

Beech Tree Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Beech Tree Care Home provides accommodation and support for up to nine people with mental health conditions. At the time of this inspection there were eight people using the service.

The service met all of the regulations we inspected against at our last inspection on 5 December 2013.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had systems in place that helped identify, assess and manage risks to the health, safety and welfare of people using the service. Risks to individuals were managed in a way which helped protect people from harm but their freedom was supported and respected.

People told us they trusted staff and felt safe using the service.

There was good communication between staff and healthcare professionals. People received on-going advice and treatment from health and social care

Summary of findings

professionals to ensure that they stayed as well as possible. Staff helped individuals to follow the professional recommendations and advice they were given.

Each person had a tailored support plan covering the areas of support accordingly. One of the people using the service described the “hope and optimism” they felt since coming to live at the home due the encouragement and support received from staff.

Support plans contained relevant information and up to date contingency plans for when a person experienced a relapse in their mental health. Staff were aware of possible signs and triggers that may indicate a person was becoming unwell and could present a risk to themselves or others.

Staff liaised with people’s care coordinators if they had concerns that a person’s mental wellbeing was becoming unstable so they could access early on the appropriate support and treatment.

Relatives told us they felt assured their “loved ones received good care”.

People told us they were treated with dignity and respect and there were enough suitably skilled staff to support them.

Staff were up to date with core training and had relevant experience and qualifications in health and social care. Staff received supervision and support that enabled them to fulfil their roles effectively.

People knew how to make a complaint, if they needed to, but all of the people currently using the service told us they had no complaints. They were confident the provider would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Staff felt well supported by the manager. Members of staff had confidence in the out of hours on call system. They found management support and advice was always available when they needed it.

We recommend that the service considers the Department of Health guidance on the use of ‘Health Action Plans.’

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living at the home and were able to raise any concerns they had. Safeguarding and whistleblowing procedures were in place and staff knew how to recognise and report any abuse or neglect.

Risks to individuals were assessed and appropriately managed. Staffing levels helped promote safe care.

Good



Is the service effective?

This service was effective. People told us they received care and support which met their physical and psychological needs. Staff provided appropriate support so that people attended consultations and appointments with health professionals.

Staff liaised with healthcare professionals and kept them up to date with any changes that arose in relation to people using the service. Staff had the skills and knowledge to care effectively for people.

Staff were supervised and supported by their peers and the manager.

Good



Is the service caring?

The service was caring. People found Beech Tree Care Home promoted a homely caring environment where people were treated with kindness, compassion and respect. People's views and experiences were taken into account in the way the service was delivered in relation to their care and support needs.

Staff retention was good with few changes, and as a result people were familiar with staff that provided their care and support.

Good



Is the service responsive?

The service was responsive. People received the care and support they needed. They were listened to and had their rights upheld. People were supported in promoting their independence and community involvement. Staff encouraged people to carry out tasks that they were able to do for themselves. This approach empowered and enabled people to develop as much independence as possible.

Good



Is the service well-led?

The service was well-led. The management arrangements provided clear direction and leadership. The service fostered an open, fair and transparent culture within the home and staff morale was good.

Systems were in place to monitor the safety and quality of the service and to get the views of people using the service.

Good



Beechtree Care Home Ltd

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 8 and 9 October 2014 and was unannounced. It was undertaken by two inspectors.

At our last inspection in December 2013 we did not identify any concerns with the care provided to people who lived at the service.

Before the inspection, 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. We reviewed the information we gathered before the inspection, this included notifications, and the information requested and completed by the provider.

During the inspection we spoke with seven of the people using the service, the registered manager and two of the support workers. We observed the care and support delivered during our visit. We reviewed care records for six of the people using the service, and used pathway tracking to evaluate their service. We also reviewed staff training records and records relating to the management of the service.

