

Choice Pathways Limited

Beech Tree House

Inspection report

65 Beech Tree House, Holmer Green, High Wycombe,
Buckinghamshire, HP15 6UR
Tel: 02031953561

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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 house provides accommodation and support for up to eight adults with learning disabilities within the Holmer Green area. At the time of our inspection eight people were living at the home. All people living at the home were under the age of 30.

Beech Tree house has a registered manager in place. 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 were cared for by staff who knew their needs well and worked well to promote best outcomes for people. Relatives we spoke with were very complimentary about the service and people appeared happy and relaxed within the service.

The service consisted of seven bedrooms within the main house and an external independent annex for one person. The home was presented well and was spacious, light and well laid out. An external room was used in the garden for activities and planning permission had been sought to build a sensory room.

Summary of findings

People were supported by staff to maintain and develop their skills and independence. Regular activities were provided to people which included activities in house, and also outside activities such as swimming and trips out.

People were cared for by staff who were kind and attentive. Staff worked well with other professionals to achieve positive outcomes for people, for example, doctors, occupational therapists and speech and language therapists. The provider employed an assistant psychologist to ensure plans were in place to recognise potential triggers and signs of distress or challenging behaviours.

People were protected against harm within the service by staff who knew their needs, and how to promote their safety. People were involved in the running of the service and how they wished for the service to be run. Staff received learning disability specific training so they were able to communicate effectively with people in a way which they could understand and respond too.

Staff told us they felt supported by a good management structure. Regular checks were in place to ensure the service met people's needs and to identify any areas for improvement. We found the service to be person centred and adapted to meet the needs of people with learning disabilities.

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.

Staff were aware of how to protect people from potential abuse. People were also supported and offered training and guidance on how to stay safe.

Medicines were managed very well within the service to ensure any potential risks were alleviated where possible.

Staffing levels were appropriate to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff were sufficiently inducted, supervised and trained within the service. This included learning disability specific training such as the use of Makaton.

The service followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were promoted.

People's nutrition, hydration and health needs were met by staff who knew their needs well.

Good



Is the service caring?

The service was caring.

Staff worked hard to promote people's autonomy and independence.

Staff knew people's needs well and were able to communicate with them in ways they understood.

Staff were attentive and friendly. People were supported by staff to gain confidence and new skills.

Good



Is the service responsive?

The service was responsive.

Care plans and guidance on how to support people were in place and were person centred.

Before people moved into the service, they were given a transition period to make the move less stressful and person centred.

A selection of activities were provided to people both inside the service and within the outside community.

Good



Is the service well-led?

The service was well-led.

The service was run by a dedicated and supportive staff team.

Management had good oversight of the running of the service.

Regular audits were undertaken within the service to ensure the service was meeting people's needs in a safe, effective and responsive way.

Good



Beech Tree House

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 the 7 September 2015 and was unannounced. We checked to see what notifications had been received from the provider since their registration in March 2014. Providers are required to inform the CQC of important events which happen within the service. Before the inspection, we asked the provider to complete 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.

The inspection was carried out by an inspector. On the day of our inspection, Beech Tree House was providing support to eight young people with learning disabilities.

We spoke with the registered manager; deputy manager, three staff and three relatives of people who used the service. We spoke briefly with people who used the service who were able to communicate. Where people were unable to communicate verbally, we were supported by staff members who used Makaton (A symbol communication tool) to ask people if they were happy. We reviewed three care plans, medicine records and staff documentation including supervision and training records and copies of quality assurance documentation.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt they, or their loved ones were safe living at Beech Tree House. Comments included “I think X is safe. Whenever X comes back to the service after visiting us, X always has a big smile”, “I am very happy and confident to leave X here” and “There are no negatives, it’s all positive.”

Staff we spoke with were aware of how to protect people from potential abuse. Staff were able to explain what constituted abuse, and how they would respond if they had any concerns. Staff were aware of their roles and responsibilities including the requirement to contact the local authority if required. Staff told us they were provided with wallet cards which contained details on who to contact and what process to follow if they were concerned or they suspected abuse. The registered manager was also part of the provider’s safeguarding board and attended regular meetings to discuss potential safeguarding issues and how to manage them.

People were promoted to stay safe within the service and when accessing the outside community. People received training appropriate to them on how to stay safe, and who to speak to if they did not feel safe. This was provided in a format which was appropriate to their communication and learning needs. Safeguarding information was displayed throughout the service which meant visitors and people living at the home knew how to escalate any safeguarding concerns. All staff had received safeguarding training and refresher training where required.

