

Hilton Nursing Partners Limited

Beech Tree Total Care SKC & Ashford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16, 17 and 18 May 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. This was the first inspection since the service had moved and registered at the new offices in Chamberlain Manor.

Beech Tree Total Care SKC & Ashford provide care and support to people in their own homes. The service is provided to mainly older people and some younger adults. At the time of the inspection there were approximately 152 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Ashford, Folkestone, Dover, and surrounding areas. In addition it also provides visits to people and 24 hour on call cover in Chamberlain Manor and Joseph Hadlum Court both in Ashford, which are blocks of flats with additional communal facilities available for people that live there.

The service is run by a registered manager who is also the registered manager for another of the provider's services located in Birchington. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received their medicines when they should and felt their medicines were handled safely. However there were shortfalls in some medicine records and a lack of guidance about some areas of medicine management.

Most risks associated with people's care had been identified, but there was not always sufficient guidance in place for staff and some guidance had not been reviewed to ensure it remained up to date, to ensure people remained safe.

People were involved in the initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. However care plans varied in the level of detail and all required further information to ensure people received care and support consistently and according to their wishes. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan. People did not have regular opportunities to have their care plan reviewed to ensure it remained up to date and reflected their care needs.

People did not receive a service from staff whose knowledge and training were up to date, to enable them to provide effective care and support. Nearly all staff felt well supported, although they did not have regular opportunities for formal supervision, they felt senior staff were always available for them.

Audits had been undertaken and had identified the shortfalls found during this inspection. However regular audits and systems need to be embedded, to monitor the quality of service people received and to ensure they are effective in identifying shortfalls and enabled management to take action in a timely way.

People had signed a consent statement about their care and support and told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people chose to be supported by family members when making decisions. Most staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process. However where people were subject to restrictions, such as using bedrails and their medicines were kept locked away, the capacity assessments undertaken before the best interest decision had been made was not recorded.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and most staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People felt they had their needs met by sufficient numbers of staff. People received a service from a team of regular staff. Staffing numbers were kept under review and staffing numbers in Chamberlain Manor were the subject of ongoing discussions with the local authority. New staff underwent an induction programme, which included attending training courses and shadowing experienced staff. Some staff had gained qualifications in health and social care.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. The service worked jointly with health care professionals, such as physiotherapists and an occupational therapist.

People felt staff were caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

Nearly everyone told us that communication with the office was good and if there were any concerns they called the office who responded. People felt confident in complaining, but did not have any concerns. People felt the service was well-led and well organised.

The provider had a mission statement. To promote a philosophy of total care towards anyone who came into contact with the organisation. Staff felt this was followed through into their practice.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were shortfalls in medicine records and a lack of guidance about some areas of medicine management.

Most risks associated with people's care had been identified, but there was not always sufficient guidance about how to keep people safe or guidance was not up to date.

People's needs were met by sufficient numbers of staff and these were kept under review.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's care and support was not always delivered by staff whose knowledge and training was up to date, to ensure it was effective.

Staff encouraged people to make their own decisions and choices, but where people lacked capacity and best interest decisions had been made capacity assessments had not been recorded.

People received care and support from a regular team of staff who knew people and their care and support needs.

People were supported to maintain good health. Staff worked with health care professionals, such as occupational therapists to resolve and improve any health concerns.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed.

Is the service responsive?

The service was not always responsive.

People's care plans varied in detail and did not reflect all the detail of their personal care routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support. They had not been regularly reviewed to ensure they remained up to date.

People felt comfortable if they needed to complain, but did not have any concerns.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received needed to be embedded to ensure they were effective and management resolved shortfalls in a timely way.

There was an open and positive culture within the service, which was focussed on people. The provider had a mission statement and staff followed this through into their practice.

There was an established registered manager who was supported by a team of senior staff team who worked hard to drive improvements.

Requires Improvement ●

Beech Tree Total Care SKC & Ashford

Detailed findings

Background to this inspection

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

This inspection took place on 16, 17 and 18 May 2016 and was announced with 48 hours' notice. The inspection carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of arranging and monitoring the domiciliary care services of a family member.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included ten people's care plans and risk assessments, two staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with twenty people who were using the service, four of which we visited in their own homes, we spoke to six relatives/representatives, the registered manager, the branch manager and nine members of staff.

