

## Aitch Care Homes (London) Limited

# Beech Trees

### Inspection report

1a Kirby Road  
Horsell  
Woking  
Surrey  
GU21 4RJ

Tel: 01483755911  
Website: [www.regard.co.uk](http://www.regard.co.uk)

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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

Beech Trees provides accommodation, personal care and support for up to seven adults who have a learning disability, autism, mental health needs and/or a physical disability. There were seven people living at the home at the time of our inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood any risks involved in their care and took action to minimise these risks. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained appropriate standards of fire safety. The provider had developed plans to ensure people would continue to receive care in the event of an emergency.

People's care was provided by staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of any dietary restrictions involved in people's care. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had developed positive relationships with staff and their housemates. Staff treated people with respect and maintained their privacy and dignity. People were encouraged to be independent and were supported by staff to learn and develop new skills. People had access to activities they enjoyed and had opportunities to enjoy an active social life.

There were appropriate procedures for managing complaints and people were confident they would be listened to if they had any concerns. One relative had an unresolved complaint at the time of our inspection. The relative was dissatisfied with the provider's response to their complaint and had escalated their concerns. The provider was in dialogue with the relative and other agencies to work towards a resolution.

The service was well led, with an open and inclusive culture. People and staff said the registered manager was approachable and supportive. Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

The provider's quality monitoring checks ensured people received safe and effective care. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed. Records were well organised and up to date.

## 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.

People were confident staff knew how to provide their support in a safe way.

There were enough staff employed to keep people safe and meet their needs.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

People were protected from avoidable risks.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People received consistent care from staff who knew their needs well.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and could choose what they ate.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

### Is the service caring?

Good 

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were encouraged to be involved in planning their care.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's individual needs..

People's care plans contained information about how they preferred their support to be provided.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

Staff responded well when people's needs changed.

People had opportunities to take part in activities that they enjoyed.

People knew how complain and felt confident they would be listened to if they had any concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

People, their relatives and staff had opportunities to contribute their views about the home.

Team meetings were used to ensure people received consistent support and to reinforce important messages about practice.

Care staff felt well supported by the registered manager and senior staff.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were accurate, up to date and stored appropriately.

# Beech Trees

## Detailed findings

### Background to this inspection

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

The inspection took place on 28 June 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events that had taken place since the last inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.'

During the inspection we spoke with four people who lived at the service, who gave us their views about the care and support they received. If people were not able to tell us directly about their experience, we observed the support they received and the interactions they had with staff. We spoke with three staff on duty, including the registered manager.

We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and records relating to this. We checked two staff recruitment files, minutes of staff meetings and records of staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks, surveys and the provider's own audits of different aspects of the service.

After the inspection we spoke with three relatives by telephone to hear their views about the care their family members received.

The last inspection of the service was on 27 October 2015 when we identified no concerns.

# Is the service safe?

## Our findings

People told us they felt safe at the service. They said staff knew how to provide the support they needed in a safe way. Relatives told us they were confident their family members were kept safe by the registered manager and staff. They said staff understood their family member's needs and any risks involved in their care.

There were enough staff on duty on each shift to meet people's needs and keep them safe. People told us staff were always available when they needed them and we observed during our inspection that there were enough staff to respond to people's individual needs. Staff were on duty 24-hours a day and had access to on-call management support at all times. The rota was planned to ensure that staff were available to support people to take part in activities and access their community. Staff told us there were always enough staff available to ensure that people were supported in line with their care plans.

People were supported to exercise control over their lives in a safe way. Risk assessments had been carried out to keep people safe while supporting their independence and strategies were in place to minimise risks. Staff understood the importance of supporting people to take manageable risks and were aware of the risk management plans in place to support each person.

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks and the provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and reviewed within the last 12 months and the fire detection system was serviced regularly by an engineer. Staff attended fire safety training in their induction and were briefed on the home's emergency procedures. There was a nominated fire marshall on each shift. Fire drills were held regularly and each person had a personal emergency evacuation plan, which recorded the support they would need in the event of a fire.

Accidents and incidents were recorded and reviewed to identify any changes in people's support needs. Records demonstrated that staff had responded appropriately when a person had had an accident the previous month, supporting the person to obtain appropriate treatment for their injury. There was a 'missing person' profile for each person and a protocol for staff to follow if people went missing. The provider had developed a business contingency plan to ensure that people would continue to receive their care in the event of an emergency.

The provider had robust recruitment procedures, which helped ensure that only suitable staff were appointed. Applicants were required to submit an application form detailing their skills and experience and to attend a face-to-face interview. The provider carried out appropriate pre-employment checks, including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff had attended safeguarding training and were aware of their responsibilities should they suspect abuse was taking place. Minutes of staff meetings demonstrated that the registered manager had reminded staff of

their responsibility to report any concerns they had about potential abuse. Staff were able to describe the different types of abuse people may face and the action they should take if they witnessed abuse. They told us they knew how to report any concerns they had, including escalating concerns outside the home if necessary. Accessible information had been provided to people living at the home about what to do if they felt unsafe or at risk. The people we spoke with told us they knew how to speak up if they were unhappy about their care. They said they would feel comfortable speaking to a member of staff or the registered manager.

People's medicines were managed safely. Staff responsible for administering medicines had completed medicines training and their competency had been assessed by a senior member of staff. Each person had an individual medicines profile, which contained information about the medicines they took, such as potential side effects. Any 'homely remedies' people took had been authorised by their GP. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Medicine administration records were clear and accurate. A senior member of staff was responsible for the management of medicines and a medicines audit was carried out each month. The results of these audits indicated that staff were managing medicines safely.



## Is the service effective?

### Our findings

Staff had the skills and knowledge they needed to support people effectively. People told us staff knew how to provide the support they needed and relatives said staff did their jobs well. One person told us, "The staff are good" and a relative said of the staff, "The ones we've met have been very good."

Two relatives told us it was important that their family members received care from consistent staff due to their individual needs. They said there had been some changes to the staff team in the last 12 months but that a consistent staff team had now been established, which had been beneficial to their family member's well-being. The relatives told us that a core of experienced staff had been present throughout the changes, which meant their family members had always been supported by staff who knew them well. One relative said their family member was, "Very settled", which the relative told us indicated their family member was happy.

Staff had access to the training they needed to carry out their roles. All staff had an induction when they started work, which included shadowing an experienced colleague to understand people's needs and how they preferred their support to be provided. The induction included familiarisation with people's individual support plans and the provider's policies and procedures. Staff also attended elements of core training in their induction and had access to refresher training to keep their skills and knowledge up to date. Core training attended by staff included health and safety, first aid, infection control and moving and handling.

Staff told us they received good support from the registered manager and senior care staff. They said they met regularly with a senior member of staff for one-to-one supervision at which they were given feedback about their performance. Staff told us supervision sessions were useful and that they were encouraged to discuss their training and development needs. Staff also received an annual appraisal, which was used to evaluate their performance and identify any further training needs.

Staff communicated important information about people's needs effectively. Staff beginning work were given a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. All staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. There was a plan in place for each shift, which ensured accountability for the completion of all tasks. Staff said they worked well together as a team and that they supported one another to ensure people's needs were met.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People were supported to express their views and their rights were respected. People told us that staff asked for their consent before supporting them. They said staff encouraged them to make decisions and supported their choices about their care and support. We observed during the inspection that staff promoted decision making and respected people's choices. Staff had arranged for one person to be supported by an independent advocate in expressing their views.

Staff had attended training in the MCA and DoLS and understood how to apply the principles of the MCA in their work. The registered manager understood the requirement to ensure appropriate procedures were followed and recorded when people's mental capacity was being assessed and decisions taken in their best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us they liked the food at the home and that they contributed to planning the menu. One person said, "I like the food here. I can choose." People told us that evening meals were planned in advance but they chose what they wanted for breakfast and lunch each day. People living at the home took it in turns to prepare the evening meal each day and were supported to do this by staff. People told us that they enjoyed eating out and that staff supported them to do this. People's nutritional needs had been assessed and recorded when they moved into the home. Where people had a specific dietary need, this had been incorporated into their care plan and guidance produced for staff. For example one person had a dietary need related to their religion and this was known and respected by staff.

People were supported to maintain good health and had access to the healthcare services they needed. People told us they were able to see their doctor and other healthcare professionals when they needed to. Relatives said staff had always responded appropriately if their family member had become unwell. One relative told us that when their family member became unwell, "[Staff] dealt with it very well." Another relative said their family member had an ongoing healthcare condition that required management and regular monitoring. The relative told us, "[Staff] monitor it very well."

People's healthcare needs had been assessed and support had been planned to meet any needs identified. For example one person had been supported to access community mental health services. The behavioural support plan drawn up by a healthcare professional following this referral had been incorporated into the person's care plan and implemented by staff. Some people had healthcare conditions that required regular monitoring by healthcare professionals. There was evidence that these conditions were being managed effectively and that people were supported to attend monitoring checks. All the people living at the home had access to annual health checks and a Health Action Plan had been created for each person. Health Action Plans contained clear, accessible information about people's healthcare needs and detailed the support the person needed to maintain good health.