Staffing levels were appropriate to the number of people who used the service. At present, the service was actively recruiting more staff members. Staff shifts consisted of early shifts, late shifts and waking night staff. Staff also undertook ‘day shifts’ to allow people to go out during the day. During our inspection, we saw staff were responsive to people’s requests and staff were constantly visible and available to people who used the service. The service’s rota’s corresponded with the minimum number of staff needed for each shift. Where vacant shifts needed covering, staff and management worked together to ensure minimum staff numbers were met. The service also had the use of relief staff to call upon if required.

Medicines were managed safely within the service by a designated medicines lead. Medicines were stored and

recorded appropriately to ensure people were not placed at risk. Designated staff were responsible for the administration of medicines, and had been trained and had their competency assessed before administering medicines. Clear guidance was in place for each person around how their medicine were managed including guidance on the use of ‘as required’ (PRN) medicines and non-prescribed medicines which were signed by the person’s doctor.

Good practice guidelines were available around the use of medicine administration and clear documentation was recorded around the route of medicines, possible side effects, and signs to be aware of, for example, people being in pain. Medicines were administered by two staff to alleviate potential errors. A third staff member was responsible for auditing medicines and documentation after each medicines round. We checked the stock for a sample of medicines and found these corresponded with the amount recorded.

Clear risk assessments were in place for people who used the service. These identified potential risks individual to each person, and were reviewed regularly, for example, community activities such as swimming, choking, personal care, using the trampoline, and fishing. We spoke with staff who were able to clearly identify potential risks to people, and how they alleviated them, for example when taking people out into the community or people using the kitchen to make lunch.

We looked at three recruitment records for staff members. The provider ensured staff had completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with adults. References, employment histories and medical histories were also provided to ensure staff suitability and protect people who use the service. Photos of staff were also on file as proof of identity.

Infection control procedures were in place within the service to ensure people were not placed at risk. This included the employment of a domestic cleaner, paper towels to prevent the spread of infection and the provision of gloves and other protective equipment. Where spillages had occurred, these were dealt with promptly and in a safe manner. Any potential hazardous substances were locked away safely. A regular infection control audit was undertaken within the service.

Is the service safe?

Regular checks were undertaken within the service to ensure people were safe. This included regular fire checks and fire evacuations. Each person had their own individualised personal evacuation plan which outlined how people were to be supported in the event of a fire. Health and safety audits were undertaken regularly to ensure people were not placed at risk. The service worked

well to ensure the environment was safe for people to use, for example, one person's bathroom was not in use due to building works. A suitable alternative was offered to the person to ensure they were not placed at risk and their personal needs could still be met whilst repair work was being undertaken.

Is the service effective?

Our findings

The service had an effective induction procedure for new staff working at the service. We spoke with new staff members about their induction into the service. Inductions were currently being adapted to the new 'care certificate' which outlines set standards which new staff were required to meet and to be signed off as competent.

Before staff were able to work with people on their own, they were provided with training and shadowing. Each staff member was given an induction handbook in which they were required to complete tasks and to be signed off as competent before lone working. During a new staff members first six weeks of working, weekly supervision was provided to ensure they were feeling supported and to recognise any areas for development. Inductions were also role specific, for example, if a staff member had been promoted to a senior position, they were required to undertake another induction specific to the roles and duties of a senior position. One staff member who had recently completed their induction told us "My induction covered care plans and a lot of shadowing. I have not worked in care before and the induction really prepared me for my role."

Staff received effective supervision within the service. A scheme of delegation was in place which demonstrated which staff were responsible for undertaking supervisions at appropriate levels, for example, the registered manager undertook supervisions for senior staff members, and senior staff members undertook supervisions for support workers. Each staff member signed a supervision agreement which outlined how often supervision would occur, and the purpose of supervision. Supervision records demonstrated a good level of discussion and looked at areas such as training and development. Supervisions also encouraged staff to give their views on the service and where improvements could be made. Staff told us they felt supported in their roles.

A new appraisal system was being introduced into the service. This included a new development of "The Choice Care Group Academy." Staff were required to assess their competencies and supervisions fed into their appraisals and to promote best practice. A new system of "value based interviews" was being implemented which focused on the providers values and how this was demonstrated through interviews and practice. People who used the

service told us they were also involved in interviewing prospective new staff members. 12 staff had also signed up to the 'social care commitment' to promote best practice within social care.