After the inspection we contacted seven health and social care professionals who had had recent contact

with the service and received feedback from four.

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person told us, "They (the staff) are very friendly".

People told us they felt they received their medicines when they should and staff handled them safely. However people were not fully protected against the risks associated with medicine management.

There was a clear medicines policy in place. Staff had received training in the management of medicines and their competency was checked by senior staff during observations of their practice.

The topical medicines detailed within the care plan or risk assessment did not always match the information staff reported in the daily notes. For example, in one case the daily notes showed that staff were applying topical medicine to a person's legs and feet and another cream to their groin area. However the care plan did not mention any topical medicine within the personal care routine and the medicines risk assessment only showed that topical medicine should be applied to the legs and feet.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage constipation or skin conditions, there was a lack of clear individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. For example, people were prescribed different creams/sprays, but there was not always guidance about where or when these should be used. Another person was prescribed a medicine to help with constipation, but there was no guidance about when this should be given and when or if further doses could be administered. This could result in people not receiving the medicine consistently or safely.

Most people had Medication Administration Records (MAR) charts in place where staff administered people's medicines, but not all. The MAR charts were not always clear how a topical medicine was prescribed, such as daily or as required. Medication Administration Records charts did not always reflected that medicines had been administered or a code entered as to the reason they were not, so we were unable to ascertain whether people had received their medicines. In one care plan it stated that a pain relief medicine should be left for the person to take later as the visit timings did not fit with the pain relief timing. The MAR chart had some signatures indicating that staff had actual administered this medicine contrary to the care plan and at other times no code was entered to indicate the medicine had been left for the person to take later. The lack of accurate record keeping left a risk that this medicine might not have been taken consistently or safely.

A social care professional told us they also had concerns about accurate records in relation to medicine management following a recent incident and had recently written to the registered manager to investigate this.

Risks associated with people's care and support had in most cases been identified. For example, risks in relation to people's environment, falls and moving and handling people. People told us that they felt risks

associated with their support were managed safely and one person said they felt safe when staff used equipment, such as to help them into the bath. However there was not always sufficient guidance in place to reduce these risks. For example, one moving and handling risk assessment only stated the equipment to be used and the number of staff required, there was no guidance about how this person preferred to be moved or how it should be done safely, such as detailing what hoist sling hooks should be used so that the person would be moved in the right position. In some cases there was very good detail, but this was not always up to date. For example, staff had recorded in the daily notes that they had used a piece of equipment to move the person whilst in bed, but this equipment or how to use it safely was not detailed in the risk assessment. Risk assessments did not always show that equipment had been serviced within recommended timescales, because information had not been updated. However staff told us they always visually checked equipment before they used it so they knew it was safe. Some people that were at risk of poor hydration had their fluids monitored. However there was no detail about what the recommended daily fluid intake was for that person or what action staff should take if this was not met. In some cases risks assessments did not show the personalise actions staff should take to ensure the person remained safe they simply stated 'follow policies and procedures'. Some people suffered with diabetes, but the risks related to this had not been assessed, so staff had no guidance about what the signs and symptoms would be or what action they should take should someone become unwell due to their diabetes, in order to keep them safe.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had a risk assessment in place for events, such as power failure or bad weather. These included measures, such as decamping to another office location, access to 4x4 vehicles, staff working locally to where they lived, to ensure people would still be visited and kept safe.

People were protected by safe recruitment procedures. We looked at two recruitment files of staff that had been recruited since the service had registered. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. Most people we spoke with told us staff did "generally" or "mostly" arrive when they were expected, although one person we visited told us on a few occasions staff were late and this could disrupt their plans for the day. This had only happened when staff had gone sick and other staff had taken on extra calls. When we returned to the office, office staff checked timing of the calls on the computer system to ensure they agreed with what the person expected and arrangements were put in place to ensure if there was an emergency that the person was always contacted to explain, as they had told us this did not always happen. To improve the quality of visit timings the provider had introduced a call monitoring system where staff scanned their mobile phone over a disc kept in the person's home when they arrive and when they left the house, recording the visit time and length. If the visit was more than 30 minutes late in scanning a reminder appeared on the office staffs screens, so they could take action. The registered manager told us this system had had some teething problems, but would ensure people received their visits as they should. A few staff felt there had been shortages of staff, but things were "getting better". One staff member said, "Sickness can be an issue, but we pull together as a team and we have a great team". Records showed that when a person wanted to change the time of a visit this was accommodated. People said staff stayed the full time or did all the tasks required. One person talked about how staff always sat "down and have a chat if they have finished everything early".

