

Prestwick Care Limited

# Beech Tree House

## 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 ●

# Summary of findings

## Overall summary

### About the service

Beech Tree House is a care home for up to 86 people. The service provides care and accommodation for older people, people living with dementia, people with nursing needs, younger people with physical disabilities and bariatric care. At the time of the inspection there were 13 people using the service.

The service is a purpose-built home with a range of specifically designed facilities to support people to live as well as they can. There are four floors with specialist equipment and facilities pertinent to the dedicated support required by each individual. There are a range of community facilities and individual rooms have ensuite facilities. At the time of the inspection, due to the small cohort of people living at the home only one floor of the service was being utilised.

### People's experience of using this service and what we found

People told us care they received was extremely good and they considered the service to be highly individual and person centred. Professionals said they felt the service was excellent and gave us examples of how staff had worked with people that was beyond what they normally encountered. Relatives praised the service highly and said they were sure their relations were receiving extremely individualised care. Some relatives described staff as treating people like family. Staff knew people as individuals and were able to describe the support and approaches they needed in good detail. People told us staff always ensured they were treated with dignity and respect.

People told us they felt safe living at the home. Risks, both in relation to care and the environment were monitored. Staff recruitment was undertaken appropriately, and people felt there were enough staff to support the current numbers living at the home. The home was exceptionally clean, and staff followed current guidance in relation to keeping people safe from COVID-19. There were some minor issues with medicines, and we noted some records were not always as detailed as they could be. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Records did not always evidence how staff followed the principles of the Mental Capacity Act. We have made a recommendation about this. People's needs had been assessed prior to them coming to live at the home. Staff had received a range of training. Where necessary, competency checks around medicines had been undertaken. People were supported to access appropriate food and fluids and meals were described as being very good. The premises had been purpose built and were designed to fully support the needs of people living at the home.

Care plans were in place, but the quality of the information varied, with some not always being detailed in a person centred way. It was not always clearly demonstrated people had been involved in review processes. People felt as the home became busier staff did not always have the time to undertake activities with them.

A new activities co-ordinator was about to take up post. People's preferences and choices were always considered. The home had a range of processes to support people communicating and understanding. Relatives told us end of life care had been exceptionally good and empathetic.

There were a range of audits and checks in place, although not all the issues identified at the inspection had been picked up by these processes. The registered manager had a clear vision for how they wanted the service to run and for person centred care to be delivered. Staff echoed this philosophy. People and staff were involved in decisions about the running of the home, as far as possible. Professionals told us the home worked in a highly co-operative way and made timely and appropriate clinical referrals to other services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 3 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the service's registration date. We had previously inspected this service in relation to infection control. The previous inspection had been an assurance visit as the service had been identified as a specific location to support people out of hospital with COVID-19 infections. We did not rate the service at that time.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last infection control inspection, by selecting the 'all reports' link for Beech Tree House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Beech Tree House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Beech Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission. Registered managers 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives who were visiting the service during the inspection. We spoke with seven members of staff including the registered manager, the deputy manager/clinical lead, a senior care worker, a care worker, a housekeeper, the head chef and laundry assistant. We also spoke with the nominated individual and the provider's contracts compliance manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Additionally, we spoke with two professionals who were attending the home at the time of inspection. Following the inspection, we spoke with a further three relatives and three health professionals on the telephone. We also emailed all the staff and invited them to contact us or offer comments.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems were in place to manage and administer medicines safely.
- We found some minor issues with topical medicines (creams and lotions), as the frequency of when these should be applied was not always written on records.
- One person, who had transferred to the home from another facility had not received two medicines for six days. No harm had come to the person because of this omission.
- Some medicine administration sheets were photocopied and were not always easy to read.
- We spoke with the registered manager about these issues and immediate action was taken to address the matters.

We recommend the provider review systems for the safe management of medicines and ensure all staff are aware of the actions needed to ensure medicines are administered safely and effectively.

### Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to ensure proper safeguarding procedures were followed.
- There had been no recent, significant safeguarding issues.
- People and relatives told us they felt safe at the home. One person told us, "I couldn't wish for a more safe and secure environment."

### Assessing risk, safety monitoring and management

- Risk assessments relating to care were contained within people's records.
- Risks were recorded but were not always fully detailed with clear indications of how risks would be mitigated. Risk assessments around people who dealt with their own medication were not always robust.
- We spoke with the registered manager about this who took immediate action to review all risk assessments.
- People had personal evacuation plans in place, in the event of a fire or other emergency, which were comprehensive.
- Risks relating to the environment and equipment used were regularly reviewed.