Staff received appropriate training to undertake their roles including the provision of training related to learning disabilities. Relatives we spoke with told us they felt staff were competent and well trained. Comments included "They are very well trained and understand X's underlying behaviours. They exude confidence and knowledge" and "They have arranged extra training for example, getting a dentist to train them in oral care." One staff member told us "This is the only company I have ever worked for where they really promote your development."

We looked at how the service promoted people's rights under the Mental Capacity Act 2005 (MCA). Staff were able to demonstrate how and when they would undertake a mental capacity assessment if required. We were provided with a copy of a mental capacity assessment which was very thorough and undertaken in the correct way. Copies of best interest meetings were also recorded and people were involved in their decisions by staff who supported them to do so. An MCA flow chart was available within the office for staff to refer too if required. We saw people were asked for their consent before any tasks were undertaken. Staff we spoke with were knowledgeable on what the MCA meant, and how this potentially impacted on the people they worked with.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were provided with evidence that applications had been made to the local authority for all people who used the service. At present, two applications had been authorised. Staff were able to explain what DoLS meant. All staff had received training on the MCA and DoLS.

People were supported with their hydration and nutrition needs. Throughout the day, we observed people were offered regular drinks and snacks. Risk assessments were undertaken where people were at risk of weight loss or malnutrition. Best practice guidance was available for staff on the promotion of a healthy diet. One person told us "I haven't had any fizzy drinks for three days now and my headaches are going!" People's weight was regularly

Is the service effective?

monitored where required and staff were able to explain how they involved professionals where people were at risk of weight issues. For example, providing prescribed weight supplements.

People were actively involved in choosing what they wished to eat and to prepare food. In house meetings were undertaken with people to choose menus for the week ahead which were displayed within the service. We were advised that if people wished to have something different, this was done. Strategies were in place to promote people to eat. Staff told us they supported the person to access the kitchen and showed them what was available within the kitchen if they did not want to eat what was on offer. We observed this to happen. At lunchtime, one person did not wish to finish their lunch as they appeared to want something else to eat. They were supported to the kitchen to select something else to eat which they did and were observed to finish their meal to their satisfaction. On the day of our inspection, we saw two people were actively involved in preparing lunch with the support of staff.

People were supported to access health care where required. This included the involvement of an assistant psychologist employed by the provider to undertake assessments and develop plans for people who used the service. People were able to access the doctor where required. Where appointments had occurred, evidence was documented on the outcome of the appointment, and any further actions which were required. The service was working towards a 'smile for life' accreditation which promoted people's oral care. The deputy manager had worked to create oral health plans for people with the involvement of the dentist on how to promote people's oral hygiene.

People were also supported to access speech and language therapists (SALT) and occupational therapists. We were advised one person was supported to visit the SALT to assess their speech as they were non-verbal but had begun to start saying words. They advised us this was helping the person to develop their speech and language skills. One relative commented "X's speech has really come along since moving to Beech Tree House."

The service used a daily diary and communication book to ensure messages and changes to people's needs were effectively communicated. Staff were required to sign when they had read the communication book in order to demonstrate that they were aware of any potential changes. The daily diary provided checklists of tasks which were required to be completed each day including aspects of personal care such as brushing teeth, brushing hair and any monitoring of continence or mood. The daily diary was checked and audited daily to ensure people's needs had been met effectively that day.

The service had a homely feel and was maintained well. People's rooms and communal areas were spacious and light. People were able to move freely within the service, and the outside gardens. The manager explained they had applied for planning permission to create a dedicated sensory room within the garden. The home was well presented, clean and well laid out. This was also the agreement of relatives who told us why they had wanted their loved ones to live at Beech Tree House including how the service was presented.

Is the service caring?

Our findings

Relatives we spoke with told us they felt the service was caring. Comments included “We are really pleased with the home and staff, they are extremely kind and caring”, “The thing is, I like it here because it’s all younger people. X always talks about staff in a positive way.”

We observed good caring practices throughout our inspection. Staff consistently interacted with people during the day and when they were supporting people. Staff were able to tell us people’s likes and dislikes and how to undertake positive interactions with people. For example, one person enjoyed listening to music and making drumming noises on the table. Staff were able to respond to the person by participating in drumming and singing with them which made the person laugh and smile.