People's visits were allocated permanently to staff rotas where possible and these were only then changed when staff were on leave. Staff worked in a geographical area or within the team at Chamberlain Manor or

Joseph Hadlum Court and the registered manager kept staffing numbers under review. There was an on-call system covered by senior staff.

There was a safeguarding policy in place. Most staff had received up to date training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been two open safeguarding alerts since the service had registered and the registered manager was familiar with the correct process to follow when any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Is the service effective?

Our findings

People and relatives were satisfied with the overall care and support received. Comments included, "The carers all know what they are doing and I get all I need". "Everything is fine". "I have no problems". "Yes it's all fine". "They are a god send to us".

Care plans contained information about how a person communicated and what support was required to enable good communication, such as 'I am hard of hearing so please speak up and directly to me, please do not shout'.

People and relatives felt staff had the right skills and knowledge to provide care and support that met people's needs. "My two usual carers are good, they are trained (for a specific care task), but when I get someone new they don't know what to do". Two people felt new staff did not spend enough time training.

People told us they received their care and support from a team of regular staff and were happy with the number of staff that visited them. One person said, "We (person the staff member) get on very well and she knows me well. I don't have to tell her what to do". The registered manager told us that following an initial phone call where they discussed people's needs they match members of staff to cover the visits. In the community the matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. Records showed that when people were not happy with a particular staff member there had been no problem with changing. People said they mostly knew who was coming because staff told them. The registered manager told us that people were asked during their assessment if they wanted to receive a schedule of visits in advance and some people had chosen to do this.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included attending training courses and shadowing experienced staff until they felt confident. In addition staff also received a staff handbook.

The registered manager told us the induction was in the process of being changed from Skills for Care to the Care Certificate, which was introduced in April 2015. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Two staff that had been recruited since the service had registered had undertaken their mandatory training, but not completed an induction that met Skills for Care induction standards.

Staff received training relevant to their role and this included first aid, reporting and recording, safeguarding vulnerable adults, moving and handling, personal care, pressure area care, medicine administration, health safety and fire awareness, infection control, equality and diversity, dementia awareness and catheter care and stoma care. Records showed that at the time of the inspection there were considerable gaps in staff's mandatory/refresher training. For example, moving and handling, first aid, safeguarding vulnerable adults, mental capacity act, food hygiene, infection control and fire awareness. Records confirmed between five and 34 staff needed to undertake training in subjects where there was a shortfall to ensure their

knowledge was up to date.

A social care professional told us they also had concerns about staff training following a recent incident and had written to the registered manager about this.

The provider had failed to ensure staff received appropriate training. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the provider had recruited a new fulltime trainer who would start their employment the following week. We saw a training plan was already in place, with every member of staff that required training or refresher training booked on a course. It was planned the all the shortfalls would be address by July 2016.

The service had 69 care staff and 29 had achieved or were undertaking a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

Staff received opportunities for support and supervision. The provider's policy stated that care staff should receive supervision twice a year, an observational spot check and an annual appraisal. Records showed that eight staff had not received either an observational check or supervision during 2016, so there was some slippage on staff receiving regular supervision and this is an area we have identified as requiring improvement. The registered manager told us plans were in place to catch up and records showed that senior staff had planned time in their diaries for this. Staff told us they had had opportunities to discuss their learning and development and any concerns they may have had. A few staff had had the opportunity to attend a team, where they were able to discuss any issues and policies and procedures were reiterated. The majority of staff told us they felt well supported and knew if needed to they could contact senior staff at any time and they would help them.

