

Care at Home Services (South East) Limited

Beech Tree Total Care

Ashford and SKC

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We inspected Beech Tree Total Care Ashford and SKC on 27 and 28 June 2017. The inspection was announced so that we could ensure people and records we would need to see were available. Beech Tree Total Care Ashford and SKC is a domiciliary care agency registered to provide personal care for people who required support in their own home.

At the time of our inspection, Beech Tree Total Care Ashford and SKC was providing care for 180 people and there were 84 care assistants providing care.

This was the first inspection of Beech Tree Total Care Ashford and SKC since it was registered on 16 June 2017. This service is registered under the provider Care at Home Services (South East) Limited. The service has been inspected but not rated as the provider had taken control of the registration on 19 June 2017. The new provider had taken on all previous staff including the registered manager. This ensured continuity for people using the service.

At the time of our inspection, there was a registered manager at the service. 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 provider had systems in place to protect people against abuse and harm. Risks to people's safety were being assessed. Risks were personalised to people's individual needs. Environmental risks were assessed so that staff could work safely. Appropriately trained competent staff were managing medicines.

The provider had effective recruitment systems in place to ensure that staff were of suitable character to work with vulnerable adults. Staff had undergone training to gain the skills and knowledge to provide people with the care and assistance they needed. Systems were in place to monitor staff training to identify when it needed to be renewed.

The registered manager had systems in place to identify when people may lack mental capacity to make specific decisions over their care. Staff demonstrated good knowledge of the Mental Capacity Act 2005.

People were supported to have adequate food and drink. People were being referred to health and social care professionals when required.

People told us they were satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff understood the importance of communicating appropriately with people. Staff had built positive relationships with people to fully understand their needs.

Staff respected people's privacy and dignity. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

The provider had ensured that there were systems in place to fully investigate any complaints. The provider had appropriate auditing systems that could identify any shortfalls within the service. No complaints had been received under the new provider.

The registered manager was approachable and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and felt they would be addressed appropriately. The registered manager had an understanding of statutory notifications with the Care Quality Commission.

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 could not be rated.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

The provider had processes in place to identify and mitigate risk that were personalised to people's needs.

Only competently trained staff assisted people with their medicines.

Inspected but not rated

Is the service effective?

The service could not be rated.

Staff had access to training that gave them the skills and knowledge required to provide care and support to people.

The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and applied in practice.

People were assisted with their nutrition needs when required.

Inspected but not rated

Is the service caring?

The service could not be rated.

People spoke very positively about staff. People and relatives told us they were happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

Staff respected people's privacy and dignity.

Inspected but not rated

Is the service responsive?

The service could not be rated.

Inspected but not rated

People were encouraged to make their own choices at the service. Staff respected people's choices.

The provider had systems in place to fully investigate any complaints.

Is the service well-led?

The service could not be rated.

Staff told us they felt supported by the registered manager.

The provider had systems in place to identify any shortfalls within the service.

The provider had systems in place to produce yearly surveys for people, their relatives and staff.

Inspected but not rated

Beech Tree Total Care Ashford and SKC

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.

The inspection took place on 27 and 28 June 2017. The inspection team consisted of two inspectors, a pharmacist 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.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider 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. We took the PIR in consideration.

We spoke to 12 people that use the service, seven relatives, four care staff, an assessor, an office manager and the registered manager. We visited and spoke to three people receiving care from Beech Tree Total Care Ashford and SKC. We made observations of staff interactions with people during visits. We looked at 18 care plans, three staff files, training records and quality assurance documentation.

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving care from staff from Beech Tree Total Care. One person told us, "I feel safe because I have one regular carer and have got to know the ones that cover them when they go on holiday." Another person told us, "They are really good making me feel safe. They do the water, [running baths] get it the right temperature. They are really good, you feel as if you are in control." One relative told us, "My relative is safe because they [staff] are capable and in control."

People at the service were protected against potential abuse. The provider had a system in place to recognise, record, investigate and track safeguarding incidents. Staff that we spoke with were knowledgeable about different types of abuse and to whom they could report it, such as the management team or the local authority. One member of staff told us, "If we suspect any form of abuse we inform management and they will investigate."

People were kept safe as potential risks had been assessed and were part of their care plans. This included the risk of falls and moving and handling. Staff were protected by appropriate risk assessments to a person's living environment and activities outside of the home. There were environmental risk assessments in place that identified any potential hazards such as uneven surfaces or if the person or someone living with them was a smoker and how to limit any potential risk. These processes had been adopted from the previous provider and continued under the new provider.