## Is the service caring?

### Our findings

People told us staff were kind and caring. They said they liked the staff and got on well with them. One person told us, "I like it here. I like the staff." Another person described the staff as, "Kind." People said they felt comfortable and at home where they lived and relatives commented on the homely atmosphere. One relative told us, "It has a lovely, homely atmosphere. There is a friendly, warm feeling when you walk in." Another relative said, "The staff are very nice, very friendly, and there is a homely atmosphere." Relatives told us their family members enjoyed living at the home. One relative said, "We are very pleased, she is very happy there." Another relative told us, "On the whole it's working very well. She is quite happy."

The atmosphere in the home during our visit was relaxed and welcoming. Staff spoke to people in a respectful yet friendly manner and it was clear that people had developed positive relationships with staff. Staff were proactive in their interactions with people, making conversation and sharing jokes. People told us their friends and families could visit them whenever they wished. Some people said they chose to stay with their families most weekends. Relatives told us they were made welcome when they visited the home. One relative said, "I have sensed a happy, relaxed atmosphere and I feel totally welcome when I visit." Relatives told us staff encouraged people's families to be involved in the life of the home. One relative said, "We have been invited to events at Christmas and Easter." The relative also told us about a successful event at the home that involved one person's family cooking a meal which was shared by people and their relatives.

People were supported to be as independent as possible. People told us staff supported them to do things for themselves. One person said staff encouraged them to make their own drinks and packed lunches. Relatives told us their family members had become more independent as a result of encouragement from staff. One relative said, "They encourage her to be independent. She is encouraged to be an individual within the group."

Staff described the areas in which they supported people to become more independent. These included handling money, managing their own laundry and planning, buying and cooking meals. Staff told us that some people had individual goals that focused on increasing their skills and independence, such as road safety skills. We observed that one person was being supported to tell the time, which staff said was a goal the person had identified as important to them.

People were as involved in planning their care as they wished to be. People told us staff encouraged them to work with them in developing their care plans. One person used their care plan to show us the activities they enjoyed and how they spent their time each day. Relatives told us staff had encouraged their family members to express their views and speak up for themselves. One relative said this had been particularly valuable support to their family member. The relative told us, "They encourage her to speak up. She'll say much more of what she wants now. It's been good for her; she has developed as an individual." People had access to independent advocates if they needed support to understand their rights, speak up or talk to professionals.

People told us that they could have privacy when they wanted it and that staff respected their decisions if

they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's choice, privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

The provider had made available a range of information about the service for people and their relatives. Important information was displayed in the home and relatives told us they were kept up to date about events at the service. Staff were aware of people's individual communication methods and were able to communicate effectively with the people they supported. Staff provided people with information in formats they understood. For example each person had a magnetic board upon which staff placed symbols to indicate what they were doing each day. We saw people refer to their boards during our visit and one person used their board to show us what they were doing that day.

## Is the service responsive?

### Our findings

People told us staff supported them to take part in activities they enjoyed. One person said, "I do art at college" and another person told us, "I like going swimming." Two people told us their keyworkers had helped them identify and organise activities they would like to try. One person said they had wanted to attend a football match and their keyworker had supported them to do this. The person showed us photographs of themselves at the game and said they had enjoyed the experience. People had opportunities to enjoy busy social lives if they chose. People told us they enjoyed the cinema, shopping and outings to places of interest.

Relatives told us staff supported their family members to access a range of activities. They said their family members enjoyed the activities they took part in and had benefitted from trying new activities. One relative told us, "It very much meets her needs. She accesses a lot of things; college, cookery, dance classes. It's brought out the best in her." The relative said their family member had also benefitted from establishing friendships at the home and expanding their range of interests. The relative told us, "She has a very full week; she's out and about doing things. She has made friends there. They do a lot of things together." Another relative told us staff encouraged their family member to live an active life. The relative said, "Activity wise, they are very good. They encourage her to go out. She enjoys going out for lunch. She likes swimming and they have started doing that regularly. She is very much looking forward to her holiday."

Most people attended college for part of their week and staff told us people took part in activities including gardening, cookery and line dancing. The registered manager said staff had recently arranged opportunities for companion cycling for people who wished to try this. The registered manager told us that all the people living at the home had annual passes for theme parks and attractions. People could take part in sessions provided at the home by visiting activity providers. An exercise instructor visited on the day of our inspection and three people chose to take part in the exercise session. The registered manager told us a musician visited the home each week to provide a music session.

People's needs had been assessed before they moved into the home to ensure the service could provide the care and support they needed. Assessments also explored aspects of people's lives that were important to them, such as interests and hobbies, and recorded their strengths and achievements. Where needs had been identified through the assessment process, a care plan had been developed to address them. The plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People were encouraged to be involved in developing their care plans and one person used their care plan to show us the activities they took part in. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Each person had an allocated keyworker, whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. People met with their keyworkers regularly to review progress towards any goals identified and to seek the person's views about their support. One of the relatives we spoke with told us the input of their family member's keyworker had

been instrumental in developing their family member's skills and interests.

Staff responded well when people's needs changed or they experienced challenges. One person was experiencing fluctuating mental health at the time of our inspection. The person was experiencing anxiety on the day we visited. The registered manager had recognised this and contacted a member of staff who had a particularly good relationship with the person to ask if they could begin their shift earlier than planned to support the person. The member of staff had responded by beginning their shift two hours earlier than planned and we observed them supporting the person during our inspection.

The provider had an appropriate complaints procedure, which was available in a range of formats to ensure that it was accessible to people. People told us they knew how to make a complaint and felt they would be listened to if they had any concerns. Relatives said they had always been able to speak with the registered manager if they had any concerns or wished to discuss their family member's care. We were made aware that one relative had an unresolved complaint at the time of our inspection. The provider had responded to the relative's original complaint but the relative was dissatisfied with the response and escalated their concerns. The provider was in dialogue with the relative and other agencies to work towards a resolution.

## Is the service well-led?

### Our findings

The home was managed well. People said the registered manager was available when they wanted to speak with them and listened to what they had to say. Relatives told us staff at the home communicated effectively with them and they could speak to the registered manager or a senior member of staff if they needed to discuss their family member's care. One relative said, "It's managed well. Their communication is good." The relative told us the registered manager led by example in their approach to supporting people. The relative said, "The manager is very hands-on. Her aim is to realise every resident's potential."

Staff told us the registered manager was approachable and they could speak with them or a senior member of staff if they needed advice or support. One member of staff said, "If I have a problem, I can go to the manager." Another member of staff said of the registered manager and senior support worker, "They are both very helpful." Staff were aware of the values of the service and promoted them in their work. For example ensuring that people were treated with dignity and respect and that the service they received reflected their individual needs. Staff told us that the importance of maintaining the values of the service was discussed at team meetings. The registered manager told us they made themselves available to speak with people who lived at the home and staff. The registered manager said, "I've got an open door policy" and told us, "You have to look after the residents and the staff."

Team meetings were held regularly and were used to ensure staff were supporting people in a consistent way and to reinforce important messages about practice. For example staff had recently discussed changes in one person's needs and how they could best support the person. We saw the registered manager had reminded staff to encourage people to make choices about how they spent their time and to use their time to engage with people. The registered manager had also used team meetings to discuss the importance of maintaining people's privacy and dignity when providing their care and to remind staff about whistle-blowing and safeguarding procedures.

People, their relatives and staff had opportunities to contribute their views about the home. One relative said the registered manager had been, "Very proactive" in seeking relatives' views about the support their family members received. The relative told us their views had always been listened to and changes made where appropriate. The relative said, "If I have ever had an issue, they have changed the way they do things." Staff told us they were encouraged to contribute their ideas about how the support people received could be improved. They said their ideas were listened to and considered.

The provider distributed annual satisfaction surveys and used the results to help develop the service. The most recent results were from surveys returned in March 2016. People had provided positive feedback about the care they received. Their responses indicated they felt safe at the home and had good support to stay healthy and make choices about their lives. Relatives confirmed they were kept informed about important matters affecting their family member and made welcome when they visited. They stated they were encouraged to be involved as wished to be in their family member's care, staff knew their family member's needs. Staff provided positive feedback about the training and support they received to do their jobs. The registered manager told us the 2017 surveys had been distributed but not yet returned.

The rota was planned to ensure a senior member of staff was on duty each day, including weekends. Some management responsibilities had been assigned to senior members of staff to ensure accountability for their completion. For example the registered manager told us a senior member of staff was responsible for the management of medicines and the supervision of staff. The registered manager told us the home was well supported by the provider's locality manager, who had regular input into the monitoring and development of the service.

There was an effective quality monitoring system in place. Staff carried out regular fire and health and safety checks to ensure people lived in a safe environment. The management of medicines was audited regularly. The registered manager completed a quality monitoring audit each month that ensured people's care plans were up to date and reflected their needs. The audit was also used to check that staff were receiving regular supervision and had attended the training they needed. The registered manager told us they had carried out additional checks to ensure people were receiving a safe and responsive service, such as making spot checks at night.

The standard of record-keeping was good and people's personal information was kept confidential. Staff maintained accurate records for each person that provided important information about their needs and the care and support they received. The registered manager and senior staff had established effective links with health and social care professionals to ensure people received well planned care that met their individual needs. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.