### Staffing and recruitment

- Staff recruitment was undertaken safely and thoroughly.
- Staff records showed checks, including Disclosure and Barring Service (DBS) checks and the taking up of two references were undertaken.
- Staff told us, and records showed all new staff were subject to an induction process and a probationary review.

- People told us there were enough staff available at the home to support them, although some people commented staff were now busier as the occupancy of the home increased and had less time to spend with them. One person told us, "When I first came staff had time to sit and do crosswords with you. That's a little less now. The last couple of weeks they have seemed more stretched."
- We received mixed views from staff. Some told us the current staffing was acceptable whilst others felt additional staff were required now and would need to be reviewed when additional people were admitted to the home.
- There were enough nursing staff to cover nursing shifts, although we noted a number of these were covered by the registered manager. We spoke with the registered manager about ensuring the right balance between nursing duties and management time.

#### Preventing and controlling infection

- There were good systems in place to ensure the home was maintained in a clean and tidy fashion and proper processes were in place to manage the current COVID-19 pandemic. People told us they felt the cleanliness of the home was very good. One person told us, "Clinical security; infection control, is par excellence."
- Staff were wearing correct PPE and were aware of how use this safely when providing personal care. We observed staff using PPE correctly.
- There were good supplies of PPE freely available around the home.
- Staff had received training in infection control.
- Systems were in place to test and monitor visitors to the home and ensure this was undertaken in a COVID safe way. We observed relatives visiting the home safely and wearing PPE.

#### Learning lessons when things go wrong

- The registered manager spoke about the lessons learned as the home had been commissioned and people had started to use the service.
- Lessons had also been learned from when the service was a designated setting and supporting people with COVID-19. This had been shared with staff so changes could be made, where necessary
- Incidents and falls were recorded, monitored and reviewed and changes made, as required.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs and choices were assessed prior to them living at the home.
- People and relatives told us staff always considered people's wishes and choices when delivering care. People told us, "I can do what I want. They have got to know me as a person" and "They get to know your habits. In some ways they don't need to ask you because they know your little ways."

Staff support: induction, training, skills and experience

- Staff had completed a range of training and development programmes.
- We were sent a copy of the home's training matrix which showed the majority of staff had completed mandatory training and some additional elements. Where there were gaps in training these were noted for following up on the registered manager's action plan. The provider subsequently emailed us to inform us additional training had been booked to take place the following week.
- Staff files contained evidence of an induction and probationary period. Supervision was undertaken on a regular basis and documents contained good detail.
- Competency checks on the safe administration of medicines were undertaken.

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

- People were supported to eat a sufficient diet and had good access to drinks.
- The registered manager sent us a case review demonstrating how the service had supported one person with their diet based around their religion.
- People told us they enjoyed the food and that it was of a good quality. One person told us, "I doubt you could get better; it's like a first-class hotel. I'm putting weight on."
- Two relatives told us how staff supported their relations by trying to make food more tempting and responding to their particular requests. One relative told us, "They (relation) said suddenly they wanted tomato soup, which was not on the menu. The next minute they produced a bowl of homemade tomato soup."
- People's food and fluid intake was regularly monitored, and people's weight and nutritional intake regularly reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans contained evidence the staff worked closely with other professionals to deliver effective care.
- One professional told us, "There is good communication. They know when to refer and the nurses know when to pick up on things. They know when to contact us."

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

- The service had been purpose built to meet the needs of a variety of people with various needs or conditions.
- Whilst the service was large the decoration made the environment feel homely and people seemed happy and relaxed.
- The nominated individual spoke about the work that had gone into designing and building the home. They told us the home was currently short listed for a design award.
- The layout of the building helped support people who were living with a cognitive impairment, providing interest around the corridors and offering stopping places.
- People described the home environment as, "warm", "homely", "well decorated" and "welcoming." One person, who was staying at the home temporarily told us, "It's so nice, you get settled and think maybe you don't want to go home."
- Two people told us specifically about the jacuzzi bath and how they enjoyed relaxing in it. One person told us, "It was an experience; absolutely delightful. I really enjoyed it."

Supporting people to live healthier lives, access healthcare services and support

- There was evidence in people's care records they were supported to have access to a range of health care services.
- People and relatives told us staff would contact GPs and other health professional if they had concerns.
- One relative spoke about how the staff had worked closely with health professionals to help a person regain some of their mobility.
- Another told us how the registered manager had identified a potential health problem and then taken steps to get an assessment and treatment for the individual.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us a number of DoLS applications were currently with the local authority and whilst they had had verbal approval, none had been formally authorised at the time.
- Copies of DoLS applications were available in people's care records.
- Some people had best interests decisions but were noted to have consented in other areas. Best interests decision documents did not always fully reflect the views of relatives and it was not always clear the decision arrived at was the least restrictive option.
- We checked relatives or friends of people who had been granted Lasting Power of Attorney (LPA). Whilst there was some documentation available this was not maintained consistently.
- We spoke to the registered manager about ensuring all appropriate documents were available to ensure staff delivered care that was legally appropriate.