During lunchtime, we saw how staff supported people to make lunch. Staff were excellent at showing and promoting people to undertake tasks themselves with minimal support and praising people when they had completed any tasks, for example cutting bread to make sandwiches and cleaning the kitchen. This demonstrated staff promoted people’s independence skills in a way which people felt comfortable and able to do. People were also supported to undertake tasks around the house which demonstrated people were involved in the running of the service, whilst building independence and skills.

Staff took time to engage people in ways which they enjoyed. For example, cooking, dancing and conversation. Staff we spoke with knew people’s needs well and were able respond if people appeared unhappy or unsettled. Staff constantly reassured people, for example, asking if they were ok and offered them choices of what they would like to do. People’s independence, dignity and choice were promoted, for example, two people wanted to sleep in on the day of our inspection. Their wishes were respected.

Staff sat and had their lunch with people which created a calm and relaxed atmosphere. When one person appeared to become agitated, staff sat next to them and reassured them in a way which they knew would calm them down.

We saw this worked well and the person became calm and continued to eat their lunch. Staff ensured people’s dignity was protected through the use of aids such as protective aprons and ensuring people’s mouths and hands were clean. Before entering people’s rooms, staff knocked on their door and obtained permission before entering.

The service had a ‘family’ feel to it in which staff and people worked together as one. Staff laughed and joked with people throughout the day of our inspection. People appeared relaxed and calm around staff and staff worked well to give the service a homely feel by not encroaching on people’s space. Staff members told us “I love my job. It doesn’t feel like a job, it feels like one big family”, “I work really hard to promote people’s independence and to make sure people feel cared for. For example, one person doesn’t get to see their family a lot so I helped them make a card for their family” and “It’s about ensuring people live a happy and fulfilled life.”

We were advised that staff had supported people to enter a competition run by the provider called “Choices got talent.” People were supported to show off their talents to a panel of judges in order to win a prize. This was something that other services participated in. One person told us they had won last year and another person was supported to take part this year to showcase their singing talent. Staff told us how they supported the person to gain their confidence to sing in front of 250 people. The person’s relative told us “Staff spent so much time prepping X and worked so hard to build up X’s confidence. We couldn’t believe it when X stood up there and sang in front of 250 people! It was wonderful. X gets so much reassurance and support from staff.”

Staff were able to explain and demonstrate how they supported young women in the service with their personal needs and how they protected their dignity to ensure they were comfortable, not in pain and given extra personal care when required during their monthly cycles.

At the time of our inspection no one was using an advocate, however, we were advised that advocates would be sought and would be available if people required them.

Is the service responsive?

Our findings

Before people moved into the service, they were promoted to visit and spend time at the service. A pre admission assessment was undertaken to ensure the service was suitable for people who wished to move to the service. Relatives told us how they visited the service and what made them decide that Beech Tree House would be a good home for people. Comments included “The reason we liked Beech Tree was because it was for young people. We know X’s needs well and knew this would be a good placement as it’s a lot smaller and more person orientated and X could still undertake all the activities X did before”, and “I had looked at quite a few homes and this one appealed because it was a younger age group.”

Before people moved permanently to Beech Tree House, transition arrangements were made. These involved people visiting the service and spending short periods of time which gradually increased until they felt settled and ready to move into the service. Most people living at the service had come to live at Beech Tree House from either school or college. The management and staff worked together with previous placements to ensure the transitions ran smoothly and that they knew people’s needs well before moving into the home. The provider’s assistant psychologist was also involved in transition arrangements to ensure people’s social, physical and emotional needs were assessed and remained paramount.

Care plans were in place for people who used the service, they were personalised and contained details of how people wished to be supported. Care plans included details including likes and dislikes, how to be supported, medicines, personal care needs, social needs communication and comprehensive details around potential triggers for difficult behaviours including the management and de-escalation of behaviours. They also included guidance on transition plans and guidance around activities. Each person had a health action plan in place and a hospital passport which contained important health information which could go with the person if there was an admission to hospital. Care plans were regularly reviewed, however one care plan was in need of updating to reflect the person’s current needs.

The service had recently started developing goal plans for each person who used the service. People were supported to discuss and identify potential goals they wished to

achieve and how the service would support people to meet their goals. These were reviewed monthly to check progress on how goals were being achieved and whether new goals wished to be set.