We spoke with four healthcare professionals from the community mental health team who were involved with providing care to people who use the service, and a safeguarding lead within the mental health team. We spoke with one family member visiting on the day of the inspection, following the inspection visit we spoke with three of the relatives of the people who use the service.

Is the service safe?

Our findings

People said Beech Tree Care Home was a safe place to live and did not have any concerns about the service provided. Comments included, “Yes, I feel safe here, It’s good” and “I’m quite content, I have a good working relationship with the staff.”

The provider had policies and procedures for safeguarding and whistle-blowing in place. A copy of the Pan-London Multi Agency Procedures for Safeguarding Adults from Abuse was also available for staff to reference if they required guidance on dealing with suspected abuse. People using the service were also provided with information about reporting abuse. Contact telephone numbers for the relevant local safeguarding agencies were displayed in the home.

People who used the service said they would raise any concerns they had with the manager and her deputy. One person said, “I would speak to the manager or the deputy here.” The manager and staff knew what to do if safeguarding concerns were raised with them. One member of staff told us, “I would discuss them with the manager or ring the care co-ordinator and safeguarding team if they were unavailable.” Staff had completed training on safeguarding adults. There had been no safeguarding concerns about people using the service in the previous twelve months.

Our discussions with the registered manager showed that they had a good understanding of the Mental Capacity Act 2005. The other two staff we spoke with also had a good understanding of this act and issues relating to consent. All staff said they had received training on this topic and training records showed that staff had completed this training within the last two years. This meant that there were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service.

Assessments were undertaken to identify the risks presented to people that used the service and others. These assessments were based on information provided by the referring agency and assessments undertaken at the service. This included identifying whether people were safe to use equipment such as a cigarette lighter to ensure their own safety and the safety of others. Management plans

were developed with people who used the service to manage any risks identified and these were incorporated into care and support plans. We noted some inconsistencies around the care planning documentation.

The service provided a safe and secure environment to people who used the service and staff. Recorded monthly health and safety checks took place and any remedial actions required were documented for the manager’s attention. We noted, however, that the timers fitted to the communal light switches needed attention. The manager acknowledged this and made contact with the electrician requesting this received urgent attention.

Fire alarms, emergency lighting and fire extinguishers were regularly checked to ensure they worked and evacuation drills were undertaken to help ensure people were aware of what to do in the event of a fire.

People said there were enough staff available in the home to meet their needs. The weekly duty rota’s showed that these staffing levels were adhered to ensure the safety of people using the service. The manager told us they reviewed staffing levels and adjusted them if required. An example was given where the number of care staff had previously been increased at night in response to a people’s changing needs, which determined more staff were needed to keep the person safe. The staff confirmed this increase in night time staffing levels. Staff also told us, “It is safe, we increase numbers if needed.”

The service had procedures in place to support people to manage their finances safely.

We reviewed staff records for two of the staff team. These held all the essential information and demonstrated the service followed safe recruitment practices. It confirmed that people using the service were looked after by suitably vetted staff.

People received their prescribed medicines as required. One person told us, “Staff give me medication. Yes it’s at the right time.” We saw medicines were stored appropriately in a locked trolley which was kept securely in a clinical room. The manager confirmed that staff currently supported people to take their prescribed medicines, however, individuals would be able to self-administer if they wished to and were risk assessed as safe to do so.

We found that medicines administration record sheets were completed and up to date. Regular audits were taking

Is the service safe?

place to make sure that staff administered medicines correctly and they maintained accurate records. We checked quantities of two boxed medications against the records kept and found these to be correct.

Staff had received training and were assessed as competent in handling safely medicines on behalf of the people who lived in the home.

We recommend that the service considers the Department of Health guidance on the use of 'Health Action Plans.'

Is the service effective?

Our findings

People received support from a stable staff team who have worked at the home for some time. Staff were experienced and suitably skilled, they had the knowledge and skills to carry out their roles and responsibilities effectively. People who used the service said, “The staff are excellent”, “On the whole they are alright, friendly” and “The staff are nice here, very kind.”

