

Beech Tree Care Home Ltd

# Beech Tree Care Home Limited

## Inspection report

38 Plough Lane  
Purley  
Surrey  
CR8 3QA

Tel: 02084075199

Date of inspection visit:  
19 October 2016

Date of publication:  
10 November 2016

## 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

This inspection was carried out on 19 October 2016 and was unannounced. At our last inspection on 8 October 2014 the provider was meeting the regulations in relation to outcomes we inspected.

Beech Tree Care Home provides accommodation and support for up to nine people with mental health conditions. At the time of this inspection there were seven people using the service.

The home had a registered manager in post. 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.

The people living at the home were able to communicate clearly with us and provide feedback on the service. People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had.

Staff knew how to support people safely. Risks associated with people's care and support had been appropriately assessed and included ways to enable people to take risks, which respected their wishes to try new things. Staff were knowledgeable about the Mental Capacity Act and supported people to make decisions for themselves as far as possible.

Staff supported and encouraged people to keep healthy and well, they supported people to attend appointments with GP's and external healthcare support when required. The staff team had developed excellent collaborative relationships with the external professionals. A senior member of staff from the mental health team reported positively on the service and the positive impact this had for people who used the service.

People were supported by a staff team who had the knowledge and the motivation required to support people achieve their goals to lead more independent lives. Reports were of a really caring service, relatives told of their overall impression of a manager and staff that really cared about people at Beech Tree and were not just 'giving care'. People's independence was actively promoted, with people using the service and their families (with agreement) included in any decision making.

People had their nutritional needs assessed and people were supported develop practical skills and be more independent in shopping and involved in meal preparation. Mealtimes were friendly and sociable occasions with much interaction between people and staff. People were supported to take their medicines as prescribed by staff who knew what they were for. Medicines were ordered, stored and dispensed according to national guidelines.

The provider recognised the importance of regularly monitoring the quality of the service provided to

people. They sought the views of people using the service and where people had made suggestions they had been listened to and acted upon. Staff enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

## 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. The service had safeguarding procedures in place and staff had a clear understanding of these procedures.

People were supported to be safe by a staff team who knew them well. Risks to people's safety were assessed and minimised. These were reviewed regularly to ensure their needs were safely met.

People were supported by sufficient numbers of staff to help people to live their lives as they wished.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

### Is the service effective?

Good 

The service was effective. People were supported to access health services as appropriate and had regular contact with the community mental health team.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation. People consented to their care in line with the restrictions of their licence, and when appropriate their section under the Mental Health Act 1983.

People's food likes and dislikes were considered and they were supported to develop independent living skills, to shop and prepare healthy meals.

### Is the service caring?

Good 

The service was caring. Staff retention was excellent. Staff had built good working relationships with people, people felt able to speak openly with their key worker.

People were supported by a staff team who respected and cared about them. People's own views and wishes were taken into

consideration when providing care and support.

Staff respected people's privacy. Staff did not enter people's rooms without their permission unless they had concerns about their safety or the safety of others.

People were involved in decisions about their care and plans were in place to support them whilst they were at the service.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care planning records included detailed information and guidance for staff about how their needs should be met.

People were encouraged and supported to access services and activities in their local community. Weekly in house meetings were held so that people could share their views and raise any issues.

People using the service were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well-led. The registered manager created an environment where people felt valued and supported. Regular monitoring and review of the service took place and actions were implemented to drive improvements.

The registered manager involved people and staff in the development of the service.

The manager sent appropriate notifications to the Care Quality Commission

# Beech Tree Care Home Limited

## **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 was planned to check 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.

Before the inspection we looked at all of the information we had about the service. This information included the service history and statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 19 October 2016 and was unannounced. We spent time observing care and support being provided. We looked at records of care for three people, the staff team training and supervision records and records relating to the management of the service. We spoke with all seven people who used the service, one member of staff, and the registered manager. We spoke with three relatives. For further feedback we also consulted with two mental health professionals and the local authority monitoring team.

# Is the service safe?

## Our findings

People told us they felt safe and that staff treated them well. One person said, "I am doing well, no problems since I have been here. All my things are safe." Another person said, "I feel safe because I have staff around day and night."

The home had a policy for safeguarding adults from abuse. The registered manager said they and the staff team had received training on safeguarding adults from abuse. Training records we saw confirmed this. Members of staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the home was providing care and support to seven people. One person using the service said, "There is always one staff plus the manager during the day and one support worker at night and they are very skilled." The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend health care appointments, additional staff cover was arranged. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. People using the service were independently accessing the community. The manager informed us, and records supported this, when a person required support to attend an appointment an additional member of staff was assigned to work so that the number of staff in the home remained consistent.

At the previous inspection we saw that appropriate recruitment checks were carried out before staff started working at the service. We did not look at staff records at this inspection because there have been no new staff recruited since the last inspection. The registered manager told us they used regular agency staff to cover planned absence such as holidays and sickness. They had been to the agency office to share with them the personal information required about agency, the staff skills and knowledge expected of agency support workers. There was no agency staff on duty when we visited.

Risks to people had been assessed and plans developed to ensure their needs were safely met. Individual risk assessments had been completed for each person. We saw that where people required additional support and monitoring from staff with conditions and risks such as seizures, alcohol abuse and compliance with medicines. The risk assessments included management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. Each risk assessment included a summary of the person's needs and associated risks. This enabled staff to understand the background to the risks and how to manage them. For example a person prescribed medicines that helped them maintain stability in their health, if they were non-compliant there was a risk of them harming themselves or others. For persons that smoked there were procedures in place to safeguard others and manage lighters safely in a locked cabinet, there was no smoking allowed in the home. Staff told us that people's ability to respond to situations varied from day-to-day. For this reason, risks to people's well-being were constantly being reviewed and management plans updated. Staff showed an in-depth knowledge of each individual's needs and abilities.

The service made planned arrangements to deal with foreseeable emergencies. The registered manager and staff on duty told us they knew what to do in the event of a fire and told us how they would evacuate people and where the meeting point was. People were safe because the service regularly rehearsed its response to a fire. Staff tested fire alarms and checked fire equipment and exits. We saw a folder that included records of weekly alarm testing and servicing of the alarm system. Training records confirmed that all staff had received training in fire safety. The environment was clean, free from odours and was appropriately maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances.

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. One person told us, "I always get my medicine at the right time and the staff make sure they observe me taking it. I am sometimes able to self-medicate which staff support me with, but recently I relapsed and staff now need to administer my medicines, I am hoping to be able to again in the future." Medicines were stored safely in a locked medicine cupboard. We saw records of medicines received into the centre and any supplies returned to the pharmacist. We checked medicine administration records for two people using the service and observed medicines being administered; medicine records indicated people were receiving their medicines as prescribed by health care professionals. The registered manager told us that only trained staff could administer medicine. Training records confirmed that all staff had received training on the administration of medicines. Staff supported people who visited relatives and friends to manage the medicines appropriately. One relative told us, "When I want to make a visit or take my family member out for a visit to our house staff are always very accommodating, they always ensure that they have the appropriate clothes and medicines ready."



## Is the service effective?

### Our findings

People using the service told us staff knew them well and knew what they needed help with. One person said, "The staff know what they are doing, and are trained for their work." Another person said, "I feel confident in staff as they are experienced and know how to support us to deal with our mental health issues."

Staff had the knowledge and skills required to understand and meet the needs of people who used the service. The registered manager told us they employed staff with experience of working with people with mental health needs. Staff retention was very good. One family member said, "Staff seem very reliable, unusually staff members seem to stay for a long period of time, this allows my relative to build a relationship and trust. I can tell by the way in which they interact with them they feel safe and relaxed with them." The service had not employed any new staff in two years, but the manager told us all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

A training matrix showed that staff had completed training the provider considered mandatory. This training included first aid, food safety, medicines, infection control, safeguarding adults, equality and diversity, mental health, health and safety and the Mental Capacity Act 2005 (MCA). Staff had completed other training relevant to the needs of people using the service for example, dealing with anxiety and depression. One member of staff told us that the training they received on understanding challenging behaviour particularly helpful. A training spread sheet identified when refresher training was due, the manager told us they kept this under review and was aware where refresher training was due, they planned for future training of staff. Staff were reminded when elements of training were due for renewal.

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 centre was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decision they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

The manager and staff were aware of their requirements under the Mental Capacity Act 2005 and the

Deprivation of Liberty Safeguards. Staff were clear about consent and how to seek this from people. People consented to the care and support provided, for some people this was within the restrictions of their probation licence and where appropriate according to a section under the Mental Health Act 1983. The service worked closely with the local community mental health team and met with people's care co-ordinators regularly to ensure they received the support they required with their mental health. Mental health professionals spoke of the confidence in the service and of the close working relationship with the manager and staff. Staff supported and reminded people of their appointments with their care co-ordinator. Staff kept people's care co-ordinator up to date with any changes in people's mental health or concerns that they may be relapsing so they could receive the care and support they required.

People were informed upon admission to the home that certain information would be shared with the local community mental health team in their best interests to ensure all staff involved in their care had the required information about their health, behaviour and progress.

People were supported to register with a local GP practice and they were encouraged and empowered to look after their own physical health and book their own appointments. People were accompanied by staff to attend hospital appointments if they wished them to. Staff worked with people on developing future plans, setting goals and objectives.

People were provided with sufficient amounts of nutritional foods and drink and their care files included assessments of their dietary needs and food likes and dislikes. Staff supported people to take responsibility for buying and cooking meals. Staff were available to support people at meal times if needed. One to one support and group sessions were provided to educate people about cooking and help them to develop their cookery skills. Baking sessions were also held at the service. One person told us of the pleasure they got from being able to bake and cook meals. The service provided basic supplies so people had access to tea and coffee throughout the day.

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. People had access to a GP and other health care professionals when needed. When there were concerns people were referred to appropriate healthcare professionals for advice and support. A member of staff told us that all of the people using the service were registered with a GP and accessed a range of other health care professionals such as the local community mental health team (CMHT), dentists, chiropodists and opticians if and when they required them. We saw that people's care records included their appointments with healthcare professionals. One person said, "I am usually quite healthy but I can see the GP if I need to. I can also see the community psychiatric nurse (CPN) when I need to." Another person said, "I have a medical condition, I have regular health checks and I go to the local surgery with staff."

## Is the service caring?

### Our findings

People lived in a home where positive and caring relationships with staff and each other were developed and fostered. Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. We observed staff to be very motivated and confident in how they supported people. One person using the service said, "They make sure I am alright and have all that I need." Another person said, "Staff encourage us to do things for ourselves. It's positive and caring here." The relative of one person told us that their family member came to live at the home at a very difficult time in their life. The relative recalled how the manager and staff helped the person settle into their new surroundings. They worked well with them to develop coping strategies to make positive behaviour choices which helped them to maintain control over their lives. This has positively impacted on their mental and physical wellbeing. Another person's family member told us, "I must reiterate that the most pleasing aspect is that all the staff here clearly care about our relative's wellbeing."

People told us they had been consulted about their care and support needs. One person said, "I have a care plan and I know what's in it. I have a keyworker to talk with and I have a care coordinator who visits me." Staff knew what was important to people and were able to describe what worked well for each person. They explained ways they supported people to achieve their full potential. For example one person benefited and responded well from attending twice weekly a recovery group to help them deal with issues that challenged their mental health.

The staff team was a small team who had experienced few changes. This helped staff at the home develop positive, caring relationships with people. One relative told us: "My family member has been very happy at Beech Tree because it is a real family home; we are always welcome and attend events such as birthday celebrations. Another relative said, "We hold this home in very high regard and the staff who run it." A mental health professional told us, "The manager really cares about individuals and their wellbeing, this is infectious and the caring practice is reflected among all the staff team." Relatives were fully involved in the lives of their family members and staff helped ensure good levels of communication were maintained. Family members told us they appreciated the efforts and commitment from the manager and staff. Staff and people, where possible, looked out for each other by encouraging people to care for each other. One relative told us, "The staff team show they care not just for the person but for family members too, it is a real caring environment." Relatives were encouraged to be fully involved in the lives of their family members and good levels of communication were maintained.

Care was delivered by staff in a patient and sensitive manner. We observed and listened to interactions between people and staff throughout the inspection. We saw numerous examples of positive and caring interactions, including encouraging and supporting people to engage in activities of daily living. Staff understood people's support needs and areas that challenged the individual. We saw them detect any discomfort or distress and provided supportive interventions in a respectful manner. We overheard a staff member reassure a person who struggled with negativity when they felt in a low mood. The home environment was relaxed and people moved freely around and staff worked in an unobtrusive way. People's care records contained clear person-centred descriptions of how people preferred to be supported and

these were followed by care staff.

In order to ensure that people continued to feel involved in decision making and have their views taken into account, staff used their keyworker roles and review meetings to get people's views.

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. A member of staff said that all of the people using the service were independent and did not require any support with personal care; however on occasions they might prompt people to purchase toiletries, shave or change their clothing. One person using the service told us, "Mostly staff are very respectful, they are not rude and they talk to you politely. They respect my privacy and they knock on my door if they want to speak with me."

# Is the service responsive?

## Our findings

People using the service told us the service was responsive and met their care and support needs. One person told us, "Staff know people well and know what they need to do for us. I have a key worker and a support plan and I feel I am well looked after." A family member told of the care given to their relative, they said, "When my relative needed an operation I found that the level of support required was given through the consultation and diagnostic process as well as on the day of the surgery, staff support was exemplary."

Before people moved to live at the home they had their needs fully assessed by the manager to ensure the placement was appropriate. Information was also shared by mental health professionals to inform the assessment. We were able to observe the pre admission process. We met a person who was interested in moving into the service. They came to the home to spend some time there and experience the environment. We saw they were invited to join in conversations and share refreshments with others in the lounge, it gave them the opportunity to feedback to the manager if they felt comfortable with others living there and if they felt it was appropriate.