People had signed a consent and contract agreement to care and support. This included a statement 'I can confirm that my consent has been sought to the care and/or support by me in the initial assessment and full details have been explained to me. I hereby give my consent to this agency to supply the required services'. People said their consent was also achieved by staff discussing and asking about the tasks they were about to undertake. One person told us, "They (staff) always ask my opinion". People said staff offered them choices, such as what to have to eat or drink.

Most staff had received up to date training in Mental Capacity Act (MCA) 2005. The registered manager told us that no one was subject to an order of the Court of Protection although some people did have Lasting Powers of Attorney arrangements in place and others had a Do Not Attempt Resuscitation (DNAR) in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us about a best interest decision they had been involved in regarding the future arrangements of one person's care and demonstrated they understood the process that was followed. However records and discussions identified that some people had restrictions in place, such as bed rails or their medicines were kept locked away for safety reasons. Although it was apparent that the person's capacity had been assessed and a best interest decision had been made in relation to the medicines there were no records to evidence the capacity assessment. This is an area we

have identified for improvement.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. People required minimal support with their meals and drinks if any. Staff told us where people were at risk of poor nutrition or hydration measures were in place to reduce these risks, such as food and fluid charts to monitor their intake and people were prescribed meal supplements. Staff usually prepared a meal from what people had in their home or had a meal delivered. One person used a straw, which enabled them to drink independently. People said staff encouraged them to drink enough and would leave a drink or drinks for later.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. One person talked about when they were not feeling themselves staff ensured they sat down for their personal care routine instead of standing; to make sure they were safe. Records and discussions showed that when staff were concerned they took appropriate action, such as when a person had a fall an ambulance was called. Another person had a sore leg and they were encouraged to call the doctor. Appropriate referrals were made to health professionals. For example, the occupational therapist and physiotherapist to assess or reassess for equipment.

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. People and their relatives told us and we observed this sometimes included the use of good humour or a joke. People were relaxed in the company of staff. People and relatives were entirely complimentary about the staff. Comments included, "They are all lovely in different ways". "All of them are very nice girls in their own way". "My carers are good. "They are lovely and do everything for me". "My regular carers are like my friends". "They are kind and are very good". "They treat me well". "The carers are good; I don't have anything bad to say". "They chat to me". "The carers are wonderful". "We get on well with all of them, they are very social able".

People and relatives felt staff always treated people with dignity and respect and that the staff were kind and caring. Some people talked about staff that "Went that extra mile". One person told us, "(Member of staff), I have been really impressed with her, she cannot do enough for me". Another person said, "(Member of staff) is always cheerful and sensible and with it, if you wobble there's no panic, she knows me well. I feel confident with her".

During the inspection staff took the time to listen to feedback and answer people's questions. One person raised an issue about the time staff arrived on a few occasions. Senior staff listened, looked at the daily report book to check the dates and explained why this might have happened, but reassured them they would look into it and ensure their visit time was recorded properly in the office to help ensure this did not happen again.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

Some staff had signed up to be 'dementia friends'. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. It is about gaining and updating staff's knowledge and then raising awareness within the community.

People told us their independence was encouraged wherever possible. One relative talked about two staff who tried really hard to encourage their family member to do little things for them self. Other also people gave us examples of how staff encouraged them to be independent.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. Some people told us that occasionally senior staff visited to talk about their care and support and discuss any changes required or review their care plan. People felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection people did not require support to help them with decisions about their care and support, but if they chose were supported by their families or their care manager, and

no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they had their privacy respected. Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

Is the service responsive?

Our findings

People told us they were involved in the initial assessment of their care and support needs and in planning their care. Some people told us their relatives had also been involved in these discussions. Senior staff undertook these initial assessments, which included preferred name, social and life interests, medical conditions, mobility, communication, continence, nutrition and hydration, personal hygiene and medicines. People or their representative had signed the assessments as a sign of their agreement with the content. People told us they felt their care plans reflected the care and support staff undertook on each visit.

Care plans were developed from discussions with people, observations and the assessments. Care plans should have contained a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. However they varied in detail and all required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. For example, daily notes made by staff showed that one person had cushions and a blanket to make them comfortable, they had fruit prepared and other food, but this detail was not included in their care plan.