Trained staff were appropriately managing people's medicines. Each person had a plan detailing what support he or she required to take his or her medicines and how they gave their consent for support. Plans also included details of where people stored their medicines and how they ordered them. A box had been placed in each office for staff to anonymously post their medicines questions and raise concerns. The medicines champion was also running regular workshops including how to administer patches and eye drops.

The provider had processes in place to investigate any accidents and incidents. This included parts for investigations and outcomes. At the time of our inspection a new provider was in place and we did not see any accident or incident reports that had been reported after 19 June 2017.

People and relatives told us there were enough staff deployed at Beech Tree Total Care. One person told us, "There is enough staff, they are always on time. They have never been late." Another person told us, "They (staff) come on time. They are never really late." One relative told us, "If they are going to be late they will let us know. I have never had to call them regarding the staffing." At the time of inspection, there were 84 care assistants. There were systems in place if a care assistant had not logged into a visit so that administration staff could find out if there were any concerns to pass onto the late call or find appropriate cover. The system automatically flagged if a care assistant was late to a visit by over 30 minutes. Staff told us that travel times had been taken into account when scheduling visits. One member of staff told us, "All my travel times are realistic and I only have problems during the rush hours." Staff had to sign in to a visit by scanning a barcode on the person's care records when they arrived and scan the same code when they left. One

member of staff told us, "This ensures we are there the whole time we are supposed to." If a member of staff left a visit early this would be flagged so that management could investigate and take appropriate action if necessary.

The provider had processes in place to recruit people safely. This included checking people's work history, ensuring they provided identification to prove that they could legally work in the United Kingdom. The new provider had systems to carry out safety checks on staff prior to them working for the service.

Is the service effective?

Our findings

People and their relatives told us that staff provided them with the care that they needed. One person told us, "They are very knowledgeable on what they do." One relative told us, "They are very 'on the ball'."

Staff told us they were well supported and had received the training they needed to be effective in their role. The new provider had systems in place for new staff through an induction programme to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff members had a four day induction that covered core training that included moving and handling, safeguarding and the principles of the Mental Capacity Act 2005. Following this, staff would shadow experienced members of the team and would be further tested for competencies before being allowed to provide care independently. This included personal care, medicines, food preparation and domestic tasks.

The management team had systems in place to monitor staff practice through one to one supervision, appraisals and spot checks of staff practice.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice. The 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. Staff that we spoke to demonstrated good knowledge of the MCA. One member of staff told us, "MCA is used to find out if a person has capacity to make decisions. We always ask for consent when providing care."

People were assisted with their nutrition needs when required. Fluid and food intake charts were used by staff to identify when, what and how much people had to eat and drink. During a visit to someone receiving care in their own home, we observed a member of staff encouraging a person to drink fluids and clearly explaining the importance of drinking plenty. There was guidance available to staff for those on specific diets such as people living with diabetes. Staff had good knowledge of people who were diabetic and how this should be managed such as through diet or through medicine.

People were protected against the risk of developing a pressure sore through appropriate assessments carried out by appropriately trained staff. The service's assessor told us, "Staff are trained to recognise a pressure sore, how to grade it and how to prevent it such as by avoiding shearing, using correct moving and handling techniques and reducing risk".

Is the service caring?

Our findings

All people and relatives we spoke with spoke highly of the staff and their caring approach. One person told us, "She (care assistant) is very nice, very helpful, will always do over and above if you want her to." Another person told us, "I am very happy. They are absolutely wonderful." A third person told us, "They are very nice and very polite. It is nice to see some cheery faces in the morning." One relative told us, "I just feel my parents are happy and they are extremely pleasant; they pass the time; they have a little conversation with them."

Staff were given guidance on how to assist people with personal care tasks. Guidance included assisting with shampooing hair, shaving, combing or brushing hair and denture care. Staff understood the importance of providing care that was kind and compassionate. One person told us, "The carer comes in, asks how I am and if I want a cup of tea. We go into the bathroom and she asks me if the water is alright, if it is too hot or too cold." Another person told us, "The carer is very gentle. She is so gentle when she washes my legs, which are very painful at times. She talks to me the whole time."

All staff we spoke with told us the importance of people being able to be as independent as possible in their own homes and only to assist when it was necessary. One member of staff told us, "One person I have to assist with their back but they can do other areas independently, so I wait until they ask for help."

People had care plans and these had not yet been reviewed by the new provider. At the time of our inspection, under the new provider the registered manager had not yet carried out reviews of people's care plans as they had only taken over the registration on 19 June 2017.