We recommend the provider reviews consent, best interests and lasting power of attorney documentation

to ensure staff are able to take appropriate and legal care decisions in line with the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service delivered person-centred care that was extremely individual and highly particular to each person.
- People and relatives praised staff and said they consistently treated people as individuals and were always conscious of respecting and ensuring their dignity.
- Staff built strong and individual relationships with people and were able to describe in detail how they supported and cared for people, in a manner that was special to each person. One staff member told us, "My job is to brighten up their day. I try to include the residents in everything – give them choices; what to wear and what they want to eat. It is important to go along with their wishes." Another staff member told us, "I like to see that everyone is supported and be sure everyone has a better quality of life."
- Relatives told us staff made people feel safe and comfortable, and ensured the service felt as much like their own home as possible. A relative told us, "From the moment they arrived you could tell it was a better class of care. There was a world of difference from other care homes I have seen."
- Other positive comments from people and relatives included, "They treat (relative) with respect. I feel they are part of their family. All the staff are genuine and caring. I think they really love them"; "It is superb, it really is. The girls know me as an individual. It is so very good; I am very impressed, I really am. I am getting the best possible care. It is a real Shangri - la" and "They know (relative) so very well. They make them feel so lovely and special. I feel they know them inside out." Another relative told us, "They not only look after my (relative) they look after me as well."
- One relative described how they were on the phone speaking to their relation when they needed assistance. They told us care was provided extremely quickly and, without staff realising, they were able to hear the whole conversation down the phone and felt the way care staff dealt with the situation was exceptional.

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

- People and relatives said they were fully supported to express their views and participate in initial care decisions. They were involved in making decisions about their care, if at all possible.
- We overheard one member of staff, who was not aware we were in the vicinity, speaking to a person about talking with the CQC inspector. The advised the individual, "You have to tell the truth about the care – after all this is your home."
- The home had an extensive range of support material to assist people making choices and decisions, including pictorial menus and flash cards. Staff told us a resident handbook was also available in a variety of formats.
- A small number of questionnaires had been returned by people who had since left the home or by relatives

of people at the home. Although limited in number, all of them were extremely positive about the service.

Respecting and promoting people's privacy, dignity and independence

- People's independence was fully supported and promoted, and their privacy wholly respected.
- We observed staff provided personal care in a highly dignified and respectful manner, minimising any embarrassment to the people they were supporting.
- The registered manager showed us a case study about one person and their personal wishes around clothing and presentation. They spoke about the research they had undertaken around the matter and how they had anticipated potential issues with other people at the home and put in place actions to mitigate any concerns. The individual felt comfortable enough to dress as they wished around the home.
- One relative told us how staff had worked extremely hard encouraging and supporting a person to carry out physio exercises after a fall. They said staff had taken time to assist them at their own pace. They commented, "(Relative) responded better to staff than the physio, so they took time to encourage them. We had been told to expect they wouldn't regain their mobility."
- The physio involved confirmed the relative's description and told us, "The care is absolutely excellent. They made it their mission to get them walking. It would not have happened in any other home."
- A second relative told us, "Even though (relative) could not communicate towards the end, they still talked to them, told them what they were going to do during care; chatted to them all the time."
- Staff described how they supported people's dignity during care and how it was essential to support people as individuals. One staff member told us, "I love being able to care; doing something more rewarding. I love seeing them smile, making their day and making sure they are presentable."
- A staff member was undertaking a master's degree in dementia care. They told us they shared the knowledge they gained through their learning with other staff. They spoke about treating people with respect and told us, "You have to think about how to communicate with people for a better quality of life – such as you talk to them and not over them and support their dignity. You empower them to be them as a person, not a condition."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a manner that supported their individual choices and gave them control over their day to day lives.
- Care plans were detailed and set out how people wished to be treated. The structure and focus of care plans varied with some being more person centred and individual than others. We spoke with the registered manager and senior carer about more person focussed care plans.
- There was evidence care plans had been reviewed. Review processes were variable with some containing useful detail whilst others were more functional, containing phrases such as, 'Care plan remains appropriate.' People's involvement in review processes was not clearly evidenced. We spoke with the registered manager about improving care plan review processes.
- Relatives told us they were consulted about changes or updates to care.
- People told us care staff supported their preferences. One person told us, "I can do what I want; I suppose. If I want a lay in bed, I can get up late."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Consideration had been given to people's communication needs.
- A range of visual aids were available to assist people making choices and choosing items from the menu.
- Bathrooms and toilet areas had visual signs to assist people identifying these areas.
- People told us staff took time to speak with them and explain things to them.
- A 'residents' handbook' was available in various formats. We noted this was quite wordy. We discussed with the registered manager about producing a more accessible version of the handbook.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were good systems in place to ensure families could maintain contact with their loved ones, even during the restrictions of the pandemic.
- The provider had put in place special visiting facilities to allow people to meet up with relatives safely and COVID securely. Relatives told us they were able to visit frequently, and all appropriate safety measures were followed.
- Families were supported to take their loved ones home for visits in a safe and appropriate manner.