Relatives of people told us it was a good place for their family members to live because the staff provided a service that they considered “excellent”. A family member told us, “This home has attentive staff who are reliable. They have a wonderful way of negotiating with our relative, who can be quite challenging at times.” Another person said to us, “Staff are intelligently flexible and rearrange staff schedules to ensure staff support are available to support our family member attend appointments.”

Staff told us they were happy with the training that they had received whilst they had been working at Beech Tree Care home. We saw that staff accessed their training via an online learning provider and also attended practical courses as required. Training records showed that staff had completed courses for safeguarding adults, infection control, health and safety and mental capacity. Practical courses had been provided around fire safety, moving and handling and first aid.

Staff were regularly supervised and they told us they felt well supported by their peers and the manager so that they were able to do their job. The staff told us they had regular one to one supervision with the manager; they discussed their work, any challenges faced and felt well supported. Records showed that staff attended team meetings and had their work performance appraised annually by the manager.

No new staff had commenced work at Beech Tree care home within the last year. A staff induction programme was available for any new staff to complete within the first weeks of commencing their employment.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager told us that they had recently referred a person for a DoLS assessment. This showed that the appropriate procedures were being followed to help ensure people’s rights were being

safeguarded. People were not restricted from leaving the home. People who used the service told us they were able to go out when they wanted to and we observed this happening on the day of our inspection. One person told us, “I’m free as a bird, I go out anytime I like.” Records confirmed that online training had been booked for staff to complete around the practical application of the DoLS in their day to day support roles.

People spoke positively about the food provided to them and said that they had enough to eat and drink. Comments included “Quite nice food” and “I cook once in a while. The food is not bad, I suppose.” People were able to choose and prepare their own breakfast and lunch with a communal meal prepared each evening. Dietary needs were considered, a person with diabetes told us they were supported with suitable meals that helped them manage their condition. A weekly menu was displayed in the dining room, this was developed by people using the service. We saw a staff member supporting people who required assistance to prepare their lunch on the day we visited. One person commented, “You get a set evening meal or you can cook your own.”

People were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. For example, a care plan had been put in place and agreed with one person to help them maintain a healthy weight.

People who used the service told us they were supported with their healthcare needs. Comments included, “I see the GP and the dentist, staff come with me” and “I see the doctor down the road.” Recent records seen for one person confirmed they had been supported to see their GP and dentist and had been accompanied to attend a hospital outpatient appointment.

People’s health, and welfare was protected, when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. The people living at the home had care provided through the Care Programme Approach (CPA). Appointed care co-ordinators organised multi-disciplinary meetings, which included the people using the service, their family/representatives and other relevant health care professionals. All aspects of care were reviewed at these meetings, and included reviewing people’s

Is the service effective?

decision-making abilities, and any improvements or deterioration in people's abilities. The manager informed us of concerns recently identified about a person's capacity to manage their own finances; they had made a referral to relevant health professionals to complete a capacity assessment for the person.

Mental health professionals told us staff liaised with them and other health professionals such as the GP as required so that they could meet the physical as well as the psychological needs of people who used the service. One comment included, "Staff at this home do a great job." They found that staff were effective in monitoring people's conditions, and in prompting and supporting people to

attend their appointments with mental health professionals. We saw from records people attended appointments and had their medicines reviewed and blood tests completed. Health professionals praised the staff team for their work in sharing with them essential knowledge about how individuals were progressing.

An example seen recently was of staff raising concerns about a person's prescribed medicines. This important information was shared with the community mental health team. As a result a medicines review took place and the medicine was discontinued. The manager told us this had had a positive impact on the person's well being.

Is the service caring?

Our findings

People who use the service described it as a great place to live because staff really cared about people in their care. The comments received from all seven people we spoke with were positive. Comments included, “A family style environment where kindness and empathy are shown to everyone”, “The home where I have experienced the most warmth and encouragement”, “Despite my best efforts I sometimes fail, but nobody judges me on my failures, but they [the staff] encourage me to start again.”