Staff demonstrated good knowledge of the people they supported and were sensitive to their needs. One member of staff told us, "I always make sure I read the notes of any new people using the service before I start. All the information is on our work phones." Another member of staff told us, "One person likes his eggs cooked in a certain way. Therefore, I taught myself how to make the eggs. He seems happy with my efforts." One person told us, "Yes, they are very knowledgeable. They never go out without leaving us with a hot and cold drink. They remind my husband to lock the door. They make breakfast for (husband) as well." Care plans told staff how people like to receive their personal care. One person's care plan told staff, 'I can dress myself, wash and dress main parts of my body.'

People were treated with dignity and respect at all times. One member of staff told us, "I really enjoy assisting people to be as independent as possible. I do not want to take something away they can do." One person told us, "All the staff treat me with dignity and respect." One relative told us, "They bathe him, wash his back and front and hair and they give him a flannel to do his private parts and turn around and do something else." One member of staff told us, "I will always cover a person up during personal care and make sure the doors and curtains are closed. I make sure we have a little chat during if that is what they like and I ask them if they are happy with us carrying out the tasks."

Is the service responsive?

Our findings

The provider had pre-admission assessment processes that were personalised to people's needs. However, at the time of our inspection no pre-admission assessments were seen that had taken place under the new provider who had recently taken over the service. These included contact details of the next of kin and GP, any existing support networks such as a social worker, any medical conditions and the support required. The assessments were personalised to a person's needs. There was an 'About You' section that identified if a person was able to answer the door, their social needs and interests, and detailed any social events, family history, likes and dislikes that were important to them. The assessments also covered how a person preferred to receive their care.

People's likes and dislikes were recorded and staff had good knowledge of these. One person told us, "They know me well, as I have a regular carer we do get to know each other." One relative told us, "They understand my mother well, what she likes and dislikes with her care." One care plan stated, 'I only require a morning call to assist with a full wash, prompt me to take my medicines and prepare a breakfast of my choice.'

There was a system in place for people to receive reviews of their care that were prompted by events or a change of health. However, at the time of our inspection no reviews had been undertaken due to a new provider being in place. All staff we spoke with told us the importance of being able to recognise if there was a change with a person who may require additional support.

People were free to choose how they wanted to receive their care. The people that we spoke with all told us that they could choose all aspects of their care. All staff we spoke to understood the importance of given people choice when providing care. One member of staff told us, "We ask people what they would want from providing personal care, to what they want to watch on the television to what they want to eat." One relative told us, "They always give choice, I fill up the freezer and they ask her what she wants to eat."

The provider had a compliments and complaints policies and procedure in place. We saw that recent compliments from people had been communicated to staff by the registered manager. However, at the time of our inspection no complaints had been received under the new provider.

Is the service well-led?

Our findings

People relatives and staff spoke positively about the service and registered manager. One person told us, "She is very nice. I have got no problems with her. I have no problems with any of them." One relative told us, "I have nothing but praise for her, she is always accommodating." One member of staff told us, "It is good; I like working for the service. The manager helps us when we need it."

People and staff told us that the culture of the service was focused on people. The new provider had taken on all staff under the previous provider along with the registered manager. This ensured continuity for people using the service. One member of staff told us, "We have to be person centred as all visits will be different. This is because everyone is different." Another member of staff told us, "We get given work mobiles that flag up to us the personalised information before a call. This is great if you are covering for another member of staff or visiting someone new as it tells us a bit about them, how they like their personal care, what jobs they want us to complete and any risk." We viewed the system available to staff on their work phones and all details from people's care plans was available to use. The system used a banner on the phone to highlight key points about a person clearly, so that staff were aware. This also alerted any updates that needed to be seen by staff.

The registered manager told us, "Staff can and do come to us with any problems they may have." All staff we spoke with knew that they could approach any member of the management team if needed. People and relatives we spoke with told us that they knew who the registered manager was and felt happy to discuss with them any concerns they may have. The registered manager had good knowledge of the people that received care when questioned about individuals. This ensured a more personalised service for people. The registered manager had an understanding regarding notifications required as per the Health and Social Care Act 2008 legal requirements.

The provider had auditing systems in place so that the registered manager could identify any shortfalls within the service. There were also systems in place to ensure that people and staff had the opportunity to voice their opinions through yearly surveys. However, at the time of our inspection no audits or surveys had taken place under the new provider who took over the registration on 19 June 2017. The registered provider had continued with auditing processes already in place with the previous provider and staffing remained the same.