Achieve Together Limited

Beech Trees

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Beech Trees is a care home providing accommodation and personal care for up to seven people with learning disabilities. There were seven people living at the home at the time of our inspection.

People's experience of using this service and what we found
The provider had not ensured the premises were safe. Assessments had identified actions that needed to be completed in relation to fire and electrical safety. The provider was not able to demonstrate that these actions had been completed. We notified relevant professionals about these concerns.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The principles of Right support, right care, right culture are as follows:

Right support:
People's ability to make choices about the activities they took part in and how they spent their time were restricted because the service did not have enough staff to provide their commissioned one-to-one support hours.

However, there were enough staff on each shift to keep people safe. Agency staff were used regularly due to vacancies on the staff team, but the provider had minimised the impact of this by using regular agency staff where possible. The provider's recruitment procedures helped ensure only suitable staff were employed.

Accidents and incidents were reviewed, and learning was shared among the staff team. People's medicines were managed safely. Staff maintained appropriate standards of infection prevention and control (IPC).

Right care:
Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People received kind and compassionate care. Staff understood and responded to people's individual needs. People told us they got on well with the staff who supported them and enjoyed their company.

The care people received promoted their dignity, privacy and human rights. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right culture:

The values, attitudes and behaviours of managers and care staff ensured people led confident, inclusive and empowered lives. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People and their families were involved in planning their care. 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was Good, published on 7 May 2020.

Why we inspected
This was a planned inspection based on the date of the service's registration under the new provider.

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.

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? The service was not always 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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Beech Trees

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
Two inspectors visited the home. An Expert by Experience made telephone calls to people's relatives to hear their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Beech Trees 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 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.

What we did before inspection
We reviewed information we had received about the service, including notifications of significant incidents. We asked the local authority for feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key

information about their 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, the registered manager, a service manager and three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked three people's care records, including their risk assessments and support plans, and the arrangements for managing medicines. We spoke with six people's relatives to hear their views about the care provided to their family members.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 under the current registered provider. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had not ensured the premises were safe. A fire risk assessment carried out in November 2020 and an electrical installation condition report issued in November 2017 both identified a number of actions that needed to be completed. The provider was not able to provide evidence that these actions had been completed. We notified the local Fire and Rescue Service about these concerns.

Failure to ensure the premises were safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had carried out individual assessments to identify and manage risks to people. The service helped keep people safe through formal and informal sharing of information about risks.
- Staff supported people to take manageable risks, which promoted their independence.
- Staff assessed people's sensory needs and did their best to meet them.
- When adverse events occurred, these were recorded by staff and reviewed to identify any actions that could be implemented to prevent a recurrence of the incident. Any lessons learned from accidents and incidents were shared with staff, for example at team meetings and through the communication book.
- There was a business contingency plan for the service to ensure people would continue to receive their care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "People here are nice; there is no shouting or swearing at me." Relatives confirmed their family members were safe at Beech Trees. One relative said, "They have done a remarkable job during this terrible virus. [Family member] has been kept safe and well cared for. I could not ask for more."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff said they would feel able to speak up if they had concerns about abuse and were confident their concerns would be listened to and acted upon. One member of staff told us, "It's about ensuring the residents are looked after well and kept safe; if I witnessed someone shouting at a resident, I would take it to the manager immediately."
- Incidents had been reported to the local authority when necessary. The registered manager had contributed to safeguarding investigations when asked to do so by the local safeguarding team.

● Appropriate action had been taken if people displayed behaviours that put themselves or others at risk. This included obtaining support from the provider's positive behaviour support (PBS) team and reviewing people's risk management plans.

Staffing and recruitment

● There were enough staff on each shift to keep people safe. People told us staff were available when they needed them, and we observed this to be the case. However, although people received safe care, there were not enough staff to provide people's one-to-one support hours. We have reported further on this in the Responsive key question.

● There were vacancies on the staff team at the time of our inspection which meant agency staff were used regularly. The provider had minimised the effect this had on the safe delivery of people's care by using regular agency staff and ensuring all staff had clear information about how to provide people's care and support.

● The provider operated robust recruitment procedures which helped ensure only suitable staff were employed. This included obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

● People received their medicines as prescribed. Each person had an individual medicines profile which contained information about the medicines they took and any allergies they had. Any 'homely remedies' used had been approved by a GP.

● There was written guidance for the use of medicines prescribed 'as required' (PRN) which detailed maximum dose, expected outcome and purpose of administration. People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff attended training in STOMP (stopping over-medication of people with a learning disability, autism or both) and understood the principles of this initiative.

● Medication was ordered, stored and disposed of appropriately. Staff attended medicines training and their practice was assessed before they were authorised to administer medication.
Medicines audits were carried out regularly and indicated that medicines were managed safely.

Preventing and controlling infection

● Staff kept the home clean and hygienic. Additional cleaning had been introduced since the start of the COVID-19 pandemic, which included cleaning of frequently-touched surfaces. Standards of IPC were audited regularly.

● Staff wore personal protective equipment (PPE) whilst on duty and had attended training in how to use it.

● The provider had an infection prevention and control (IPC) policy and had carried out COVID-19 risk assessments for people who lived at the home and staff.

● Staff took part in regular testing for COVID-19 and had received vaccinations against the virus.

● From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

● People who lived at the home were encouraged to take a PCR test each month and had been supported to have COVID-19 vaccinations. Visitors were required to take a LFD test before entering the home.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

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 under the current registered provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2002 (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.

- People's care was provided in line with the MCA. We saw that mental capacity assessments had been carried out to determine whether people were able to make decisions for themselves, for example in relation to receiving vaccinations.
- If people lacked the capacity to make informed decisions about their care, or had fluctuating capacity, the provider followed appropriate procedures to ensure decisions were made in their best interests.
- Staff completed a checklist to establish whether people were subject to any restrictive practices such as constant supervision, locked doors or restricted access to food or possessions. If restrictions were necessary to keep people safe, applications for DoLS authorisations had been submitted to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed before they moved into the home. Assessments considered areas including mobility, healthcare, sensory issues, personal care, independent living skills, leisure activities, relationships and communication.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People's care plans were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

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

● People were supported to stay healthy and to obtain treatment if they needed it. All the people living at the home had an annual health check and appointments were made with healthcare professionals, including a GP, nurse, dentist, optician and chiropodist, when necessary.

● Staff supported people to manage any long-term healthcare conditions, such as diabetes and epilepsy, through prescribed medication and monitoring by healthcare professionals.

● Each person had a health action plan and hospital passport, which contained information for medical staff about people's needs in the event of a hospital admission.

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

● People were involved in choosing their food and planning their meals. Staff encouraged people to be involved in preparing and cooking their own meals in their preferred way. None of the people living at the home had specific dietary needs and all were able to eat a regular diet.

● People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Staff encouraged people to eat a healthy and varied diet to help them stay at a healthy weight.

Staff support: induction, training, skills and experience

● People were supported by staff who had received relevant training in evidence-based practice. This included mandatory training, including moving and handling, first aid and food safety, and service-specific training, such as diabetes, epilepsy, autism and positive behaviour support.

● New staff, including agency staff, had an induction when they started work, which included shadowing colleagues to ensure they were familiar with people's needs and preferences about their care.

● Staff were appointed on a six-month probationary period during which they were expected to obtain the Care Certificate. The Care Certificate is an agreed set of standards setting out the knowledge, skills and behaviours expected of staff working in health and social care.

● Staff were supported by the registered manager and had opportunities to discuss their performance, training needs and any concerns they had.

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

● The design, layout and furnishings of the home were suitable for people's individual needs.

● The home was domestic in character and its situation close to Woking town centre enabled easy access to community facilities.

● Communal rooms were comfortable and homely, and people had access to a well-maintained garden.

● People were able to personalise their rooms and were involved in decisions about the decoration and design of their home.

Good

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 under the current registered provider. 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

- People told us they liked living at the home. They said they got on well with staff and their housemates. One person told us, "My friends are here. Staff are my friends too and they are very kind." The person added, "Staff help me when I ask them to."
- Relatives confirmed that their family members enjoyed living at Beech Trees. One relative told us, "[Family member] is always happy to return to the home and as long as they are happy, that is all that matters."
- People received kind and compassionate care from staff who knew them well and treated them as equals. Staff were attentive to people's emotional needs and showed warmth and respect when interacting with people. A relative told us, "The staff know [family member] very well; they know their little quirks and habits and that gives me great confidence that they are well-supported."
- Staff supported people to keep in touch with their friends and families and some people had developed the skills to do this without support. A relative told us, "[Family member] has been supported to learn how to Facetime. I think this is brilliant."
- Relatives told us staff were caring and treated their family members with dignity and respect. One relative said, "Not only do they treat my loved one with dignity and respect, they also treat me with the same respect. During lockdown they kept me informed with how [family member] was and that gave me great reassurance."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and their families were involved in making decisions about their care and planning their support. People were encouraged to give their views about their care, for example at house meetings and keyworker meetings. One relative said, "I am fully involved in [family member's] care planning and the home keep me up to date if there are any changes."
- We observed that people were comfortable and at ease in their home environment. Staff engaged in a positive and caring way with the people they supported.
- People said staff respected their right to privacy and that they could spend time alone when they wanted to.
- Staff supported people to be as independent where possible. For example, people were encouraged to be involved in preparing their meals and managing their laundry.

