible. We observed an interaction between a person and an experienced staff member using individualised signs and gestures. Staff understood the person's style and responded well, ensuring their needs were met, whilst having a warm and positive dialogue. Pictures, visual aids and tablet computers further promoted people's inclusion.

Staff encouraged people to develop their daily living skills. We saw that people were involved in completing housework, light meal preparation and recycling. This had enhanced their independence and mobility, and offered a real sense of participation in the service.

People and families gave positive feedback about staff and management. This confirmed our observations that people and workers shared strong rapport, understanding and communication. We noted there were staff changes earlier in the year. However, this appeared to have a positive influence on team dynamics. A family member explained: "There have been some staff changes, but actually it's worked out quite well. I used to be an advocate for only having long-term staff in there. But it's nice to get new faces and an injection of fresh ideas. The new workers are very friendly, good at their job and get on so well with people already."

The service's improvement plan was comprehensive and insightful. It was also inclusive, and based primarily on the views of people, families and their wider support circle. This further demonstrated the person-led culture.

We did not identify any significant issues during our inspection. Families explained there was a brief period of uncertainty during staff changes. However, they now felt confident in the team and were positive about relationships. We suggested that the service introduce a newsletter, or other form of communication, to inform families of new staff, activities or other developments. Family members who are unable to visit regularly would welcome this.

The majority, but not all, new staff members had enrolled in additional, specialist training courses, for example, in autism. We asked the service to ensure that all new staff members complete this as soon as possible. Experienced staff members should continue to guide and share good practice with colleagues.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**5 - Very Good**

People should have plans that detail their health and social needs, interests and outcomes. The support plans at Beechmount were very good quality. They contained a great deal of meaningful personal information, which offered insight into people's backgrounds, interests and strengths. This helped develop positive relationships and a person-led culture.

People had clear outcomes in their plans that explained what they wanted to achieve in life. This was empowering, and offered greater purpose and direction to the service. Reviews were particularly inclusive and focused on outcomes. They were based on a 'what's working' and 'what's not working' approach, and highlighted specific questions from people and their families. This gave a sense of transparency and accountability.

There was a high level of detail for people's health needs. For example, people who had epilepsy, dysphagia or autism had additional plans with specific information. This provided clear guidance to staff, and promoted consistent practice.

We were impressed by people's communication plans. They highlighted people's verbal and non-verbal style including sounds, signs, gestures and expressions. There were also pictures with illustrative examples. This promoted staff understanding as well as people's inclusion in the service.

We suggested some improvements to the service's support plan template. There was a section on end of life planning, which we felt was too brief. We shared an anticipatory care planning tool, which should capture people's wishes in a more personal and meaningful way.

We noted a section of the support plan that contained dated, clinical terminology including phrases such as 'uncooperative behaviour'. This was not consistent with the service's otherwise person-led plans and culture. We asked the service to review this particular section of the support plan template.

Some people had appropriate measures, such as bedrails and seizure alarms, to keep them safe. There were detailed risk assessments in place. However, we asked the service to better demonstrate the agreement of family members, and how the measures were reviewed, in line with good practice guidance.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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