Other care plans stated the tasks to be undertaken, such as 'on occasion I would like a shower time permitting' or 'to help me wash and dry', or 'assist me to get up' and 'I would like the care worker to assist me to have a full wash and all my personal care needs', but had little or no detail about people preferences or what they could do for themselves. One care plan stated that a person had a catheter, but staff told us this was not in place at the time of the inspection. It also stated the person had a shower every day and staff told us this was not up to date. Staff told us this person did not get fully dressed each day, but this detail was not in their care plan. Another care plan stated the person had a pressure sore, but this had healed.

Some care plans did contain information about what a person could do for parts of their personal care routine, such as washing, but nothing about what they could do for themselves when drying, dressing or undressing.

This meant that people would have to explain their preferred routine to any new staff that visited or would not receive consistent and safe care particularly when their regular staff member did not visit. One person told us, "Sometimes they (regular staff) are on leave and the new don't know what to do".

The registered manager told us that care plans should have been reviewed three and six monthly. However some folders contained no evidence of a review since the summer 2015. Most people were aware of their care plan and comments included, "Yes I have one, they look at it, but they don't seem to stick to it". "Yes, I have one, but they haven't reviewed it". "They recently came to redo my care plan and asked lots of questions. I haven't received a copy of it yet". "Six weeks ago a senior carer came and reviewed the care plan".

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014.

People were not socially isolated. One person told us they went out to a daycentre and staff always made sure they were ready in time for the transport. At care plan review visits senior staff discussed whether they could offer or source people any services. People said they looked forward to the staff visits each day and told us this in itself sometimes ensured they were not lonely. One person said, "It is the companionship that is most important". People at Chamberlain Manor and Joseph Hadlum Court could go down to the communal dining room for meals or the lounge to socialise with other people.

People told us they felt confident in complaining, but did not have any concerns. People knew how to make a complaint and if they had complained previously the service had responded well to concerns raised. The complaints procedure was contained within information in people's care folders, which were located within their home along with their care plan. Records showed there had been three formal complaints since registration, which had been investigated and responded to appropriately or were still open at the time of the inspection. The registered manager told us they dealt with any complaints so these could be used to learn from and improve the service.

People had some opportunities to provide feedback about the service provided. Some people had been visited by senior staff as part of staff's observational supervision and had the opportunity to raise any concerns during this visit. When people received a care plan review visit they were asked for their feedback about the service they received. Some people had received a telephone call to gain their feedback about the service. The registered manager told us they planned to send out quality assurance questionnaires during August 2016 and then annually.

Is the service well-led?

Our findings

The service was run by a registered manager, who also managed another location in Birchington owned by the same provider. They worked Monday to Friday in the office and attending meetings and they split their hours between the two locations. At the time of the inspection they told us they usually worked at Ashford three days a week. The registered manager was supported by a branch manager, three coordinators (community areas), a care manager (Chamberlain Manor and Joseph Hadlum Court), a team leader (Joseph Hadlum Court), three field seniors (community) and an admin assistant.

Although the service had only been registered since January 2016 they had prior to this gone through a period of many changes including, changing offices, new contract arrangements with the local authority and people and staff transferring from other providers to Beech Tree Total Care and as a result these changes had impacted on the services that people received and the office staff arrangements. Since this service registered the registered manager had employed two new co-ordinators, a care manager and an admin assistant. A new full time trainer was also due to start the week following the inspection. The registered manager had carried out several audits and had identified the shortfalls highlighted during this inspection. They had restructured the office staff so that coordinators and the care manager had responsibility for specific areas to co-ordinate. The role of the coordinator had been developed with training and their new responsibilities had just started with a coordinator/assessor role. This meant these staff would carry out people's initial assessment and develop the care plan, coordinate the staff visiting these people, review their care plan and undertake supervision and observations for the staff within their geographical area. The feedback from staff during the inspection on having an identified member of office staff to go to was very positive. One member of staff told us, "I was impressed with the plan, but it has taken longer than I thought, but they are driving through and have a vision".