The service promoted the use of ‘intensive interactions’. These were not planned, but could happen rapidly when it was felt that the person was responsive and in the mood to undertake an interaction, for example, spending time with the person to promote eye contact and social skills, or holding a conversation which was initiated by the person. All intensive interactions were recorded. Staff reflected on what had worked well, and what had not worked well and how the person responded to the interaction. This evidenced that staff were working well with people to develop their skills and to recognise changes in emotion and responses.

Relatives and staff spoke with us about the use of ‘social stories’ used within the service. Social stories are a way of communicating information in a way in which the person can understand, for example, creating a picture book to tell a story. We saw examples of these being used for when people were moving into Beech Tree House, when people were going on holiday, or when something occurred which the person needed to know about. One relative told us “The support from the service has been extended to us as well. The staff were able to help me find a way to tell X that Y was not very well. We made a social story together to explain what was going to happen to make Y better. It could have been very difficult for X to understand and may have made X very anxious and upset. The staff were very good at supporting me to support X at that difficult time and the result was that X was able to understand in a way which didn’t cause distress.”

Complaints were managed well within the service. We saw two complaints had been made since the service had opened. Complaints were recorded well and were to the satisfaction of the complainant were possible. Issues arising from complaints were recorded and evidenced as actioned. People who lived at the service were provided with an easy read complaints policy which was visibly available. Monthly resident meetings also discussed any concerns or issues and how to make a complaint. The provider also ensured that all policies relating to the

Is the service responsive?

service were provided in an easy read format for people who used the service. We observed compliments made by relatives and professionals which were very positive about the service and how it was run.

People were supported to access different activities both within the service and the outside community. On the day of our visit, people were supported to visit a local park. People were also supported to go swimming, shopping and undertook regular day trips out, for example, a trip was arranged to Cadbury's world at the end of the month.

The service had access to two vehicles and staff undertook day shifts to ensure people were able to access the community when they wished. We were told a Halloween party was being planned for next month and in August; a Makaton disco had taken place. People were supported to choose music they wished to listen to and staff and people spent time perfecting Makaton signs to sign along to the music played. We were told this was well received and another disco was being planned. All staff had received training in Makaton and some staff were able to use PECS (Picture Exchange Communication Systems) which ensured they were able to communicate with people.

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and an assistant who were responsible for the oversight of the service. We found there to be good and clear oversight of the running of the service by a confident and competent management team. Relatives we spoke with were positive about the management of the service. Comments included “The manager came out to assess X. She is such a nice lady and really cares” and “Everything has been fine. We have had no concerns. The management has been very good.”

There was a supportive team in place at Beech Tree House. A clear structure was in place in regards to delegation of work and staff responsibilities. We saw staff were supportive of each other during our inspection and worked well to achieve outcomes. All staff we spoke with told us they worked well as a team.

Staff we spoke with were also complimentary about the way the service was run. Comments included “I have never had a manager as nice as X. She is really understanding and fair”, “They are appreciative of what you do and recognise potential”, “If we are ever short, she is covering shifts and helping out. She’s always on hand” and “It’s a nice time and I’m supported to do my job.”

Monthly audits were undertaken in the service including audits on health and safety, infection control, medicines, care plans and maintenance. The registered manager took part in monthly managers meetings with other services to discuss issues and share best practice. Each month, an area director visited to undertake an audit of the service. A

quarterly visit was also undertaken which was called a ‘compliance audit’. This looked at the service in depth and highlighted any actions which needed to be addressed. We were provided with the last copy from August 2015. Where actions had been identified, an action plan was created which was currently being worked through to address any issues raised.

A yearly questionnaire was sent out to relatives, professionals and to people who used the service. At present, this was the first questionnaire undertaken since the service opened. The manager was awaiting the results of the survey and was able to explain how the information would be collated, and what actions would be taken in light of any issues raised.

The manager informed us they were attending a provider award ceremony in the next week as the staff at Beech Tree House has been nominated for the “Making a difference” staff team award. The manager told us “It’s a really supportive staff team, I am really lucky with the staff team I have. I don’t have to worry when I take annual leave as they know the service and people so well.” Staff we spoke with were able to tell us what the provider’s values were and how they implemented this into their everyday work.

The manager had made themselves familiar and were competent in explaining and demonstrating how they met the new regulations and the Care Quality Commissions way of inspecting prior to the inspection. The commission had received appropriate notifications since Beech Tree House’s opening in March 2014. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted.