

Beech Tree Domiciliary Limited

The Cedars

Inspection report

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Romford
Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Cedars is a domiciliary care service that provides care and support to people in a shared house where supported living support was provided by the service. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. The service predominately supports people with a learning disability or autistic people. On the day of our visit there were 7 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

The service is a large house split into 2 separate sections, located within the local community and its amenities. People were able to use communal areas as they wished and to have privacy for themselves if they chose to be alone. People were observed to spend time in their bedroom or in the communal lounge. People had a choice about their living environment and were able to personalise their bedrooms. Staff enabled people to access healthcare provision and services as needed to ensure their healthcare needs were met.

People were not always supported with their medicines in a way that promoted their independence and achieved the best possible health outcome. Improvements were required in relation to some aspects of medicine management including effective audits.

Right Care:

People received care and support that was kind and caring. People's care plans and risk assessments reflected their needs and the level of support to be provided by staff. However, some risk assessments had not been regularly reviewed or updated.

Right Culture:

Staff were responsive to people's needs and evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

However, quality audit systems were not always effective as they had not identified issues around recruitment, medicine management and staff inductions.

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 this service was good (published 18 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of the report.

Enforcement and recommendations

We have identified breaches in relation to recruitment practices, medicines management and quality assurance.

We have made a recommendation about staff inductions and supervisions.

Please see the action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Cedars

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. 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

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 20 March 2023 and ended on 02 May 2023.

What we did before the inspection

We used information gathered as part of the monitoring activity that took place on 15 March 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke to the manager and the area manager and 3 staff members. We reviewed a range of records. This included people's care records and selected medicines records. We looked at 3 staff files in relation to training and supervision and a variety of records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- We looked at the medicine administration records [MAR] for people living at the service and found improvements were required to the service's medication practices.
- The manager told us staff recorded when medicines were given on a MAR chart. However, there were gaps identified on the MAR charts. The manager was unable to clarify the reason for the gaps.
- We found protocols missing in some records for medicines prescribed as required (PRN). Protocols are important as they help staff understand when it is appropriate to offer PRN.
- The manager had not always ensured the documentation in people's medicines folders was up to date and reflected their current support needs. For example, we found PRN protocols for medication that a person is no longer taking.
- Staff had received medicines training and the manager had assessed their competency to administer medicines safely. However, competency assessments had not been completed for night staff potentially placing people at the potential risk of harm.
- The manager completed a weekly and monthly audit. However, this was a tick box audit which did not include a medication count and contained limited information. This meant there was a risk errors may not be identified and acted upon. The manager did not have clear oversight of the safe management of people's medicines.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager told us they would implement daily audits to ensure there was a robust system in place to identify any shortfalls.

Staffing and recruitment

- The manager had not always ensured staff were safely recruited. We saw gaps in recruitment files, such as some staff not having an application form containing full employment history and some staff references received were not verified.
- One staff file contained information for 3 additional staff members within it which meant confidential and sensitive information was not kept securely.
- There was no evidence on staff files of a completed induction. This meant there was a risk staff may not understand how to support people safely.

- Staff were subject to Disclosure and Barings Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people's needs and provide good quality care.

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

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. However, these had not been reviewed regularly to ensure they remained up to date.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The service managed accidents and incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us they would know what to say and how to manage a person's behaviour when they became anxious.
- The manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Prevention and controlling infection

- Staff had received training in infection prevention control and provided with the appropriate personal protective equipment (PPE).
- Staff wore appropriate PPE when supporting people and there were measures in place to ensure the safe storage and disposal of PPE.

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.

At our last inspection this key question was rated good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they were supported with an induction when they first started working. However, no information was available on staff files to demonstrate a robust induction had been completed to enable staff to carry out their role and responsibilities effectively.
- Staff received support in the form of a supervision. However, these were not completed regularly.
- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs.

We recommend the provider considers current guidance to demonstrate staff receive a robust induction and regular supervisions.

- Staff had completed their mandatory training and additional courses which were specific to people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Care plans were reviewed regularly. However, some risk assessments had not been recently reviewed or updated
- Care and support plans were personalised and reflected a good understanding of people's needs. People's likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.

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

- People's comments about the food they received were positive. Comments included, "I like the food here. If I don't like what is made they always offer me something else."
- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. People were supported to be independent with writing their shopping list, and staff provided guidance with menu planning.

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

- People had health action plans and health passports which were used to support them in the way they

needed. People played an active role in maintaining their own health and wellbeing.

- Staff had practical information to support the person with their healthcare needs. The care plan contained prompts and guidance for staff on action to take, should the person become unwell.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away. They work closely with GPs and community nurses."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had capacity to make day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged to make their own decisions, while still minimising risk.
- Staff empowered people to make their own decisions about their care and support. Care plans and guidance acknowledged people with capacity would still need support even though they might make decisions staff saw as unwise.

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.

At our last inspection this key question was rated good. The rating for this key question has remained 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "Staff are wonderful and really know how to care and support [relative]."
- Staff were focused and attentive to people's emotions and support needs. A person told us, "I can always talk to staff about how I feel, and they make me feel better."
- Staff were able to tell us about people's preferences and how they liked to be supported. One staff member told us, "[Person] enjoys going out shopping and to a club and I always make sure I'm free when they need to go."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "There is always someone to support [relative] and they are very happy here."

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

- The manager worked closely with people and their relatives to ensure care was tailored to match their needs.
- People and those important to them, took part in making decisions and planning of their care and risk assessments.
- The manager had tools in place to gather feedback such as surveys for relatives and people to complete on the experience of their care.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. We observed staff gaining consent before entering a person's bedroom.
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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.

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a team who knew them well and how they liked to be supported. One person told us, "They always listen to me and speak to me about how I am feeling and what I want to do."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The manager told us they regularly amend or update the care plans as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- People and those important to them could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure. One person told us, "I haven't had to make a complaint but if there is anything, I am sure they would listen to me."
- The service treated all concerns and complaints seriously. We saw an example where a family had raised an informal complaint to the manager and action has been taken to resolve the complaint.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The manager had recorded information relating to people's end of life wishes in their support plans.

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.

At our last inspection we rated this key question Good. At this inspection the rating has been changed to 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.

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

- The provider's systems to monitor the quality and safety of the service were not robust and had not identified the gaps we found during this inspection. For example, the manager's audits had failed to identify the concerns we found with the management of medicines and staff recruitment files. We did not find any impact of this process, but improvements were needed to minimise risks as the service grew.
- The provider's checks had not identified that some people's risk assessments had not been reviewed since February 2022 and there were no records to show if they were being checked monthly. This meant risk assessments were not up to date which could potentially put a person at potential risk.
- Formal supervisions for staff were not taking place frequently and night staff had not undergone the appropriate competency checks before supporting people unsupervised.
- The providers system to manage confidential records had not ensured that confidential information was always kept securely.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Since our last inspection a new manager had been appointed. The manager is in the process of becoming a registered manager with CQC. They were clear about their role and had been working with the provider and staff to address previous issues identified at the service.
- The day to day running of the service was managed by the manager. There was a clear staffing structure in place which included a care team leader.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "The management resolve all my queries and get back to me whenever I need them to."
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The manager shared information with staff regularly and had frequent contact with them. A staff member told us, "We all work very well together and are always in contact with each other. The manager discusses information with us regularly and is very approachable."

- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

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

- The manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- People were complimentary of the service and staff. One person said, "I am really happy here, I would not go anywhere else." A relative told us, "Communication with staff is really good, they always keep in regular contact and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The area manager told us they are always discussing how to move forward and improve the service.
- The service worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