- Relatives told us where there were health concerns about their relation, they could visit any time of day.
- A specific activities co-ordinator had been employed at the home and was due to start work later in the week.
- People told us staff tried to make time to spend with them, but in recent weeks the home had become busier and staff had less time to do this.

#### Improving care quality in response to complaints or concerns

- The provider had in place a complaints procedure.
- There had been one formal complaint. The registered manager had dealt with this matter appropriately including investigating the circumstances around the issue and informing the complainant of the outcome and actions taken.

#### End of life care and support

- People were supported with care and compassion at this important time of their lives.
- Relatives told us the end of life care offered to their relations was kind and empathetic. Comments included, "I could not fault the care; they were so well looked after" and "They looked after them so well."
- Several relatives had written to the home and the registered manager thanking all the staff for their compassionate approach during their relation's final days.
- One family told us about how all staff had helped their relation to grieve when they had lost a close relative. They commented. "The staff just gave them time and allowed them to talk."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality monitoring systems and audit processes were in place at the home.
- The registered manager conducted a number of audits and checks including; daily walkaround audits, medicine audits, catering checks, infection control audits and dining experience checks. Issues found during this inspection regarding medicines management and the MCA had not been highlighted through the audits.
- The contract compliance manager and a number of other senior staff also carried out audits of the home or provided oversight.
- The home had a live action plan where key actions were recorded and monitored until conclusion. Not all the actions from all the audits were included on this document and small number of actions in other checking documents had not been signed off.
- The registered manager told us following the inspection that the matters identified by the inspector had been or were being addressed and added to the overarching action plan document.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear view of the culture and feeling in the home she wanted to create. She spoke about ensuring care was person centred and this vision was echoed by many of the staff. The registered manager told us, "We are trying to achieve a home from home. We want to deliver person centred care – they do what they want to do. There's a fear that they are going to have to fit in with our ways. But if they want a cup of tea in bed then they can have it."
- A relative told us why they had chosen the home for their relation. They said, "I chose Beech Tree House after looking around and because of the ethos of Prestwick Care and how their other services looked. Beech Tree House did not disappoint."
- The majority of staff told us the registered manager was approachable and supportive. One staff member told us, "(Registered manager) is very encouraging; wants you to grow in confidence and wants you to progress."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. There had been no incident where they were required to act on this duty.



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

- There were systems in place to support people and staff to be involved in determining the direction of the service.
- The service had only recently started to admit general admissions, so there was limited opportunity for full feedback and questionnaires. Information available was positive about the service.
- Staff told us, and records confirmed there were a range of staff meetings. Most staff told us they could offer ideas, and these would be considered by the registered manager. Staff meeting notes indicated there was opportunity for staff to raise any issues or concerns.
- There had been no recent staff satisfaction questionnaires.

Continuous learning and improving care

- The registered manager spoke in detail about how the service had been planned, built and developed.
- They spoke about lessons learned as part of the commissioning of the service. They also spoke about their own background and how they drew on their own professional experiences to develop and improve the service.

Working in partnership with others

- There was evidence in people's care records the service worked in co-operation with a range of other health and social care providers.
- The health professionals told us the service was very good at working co-operatively and used their services appropriately. They told us communication with the home was very good.
- The nominated individual spoke with us about the role of the home during the pandemic and how the service had operated as a designated setting, supporting COVID-19 positive people from across the county.
- The registered manager and people told us the home had recently supported a small number of local people, whose homes had suffered damage following recent stormy weather. The registered manager spoke about how the service had responded immediately to accommodate people who could not stay in their own homes. People told us they were very grateful for the support and kindness they had received.