A person using the service told us they were glad they had come to live at Beech Tree Care Home, because “It had helped them overcome some of their major challenges including a lack of confidence and belief in themselves, and they had subsequently developed trust in this service.”

A healthcare professional described the home as, “the magic of Beech Tree” when a person made significant progress within the first three months of admission.

The staff team at the home remained stable due to good staff retention levels, and staff were familiar with the people they cared for. This has helped staff to provide a consistent approach and promote continuity of care. People told us they trusted the staff. A person using the service said, “Staff here do what they say they will and are always ready to listen.” A healthcare professional told us, “The service always delivers the care and support in a flexible way which helps people cooperate; staff in practice reflect a strong ethos of caring and compassion which people respond to.”

People told us they found the service small and personable. The communication between staff members was good and important information on individual’s preferences and need was shared by staff during handovers. At the time of our inspection people using the service had the capacity to make decisions about their care. If people wished to have additional support to make a decision they were able to access an independent mental health advocate.

Staffing levels considered the needs of people in the home, and allowed for staff to spend quality time with people. This provided time for staff to develop relationships with people they cared for. People who use the service told us they felt supported by the staff and had built positive caring relationships with them. We observed a member of

staff spent time with a person who had struggled with instability in their life; they encouraged them to become involved in artwork. The person told us later in the day that they felt more inspired since becoming involved in activities.

The relatives of a person using the service described it as, “A real caring home in the true sense, with the manager and staff supporting family relatives also at difficult times, especially when their loved ones relapsed and needed periods of inpatient treatment.”

Staff were familiar with people’s cultural and religious needs. A member of staff told us they had recently supported a person to prepare for a family wedding, and they ensured they had supported the person to dress in culturally appropriate attire for the wedding. This was an example of staff demonstrating they understood and respected people’s individuality. One person we spoke with had a religious need and visited a local place of worship, and this was documented. Staff supported them to do this.

Staff interaction with people was consistently good and this promoted a sense of wellbeing for people. People using the service told us of important things that made the difference in the home, they gave examples of small but significant achievements by individuals were acknowledged and celebrated by staff. A person told us of the valuable support received from staff in dealing with dependency issues. The person felt proud of their progress in sustaining an abstinence period of one month, they said, “The encouragement from staff has enabled me make and sustain some progress”. The person’s relative spoke positively of the progress the person had made since coming to the home, the family member said, “It is truly remarkable, the care and inspiration from staff has helped [the person] deal with the many challenges faced, staff were there for them every step of the way.”

We observed the staff were thoughtful and considerate in their actions, a person told staff they planned to go to the bank. The staff member acknowledged the person’s mobility was deteriorating recently and supported the person to go out by car.

People told us they felt involved, their views were taken on board and they were involved in making decisions about their care. Three of the people we spoke with told us they chose how to spend their time and organise their lives, but staff had helped with providing structure in their lives in a

Is the service caring?

caring way which encouraged their independence. For one person who had struggled with motivating themselves they told us they would remain in bed all day if left to their own devices. They acknowledged this would not benefit their mental health. They told us staff had helped them overcome some of the negativity and succeeded in encouraging them to come downstairs for breakfast and start their day in a positive way. A care coordinator told us the encouragement the person received from staff had helped motivate them and arouse their interest in activities they found worthwhile.

People who use the service told us they were treated fairly and respected by staff. We observed people were at ease with staff that cared for them, and observed a staff member reassure an individual who presented with anxieties about issues that were affecting them. The staff member showed empathy in their approach, they listened intently to their concerns and helped the person explore solutions to resolve issues.

Is the service responsive?

Our findings

One of the people who used the service described his feelings of this placement which responded to their needs. They told of the “hope and optimism” they felt since coming to live at the home despite the occasional “setback and dark periods which staff helped get [the person] through.”

