

Beech Tree Care Home Ltd

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Inspection report

38 Plough Lane
Purley
Surrey
CR8 3QA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beech Tree Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Nursing care was not provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beech Tree Care Home accommodates up to nine people with mental health needs in one adapted building. At the time of the inspection, there were six people using the service. Beech Tree Care Home is located on a residential road in West Purley close to local shops and good transport links.

People's experience of using this service

Some areas of the home including people's rooms and bathrooms were not clean. There was a strong, unpleasant odour in one area of the home. The lack of effective cleaning meant that people were at risk of infection.

People felt safe living at Beech Tree Care Home and with the way they were supported by staff. Appropriate arrangements were in place to make sure people received their medicines as prescribed.

People had enough to eat and drink, and were satisfied with the quality of food provided. People's health was monitored and staff liaised well with external healthcare professionals which helped people to receive consistent care.

There were enough staff on duty to meet the needs of people. People were supported by staff employed following an effective recruitment and selection procedure which included relevant checks. This helped to make sure that only people suitable for the role were employed.

People were supported by staff who had received relevant training, regular supervisions and appraisals. Staff were kind, caring and approachable. Staff had built meaningful relationships with people and knew them well..

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. People went out when they wanted to and spent their time in the way they preferred.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to be involved in their care.

The provider had a complaints procedure and people were aware of how to make a complaint. There were quality assurance processes in place but these were not always as effective as they needed to be. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report.

Rating at last inspection:

At the last inspection the service was rated Good. The report was published in November 2016.

Why we inspected

This was a planned inspection. It was scheduled based on the previous rating.

Enforcement

Please see "the action we action we have told the provider to take" section towards the back of the report.

Follow up

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive..

Details are in our Responsive findings below.

Good ●

Is the service well-led?

Some aspects of the service were not well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Beech Tree Care Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out the inspection.

Service and service type

Beech Tree Care Home is a care home. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced. This meant the staff and the provider did not know when we would be visiting.

What we did

Before the inspection, we checked the information we held about this location and the service provider including the inspection history, statutory notifications and complaints. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

The inspection started on 25 April 2019 but was cut short because the registered manager had to leave to deal with a personal emergency; it was not considered appropriate to continue with the inspection on that date in the circumstances. The inspection continued on 2 May. During the inspection we spoke with five people who used the service, two staff members and the registered manager. We looked at four people's care records, two staff files as well as records relating to quality assurance and management of the service.

After the inspection

We obtained feedback from a local authority which commissions the service.

Is the service safe?

Our findings

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

People were not always safe and protected from avoidable harm. Some legal requirements were not being met.

Preventing and controlling infection:

- Although nobody had received an infection, some areas of the home were not clean and we found that people were not adequately protected from the risk and spread of infection.
- The vents in the extractor fan in a communal bathroom were full of dust and there were red stains in the sink. There were large stained areas on the carpet in communal areas and dust on the skirting boards.
- We went into six people's rooms with their consent. One person's en-suite bathroom had a dirty shower tray. Another had a dirty shower curtain and dirty grouting in between the tiles. Two people's toilets had stains inside and out of the toilet bowl and stains on the ground around the toilet. The carpet in another person's room had large stained areas.
- There was food stuck to the back of and in the grooves of chairs in the communal dining area. We also noted that the covering on these chairs were ripped which would allow liquid substances to get into the cushions beneath.
- There was an unpleasant smell coming from one person's bedroom. When we went into the person's bedroom we found open and unopened food packets as well as empty food packets on the floor. There was a strong unpleasant smell coming from the person's pet cage.
- The provider had a cleaning schedule in place for communal areas which staff were required to sign to indicate that specific cleaning tasks had been carried out. We looked at the cleaning schedules for the reception area; hallway and landing; lounge and dining room and found gaps in staff recording which indicated that communal areas of the home were not being cleaned regularly. There were no cleaning schedules for people's bedrooms which indicated that staff did not clean people's bedrooms on a regular basis.
- We raised our concerns with staff and the registered manager. A staff member told us, "We can't always get them to clean their rooms." The registered manager told us, "We encourage them to keep their rooms clean but we can't make them."
- Parts of the home were not well-maintained. The communal areas were in need of redecoration. We saw chipped and scuffed skirting boards and paint on the walls was faded and dirty. The material on the sofas in the communal lounge was worn. The kitchen floor tiles were cracked and dirty. We also noted most of the area around the bath had no grouting; the grouting needed to be replaced. There were cracked tiles on the floor and peeling paint in a communal bathroom. We found broken tiles in three people's bathrooms and three light bulbs needed replacing.
- Some windows were not restricted in accordance with current best practice health and safety guidance which meant there was a risk of people falling from them. We raised this during the inspection and the registered manager took immediate action. We received evidence following the inspection that new restrictors had been fitted where required.

- We raised the lack of maintenance with the registered manager who acknowledged that redecoration and repairs were required and there was a plan to do so, but the provider did not currently have the money to carry out the work.

These issues amount to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- People told us they felt safe and knew what to do if they did not feel safe. People told us, "I feel safe here", "I feel quite safe" and "I am safe. If they weren't treating me properly I would speak straightaway to [the registered manager].
- Staff had been trained in how to protect people from abuse and knew the action to take if they had any concerns. Staff understanding of protecting people from abuse was checked during supervision meetings.
- The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely. Assessments covered risks relating to people's physical or mental health conditions, not taking their medicines, self-harm and anti-social behaviour.
- The registered manager and staff demonstrated a good understanding of risks people faced and how to keep them safe.
- Accidents and incidents were recorded, monitored and any lessons learned shared with staff.

Staffing and recruitment:

- The provider operated an effective recruitment and selection process. They carried out relevant identification, character and health checks before staff began to work with people. This helped to ensure that staff employed were suitable for the role.
- People told us, and at the time of our inspection we saw there were enough staff on duty to meet the needs of people.

Using medicines safely:

- Staff responsible for giving people their medicines had been trained to do so.
- People who were able to were responsible for their own medicines which helped them to maintain their independence.
- People's care plans contained detailed information on the medicines they had been prescribed and the medicines were reviewed regularly by external healthcare professionals.
- People told us and records confirmed that people received their medicines as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance:

- People's needs were assessed before they began to use the service and then regularly reviewed. The assessments covered people's backgrounds, personal history, physical and mental health conditions.
- Care plans stated people goals for maintaining and improving their physical and mental health as well as their safety and opportunities to socialise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and the staff we spoke with were aware of the main principles of the MCA and their responsibilities under the MCA.
- People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.

Staff support: induction, training, skills and experience:

- People thought staff had the necessary skills, training and experience to support them effectively.
- Staff completed an induction to the service and their training was up to date. Staff had the opportunity to complete additional courses to help them continuously improve the way in which support was provided. The registered manager and staff were completing a course on dignity and safeguarding in adult social care.
- Staff were confident in their roles and felt their training equipped them to provide effective support.
- Staff were supported in their role and attended regular supervision meetings with the registered manager. During these meetings staff discussed issues relevant to their roles such as equality and diversity, and their training needs.
- Staff who had worked for the provider for more than one year received an annual performance review.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff supported people to have enough to eat and drink and have a balanced diet.

- People were satisfied with the quality and variety of food. They told us, "The food is nice", "I don't eat much but I do get enough" and "I like the food. I've no complaints"

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Care plans contained health care information which was useful to external healthcare professionals. This included people's personal details, their communication and healthcare needs and how healthcare professionals should best approach and support them.
- Staff supported people to maintain good health by ensuring they attended appointments with their GP and other healthcare professionals.
- Staff followed the recommendations of healthcare professionals involved in the people's care to make sure people received appropriate and consistent care.

Adapting service, design, decoration to meet people's needs:

- The home was of a suitable layout to meet the needs of people living there. People had access to a secure, well-maintained garden which they could use throughout the year.
- People's bedrooms were personalised and contained furniture and items which reflected their age, gender and interests.
- Some parts of the home needed redecorating.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us staff were caring and kind. They commented,, "The staff are nice.....They mean well", " The staff are very helpful", "I like the staff. They are nice to me. They are my friends" and "The staff are good people.
- The registered manager and staff knew people well, including their likes, dislikes and personal histories and had used this knowledge to form positive relationships.
- People and staff were at ease with each other and there was a relaxed, calm family atmosphere in the home.
- People's choices and individuality were understood and respected. This was reflected in how people spent their time.
- Staff supported people to maintain relationships with their family and friends. Some people were supported to visit relatives regularly while others received regular visitors.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People told us that they felt in control of the way their care was provided. People attended regular meetings where they had the opportunity to discuss menu options, activities and any other issues they wished to discuss. One person told us, "We have a meeting every week to discuss what we are going to be doing that week."
- People told us they could approach staff at any time to discuss their care or any concerns.
- People's views were used to help shape the way their care was provided.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their independence. One person told us, "I pretty much do as I like." Another person told us, "They are helpful with preparing my meals and when I need it but leave me alone to get on with it." People who wished to, were responsible for taking their own medicines and managing their finances.
- The registered manager and a staff member were completing a course on dignity in care to help improve people's experience of receiving care.
- We observed staff treated people with dignity by talking to them in a polite and respectful manner.