We saw that people's care records contained referral and assessment information, support plans, risk assessments, review sheets and records of appointments with health care professionals. The support plans described their mental and physical health needs and provided guidelines for staff on how to best support them. These plans were individual to the person providing guidance for staff in how to meet people's needs in a safe and person-centred way. For example, entries in people's plans gave information about what circumstances triggered people's anxiety or relapsing and what actions to take to help avoid or prevent this.

Staff knew what was important to people and were able to describe what worked well for each person. They explained ways they supported people to achieve their full potential. We saw that risk assessments were completed for example on compliance with medicine, physical health and mental health relapse. We saw that support plans and risk assessments were kept under regular review and people were supported to attend medical appointments and meetings with mental health professionals.

People were supported to achieve their full potential and develop their life and social skills. Each person had progressed well with developing basic skills such as cooking, laundry and housekeeping. Plans were developed in order to support each person to identify new things they wished to achieve in their lives. Two people attended a recovery centre two days a week, this attendance was encouraged by staff. One person was not as mobile as they were when they first came to live at the home and they had a walk in shower which they found easy to use. They spent more time in the home and told us they were happy to stay and listen to music and watch television, they used a taxi service to go out to the locality. Another person showed us their bedroom; they told us of enjoying their hobbies such as using the computer and developing programmes for this.

We found that people's care and support was delivered in line with their support plans and the positive impact of this for people. Two people had achieved their goals; they had successfully developed independent living skills and moved to more independent living in the past eighteen months.

People said they knew about the service's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "You can talk to the manager if you have any problems or need to make any complaint." A relative told us that on occasions things were not always smooth and there were obstacles. They said, "Staff are patient and show real understanding when the person gets it wrong. They will listen and do what is needed to help get them back on the road to recovery. You can always talk to the staff if you have a problem." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns were raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

## Is the service well-led?

### Our findings

There was a registered manager in post. The manager was familiar with all aspects of the management role, including her regulatory responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included reporting significant events to the Care Quality Commission and other outside agencies. We saw that appropriate action had been taken to respond to any concerns or issues. Mental health professionals spoke positively of the caliber of the manager and acknowledged the successful placements at Beech House were due to the manager's personal qualities of caring and inclusion, and of her commitment to her work. One mental health professional said, "The manager is a great role model and shows she values people by placing them at the heart of the service, staff follow her lead, we have real confidence in the manager, she is open and transparent and always willing to listen." We found the manager had ensured information about the service's inspection rating was displayed prominently as required by law. A family member told us, "I often discuss my relative's care and current state directly with the manager either face to face or by email, these conversations are always very open."

People and their relatives we spoke said they felt the service was well run. One person said, "this service seems to be well managed." A family member told us, "My impression is that the service is well run, I am informed of anything that has occurred or if when there are appointments, such as a psychiatric review," People told us they were happy with the support they received and said the staff were friendly and provided a good service. One person commented, "I have been here for some time, I am very happy and the staff are very good." Most people described the management team as friendly and approachable. Family members reported the inclusiveness of the service and said the manager encouraged this. A family member told us, "It is always a pleasure to come to Beech House visiting my relative, the manager and staff make this the warm and welcoming place it is, they are a credit."

The manager had systems in place to ensure the effective running of the service and to monitor the quality of service. We saw safeguarding events, incidents and accidents were recorded and monitored for trends and patterns to inform staff and evaluate how risks were managed.

Monthly in-house resident meetings and questionnaires were used to gain people's views and information analysed to review or improve the quality of care people received. One person said, "We have completed satisfaction surveys to gather our opinions of the service but I can always share with the manager if there is anything that needs urgent attention."

Throughout our inspection it was clear from the registered manager, staff and people using the service that the ethos of the centre was to rehabilitate people, support them to learn new skills and help them to move on to independent living accommodation. The provider told us that supporting people back into the community was a priority. Staff had supported two people to move into their own flats. A member of staff told us, "It's great to see people progress and move to their own places. Staff work at the pace best for the person, we are helping people achieve their goals, it shows we are doing things right."

The provider had effective systems in place to regularly assess and monitor the quality of service that people

received. We saw that regular audits had been carried out in areas such as medicine management, infection control, health and safety, incidents and accidents, care files and complaints.

A member of staff told us they enjoyed working at the home and were well supported by the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. We saw that team meetings were held for staff. We shared with the manager that staff could benefit from holding more frequent staff meetings. A member of staff said, "We can voice our opinions at the meetings and we are listened to. The registered manager is eager to know our views and our suggestions and ideas are welcomed."