It was evident during the inspection that the office staff worked hard as a team to ensure the service ran smoothly. People and relatives told us they had not really had any contact with the registered manager, but dealt with the branch manager or co-ordinators and most spoke well of them. One person told us they "don't always get much of a reaction from them" when they called although other comments were positive, such as "they are always polite and respond". People felt comfortable in approaching and speaking with them. Some people felt that they were not always contacted when staff were running late for their visit or that this area was not consistently managed.

Staff felt the registered manager and office team were open and approachable and motivated them. Their comments about the management team included, "X (coordinator) is lovely". "I have been impressed, they look after their staff, and you know where you are and can say what you think and they take it on board". "They are fair and good, if there's a problem I go to them and it's sorted". "We are a small group of good carers and we are supported to the end degree. I would recommend the company". "They have a can do attitude". "It has been a bit of a scare with the changes in the office, they have not always got back to me, but with X (coordinator) I feel supported, we work as a team". "X (coordinator) is excellent". "Big improvements when X (coordinator) took over us". "If I have concerns I get help and they are dealt with". "The coordinators are more than capable to advise and know what they are doing". "There's been a settling

down period, although it is well-organised". "The situation is getting sorted, from the old management to now it has changed and they do listen and take notice. I feel confident to raise issues". "Staff are speaking up more due to better management".

Most people felt the service was well-led and well organised. One person told us they had had a "good service recently". Other comments included, "I would recommend it". "I can speak to the office and feel comfortable". "It's a very good service. I have no complaints at all. I can't think of any improvements". "I need them to be consistent". "It's OK. It could be better". "The service is fine". "Absolutely no complaints at all".

The registered manager received regular reports from senior staff regarding the number of hour's service provided to people, new referrals, complaints, compliments, sickness levels, new staff and staff leavers, missed calls and late calls, safeguarding alerts, medicines errors, accidents and incidents, supervisions and observational spot checks. Weekly reports were sent to the provider as part of the quality monitoring system. However although the registered manager had identified the shortfalls evidenced during the inspection the provider needs to ensure that quality monitoring systems are embedded and are effective in identifying shortfalls so that management action can be taken in a timely way. This is an area that requires improvement.

In addition the provider had to submit a quarterly return to the local authority and continuing health care that they contract with to enable them to measure the service quality. Feedback we received from two social care professionals identified concerns with the staffing levels within Chamberlain Manor, in particular when staff had to leave a visit to attend to a life line call bell from another person. There had been meetings with the registered manager to try and resolve this. Two residents of Chamberlain Manor also raised concerns about the timing of their visits. One person told us that a coordinator had already visited them recently and most issues had already been resolved. The only remaining issue was around the housekeeping visit. We contacted the coordinator responsible for Chamberlain Manor, who had already arranged a meeting with the other person to discuss their concerns and a way forward. They agreed to speak with the care manager and invite them to the meeting as well. The registered manager had worked with the local authority and other providers to pool resources in an attempt to improve staffing levels and the quality of services to people received. They had also introduced double-handed rotas, where two staff worked together visited people that required two staff to improve timing and continuity.

The provider was a member of the Kent Integrated Care Alliance, attended local safeguarding and trade events. Senior management were members of national groups and attended meetings, such as Skill for Care South East and the United Kingdom Home Care Association. These memberships, the internet and attending management meetings within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The provider's mission statement was included in people's information and the staff handbook, which stated 'It is our aim to promote a philosophy of Total Care towards anyone who comes into contact with our organisation'. In discussions staff were not always aware of the actual mission statement, but told us the service cared about people, people were provided with the right care, the service was big enough to care and local enough to be there, it ensured people felt safe, promoted people's independence, ensured people were treated with dignity and respect and delivered the best care possible.

Staff felt senior staff listened to their opinions and were accessible and dealt effectively with any concerns. Staff said they understood their role and responsibilities and most felt they were well supported. Staff told us the office door was always open to them or senior staff were always available by telephone. They felt they

could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Staff had access to policies and procedures via the office or their staff handbook. These were due to be reviewed by June 2016. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service. The registered manager told us that in addition text messaging and written information posted out to staff were used to keep staff up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9(1)(b)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate training. Regulation(2)(a)