People’s needs were initially assessed upon referral to establish if the home was a suitable placement and able to meet the person’s needs. This helped establish if the service was suitable and could respond to their needs.

Prior to admission information was requested from the mental health team on the person’s care and support needs and staff used this to inform assessments and care planning accordingly.

We saw evidence of staff actively involving individuals in care planning, and in decision-making and in supporting them in self-management skills. People were supported to access local community mental health services when they needed them.

There were examples seen of staff responding appropriately to individual situations as the need arose. We saw an example of staff approach, they had built a strong rapport and relationship with a person who was being treated for psychosis and who presented with challenging behaviour towards staff after admission. Recently the anti-psychotic medication had been discontinued and staff had empowered the person to gain more independence, and good progress was experienced.

The family members told us they were asked their views about the care and support their relatives received. Staff told us how people’s relatives/representatives were involved in assessments and care planning. One relative told of staff being vigilant and responsive, they kept them up to date with the condition of a family member, especially if concerns arose, such as their whereabouts and not returning home at the times home expected.

Staff maintained effective communication with mental health team which helped establish continuity in the care of people who use the service. Feedback from the mental

health team included, “Staff at the home respond appropriately to people’s needs and seek promptly appropriate intervention from medical professionals as and when necessary.”

When people first moved to the service they signed a contract with the home. Each person’s contract with the service included codes of behaviour and boundaries expected as part of the contract. A mental health professional involved in the welfare of people using this service told us staff took onboard the information provided, such as medical histories. They found that staff in the home provided people with the support and guidance to help them respect these boundaries.

We saw that information recorded on lifestyle choices was minimal and had not been further developed since their admission. We spoke with the manager and the support workers, they were able to demonstrate many positive changes that had taken place in individuals lives such as engagement in activities in community settings and the acceptance of the support provided. They recognised and acknowledged that some elements of the social care plans needed updating to reflect how individual’s lifestyle choices had changed as a result of their progress.

When we talked with people they reflected on their progress in improving their independent living skills such as housekeeping/laundry and cooking. They attributed this to staff encouragement and perseverance, and to their engagement in self-help groups. The manager told us the self-help groups had helped people to develop more coping mechanisms and enabled them to manage more effectively the everyday challenges presented. Four of the people spoken with engaged in community mental health initiatives. Another person was supported by staff with an outdoor gardening activity and had spells of voluntary employment.

Support plans contained relevant information and up to date contingency plans for when a person experienced a relapse in their mental health. People told us how this support had enabled them to move forward with their life and had reduced their level of anxiety. Staff told of possible signs they looked out for that may indicate a person was becoming unwell and could present a risk to themselves or others if not dealt with promptly. Staff told us they liaised with people’s care coordinators if they had concerns that a person’s mental wellbeing was becoming

Is the service responsive?

unstable so they could access early on the appropriate support and treatment. Care coordinators confirmed that staff responded appropriately if there were any concerns identified.

We saw records held for a person that confirmed procedures recommended by the hospital had been followed when the person was discharged back to the home.

Each person met with their support worker regularly to discuss the care they received. These meetings also gave people an opportunity to raise any concerns they had and to request any additions or changes to their support. The person's support worker liaised with the manager of the service and the person's care coordinator if there were any changes in their support needs. This enabled the service to be responsive to people's needs and ensure the appropriate support was in place.

The service held regular meetings with people that used the service in order to get their views on the service provided. One person using the service told us they used the meetings to discuss "what worked well." People using the service were able to set the agenda and make suggestions about service delivery. We saw from minutes of previous meetings that people had discussed

arrangements around meals, codes of behaviour and respecting the views of others. The meetings also provided an opportunity for staff to inform people about changes which affected the day to day running of the service.

People were encouraged to be as independent as possible in the home and were supported with completing daily practical tasks to enable them become independent. A person described how people were put in control about their care. They said, "I am able to manage in lots of areas myself and go out independently to the shops, and staff respect this. They encourage me to follow a healthy diet too, but I struggle with this at times."