However, one person was wearing clothes which looked dirty and stained. This could impact the person's dignity and self-esteem. We raised this with the registered manager who told us, "We support [the person] to do their laundry but the person is not always willing."

- Staff respected people's privacy by knocking on their bedroom doors and asking for permission before entering. Where permission was refused the person's wishes were respected.
- People's personal information was held securely and only accessible by staff so that confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were satisfied with the way they were supported and the quality of care they received.
- People received personalised care which met their needs because they were involved in the care planning process.
- People's life history, needs, preferences, routines and interests were detailed in their care plans and known by staff.
- Care plans were designed to achieve effective outcomes for people. For example, to make sure people's mental health was maintained their care plans included details of possible triggers and how to help avoid a deterioration.
- People spent their time day-to-day in the way they preferred and we saw people coming in and going out throughout the time we were at the service. People told us, "I've always got enough to do", "I go to a day centre twice a week. I really like it there" and "I like to go down to the market. I know everybody down there. I go there whenever I feel like it."
- Staff sought out opportunities for people to be involved in activities which reflected their interests, For example, people who like gardening spent time planting and maintaining the garden.

Improving care quality in response to complaints or concerns:

- People felt able to request a change in the way their care was delivered and were confident their requests would be responded to.
- There continued to be an appropriate complaint's procedure in place to record, investigate and respond to complaints.
- People told us they were aware of the complaints procedure and how to use it.
- There had been no complaints since our previous inspection in 2016.
- Staff were aware of their responsibility to support people using the service to make complaints or raise concerns.

End of life care and support:

- People were given the opportunity to plan their end of life care and state their wishes for their funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was not consistently well-managed and well-led. Some legal requirements were not being met.

Managers understanding quality performance and risks; Managers and staff being clear about their roles:

- There were systems in place to assess and monitor the quality of care people received but these were not always effective.

The provider's auditing systems had not identified that the home was not clean or that adequate standards of hygiene were not being maintained. The provider's audits had not identified that the cleaning schedules were not always signed by staff to signify that specified cleaning tasks had been done, or that some windows in the home were not adequately restricted.

- Additionally, where issues had been identified by internal audits, the provider had not always taken the necessary action in a timely manner to make sure that people's environment was safe and appropriate. The provider's monthly environmental health and safety checks had identified in every month from January 2019 that the communal areas needed refurbishing and soft furnishings needed replacing. The provider had not put a plan in place for this work to be carried out. The provider's audits had identified that the tiles in one person's shower were cracked and broken and these were replaced after the first day of our inspection. However, the lack of maintenance we found in other people's bathrooms had not been picked up by the provider's audits.

- There was a lack of systems in place to make sure that where people were unable or unwilling to maintain an appropriate standard of personal hygiene or cleanliness in their personal space, they were appropriately supported by staff. The registered manager and staff did not fully appreciate their responsibility to ensure that people's environment was clean. This was demonstrated by the low standard of cleanliness at the service. This was further evidenced by the staff and registered manager's view that the lack of cleanliness and hygiene in the home was due to people's failure to wash their clothes and clean their bedrooms and bathrooms.

The above issues amount to a lack of good governance which is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about regulatory requirements:

- The registered manager knew the circumstances in which notifications had to be sent to the CQC. Notifications are important as they allow the CQC to monitor events at the service.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in the home. This is important as it allows the people, relatives and the public to know how the service is performing.
- People's care records including their medicine administration records were accurate and up to date.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People's care plans were person-centred and contained lots of information about people's routines, likes, dislikes and what mattered to people.
- The registered manager and staff were open in communications with people and others involved in their care.
- People told us and we observed that the registered manager and staff were approachable. They knew people well and understood how they preferred their care to be provided.
- Staff felt well-supported by the registered manager and were able to report concerns, mistakes and seek guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People had the opportunity to voice any concerns, give feedback on staff conduct and the quality of care they received.
- The provider held staff meetings which gave staff the opportunity to contribute to the development of the service.
- The provider was aware of their responsibility to make sure that staff and people's differences were respected and protected in the way the service was organised and care was provided.

Working in partnership with others:

- The registered manager and staff worked well with other health and social care professionals. This helped people to receive a person-centred approach to their care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not ensure the premises were clean and properly maintained. The provider did not maintain appropriate standards of hygiene.</p> <p>Regulation 15 -1(a) (e)) and 2.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17- 1 and 2 (a).</p>