Requires Improvement

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 under the current registered provider. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

● People did not have sufficient opportunities to take part in the activities they wished to. Most people living at the home had a significant number of weekly one-to-one support hours commissioned by their placing authority. However, we found this support hours were not being provided because the service did not have sufficient staff to enable it.
● The registered manager confirmed that the daily shift plan should have reflected people's allocated one-to-one support hours but we saw that the plan did not include these hours. The registered manager told us, "I think the ladies are safe, happy and their needs are met but we are not fulfilling their one to one [hours] and that is frustrating. Their needs are being met but not necessarily when it comes to them being able to do activities." A member of staff said, "People are not getting much one-to-one time, which means we are not able to do activities and this is affecting them hugely. It affects their mood and behaviours."
● Staff supported people to access activities as best they could with the staffing resources available. For example, staff supported people to access their local community and trips out were planned when staffing resources allowed. However the absence of one-to-one support hours meant people's choices about how they spent their time and which activities they took part in were restricted.

Failure to provide support that met people's individual needs and reflected their preferences about their care was a breach of Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
● Staff ensured people had access to information in formats they could understand.
● People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
● Some people used a form of signing communication called Makaton to supplement their verbal communication. Some staff had received training in this form of communication, but others had not. The registered manager told us this training would be provided to all staff as soon as staffing resources allowed.

Improving care quality in response to complaints or concerns

● The provider's complaints procedure set out how complaints would be managed. The procedure was available in an accessible format for people with different communication needs.
● Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. For example, a complaint from a relative had been investigated and action taken to resolve the concern.
● We saw that relatives had also sent compliments to the home about how staff had supported their family members.

Requires Improvement

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 under the current registered provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some aspects of the service did not reflect the values of Right support, right care, right culture. For example, people's choices about the activities they took part in and how they spent their time were restricted because their commissioned support hours were not being provided.
- Other aspects of the service did reflect the principles of Right support, right care, right culture. For example, staff understood people's individual needs and supported them in a way that promoted their dignity, privacy and human rights.

People and their families were involved in planning their care.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home's management arrangements were changing at the time of our inspection. The registered manager was leaving the service in the near future and a new manager had been appointed. The new manager already worked for the provider at another service so knew operational policies and systems well.
- The provider had systems in place to monitor the quality and safety of the service. Governance systems included monthly audits of IPC, medicines and health and safety. However these systems had not always been effective as they had not identified or rectified the outstanding actions in relation to fire and electrical safety.
- The registered manager submitted a Manager's Monthly Report to senior managers which collated information about aspect of the service including accidents and incidents and any complaints or safeguarding concerns.

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 responsibilities under the duty of candour and the need to act in an open and transparent way if concerns were raised.
- Any notifiable incidents had been reported to relevant agencies, including the local authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had opportunities to give feedback about their care and how the home was run at house meetings, which were supported by staff.

● Relatives said they were kept up to date about their family member's health and wellbeing. They told us staff supported their family members to keep in touch with them.
● Relatives also told us the registered manager communicated effectively with them and listened to their views about their family member's care. One relative said, "I am always listened to and if there are any issues they are quickly resolved."
● The staff group met to discuss people's needs and any changes to their support. Any learning from incidents was shared at team meetings. Staff told us they felt able to speak up if they had concerns and were confident their views would be listened to.

Working in partnership with others
● Staff worked effectively with other professionals to ensure people received the care they needed. This included external professionals and internal resources such as the provider's positive behaviour support (PBS) team.
● The provider engaged in local forums and worked with other organisations to improve care and support for people using the service.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to deliver support that met people's individual needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the premises were safe for use.