Community healthcare professionals told us that staff kept them up to date with changes to people's psychological and physical needs, and contacted them for advice. This meant that people could be assured that their needs wishes and choices were recognised, respected and shared when they use different services.

People who use the service and their relatives were involved in giving feedback about the service. Surveys were not in use, but people felt weekly house meetings were more useful where people were encouraged to give their views directly about the service.

Is the service well-led?

Our findings

Observations made and feedback from staff, relatives and healthcare professionals showed the home had a positive and open culture. A staff member said, “The service has a fair and transparent culture, which means we all feel valued, including the staff team.” Staff morale was good. All the staff enjoyed their roles; they felt able and confident to express their opinions and to challenge decisions. Staff described the visions and values that they aspired to in their work roles in the home and the worked well together as a team.

People using the service told us they were impressed with how the home was run and yet retained a “family approach”. They acknowledged the support received was consistently delivered and helped to prevent them experiencing unnecessary deterioration in their health.

Staff meetings were held, records showed transparent discussions took place about the service, and this enabled staff to raise any concerns they had. We saw from these records that staff were able to raise any concerns regarding people who used the service. This ensured staff were aware and appropriate action could be taken. For example, the timers fitted to the communal light switches needed attention and this was being actioned.

Staff were asked for their views about the service. The majority of staff felt they had the knowledge and skills to support people who used the service, and reported good job satisfaction, and felt the team work was good. Other healthcare professionals involved in people’s care were asked for feedback. Their feedback showed they were happy with the how the service performed, and found people progressed well and established a degree of stability in their lives. The care co-ordinators told us the staff in the home worked well together with the community mental health team to ensure a seamless service was delivered.

The community mental health professionals involved in coordinating and monitoring the wellbeing of people using the service told us the planning and delivery of this service took account of best practice. They had confidence in the service and found staff used “best practice recommendations” to guide them with supporting and

caring for people. One mental health professional commented that people who used the service received assistance and opportunities to manage and improve their own mental wellbeing.

There were management arrangements in place to deal with foreseeable emergencies and out of hours. Staff throughout the day and night had access to a manager on call. We saw that staffing levels were kept under review and if there was an emergency additional part time support staff were available to summon at short notice. The registered manager informed us that if changes arose to the needs of people using the service during the date this could be accommodated. It was recognised and additional staff were placed on duty at night to make provision for their changing needs. We saw examples of an additional member of staff working recently at night when a person was displaying signs of being unwell.

The provider took account of complaints and comments to improve the service. We noted there were two complaints of a minor nature recorded in 2014 which had been addressed promptly. The home’s complaint policy was displayed within the home and people using the service had also been provided with a copy for reference. People using the service told us they had no issues about the service, but felt confident in approaching the manager if there were any areas they were unhappy about.

People who use the service and their relatives were involved in giving feedback about the service. People were encouraged to express their views about the service during weekly house meetings. At these meetings records were made of the discussions, we saw that topics included suggestions about ways improvements could be made in the home, and in developing menus to meet individual tastes, or raise issues about areas where people felt unhappy about. Any issues raised were responded to and if it was felt improvements could be made, these were actioned.

The provider visited the service to monitor and check on service provision. Their visits included speaking with people who used the service to ensure they received the support they required and to answer any questions or address any concerns they had. However, we noted that visit reports were not always made of the findings on these unannounced visits to the home.

Is the service well-led?

There was a clear management structure with a registered manager, a deputy manager, and support workers in the service. Staff understood the roles of each person within this structure. This meant that people's roles were clear and staff would know who to approach for any issues that arose.

The home had systems in place to promote a safe environment and safe practice. These included the early detection and prevention of fires, the servicing and maintenance of the building and equipment and monitoring the safety of the service. Staff training provided staff with the skills needed in these areas.