

Beechtree House Limited

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Inspection report

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11 April 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 11 April 2017 and was an unannounced inspection.

Beechtree House Limited provides care and accommodation for up to 24 people, some of whom are living with dementia. The property is Georgian, extended and adapted. The majority of bedrooms are for single occupancy, with two that can be shared. Most bedrooms have ensuite facilities. Accommodation is over three floors accessed by a lift. There is an enclosed garden and small car park. There were 22 people living at the service when we inspected.

Rating at last inspection

At the last Care Quality Commission (CQC) inspection on 23 and 29 September 2016, the service was rated overall Good and Requires Improvement in the 'Safe' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 29 September 2016. We found a breach of legal requirements. After the comprehensive inspection, the provider sent us an action plan dated October 2016, telling us what they would do to meet legal requirements in relation to the breaches of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014 Safe Care and Treatment.

We undertook this focused inspection to check and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechtree House Limited on our website at www.cqc.org.uk.

Why the service is rated Good.

People using the service felt safe with the staff that supported them. The safety of people using the service had been assessed and recorded by the registered manager who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse.

Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises and equipment were maintained and checked to help ensure people's safety.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. There were enough trained staff on duty to meet people's assessed needs. However, staff were not always deployed to ensure they were able to effectively supervise people. We have made a recommendation about this.

People received their medicines safely and when they needed them. Policies and procedures were in place

for the safe administration of medicines and staff had been trained to administer medicines safely.

Further information is in the detailed findings below.

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 safety of people, staff and visitors had been assessed, considered and recorded.

People felt safe when receiving support. People were protected from the potential risk of harm and abuse.

Risks to the safety of people and staff were appropriately assessed and recorded.

There were enough trained staff to meet people's assessed needs and recruitment practices were safe.

Medicine management was safe. People received their medicines as prescribed by their GP.

Beechtree House 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 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.

We undertook an unannounced focused inspection of Beechtree House Limited on 11 April 2017. This inspection was carried out to check that improvements had been made to meet legal requirements after our previous inspection on 23 and 29 September 2016. We inspected the service against one of the five questions we ask about services: Is the service Safe? This is because the service was previously not meeting a legal requirement. This inspection was carried out by one 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.

The provider did not complete a Provider Information Return (PIR), because we carried out this inspection before another PIR was required. 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. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to the registered manager, deputy manager, and two members of care staff. We spoke with six people using the service and one relative to gain their views and experience of the service. We observed people with staff in the communal lounge and dining room. We looked at three people's risk assessments, three staff recruitment files, emergency procedures, general safety checks, accidents and incidents and medicines management.

We asked the registered manager to send additional information after the inspection visit, which included the training matrix. The information we requested was sent to us in a timely manner.

We last inspected this service on 23 and 29 September 2017 when one breach in the regulations was

identified.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. Comments included, "I do feel safe and looked after." Another said, "They do their best to look after me. I don't worry about anything." A third said, "I am well cared for here and so are my things." People told us that they were able to store any precious items in a locked cupboard within the registered manager's office or in their bedroom. A relative said, "I haven't had any need to worry. The things in her room are well looked after."

People were protected from the potential risk of harm and abuse. Staff completed annual training in the safeguarding people from abuse and knew what action to take if they suspected abuse. For example, contacting the local authority safeguarding team, the registered manager or the Care Quality Commission. Staff were aware of the whistleblowing procedure and were confident any concerns that they raised would be dealt with by the registered manager.

At the last inspection on 23 and 29 September 2016, we found a breach of regulation 12. The provider had failed to ensure the premises met the health, safety and welfare of people using it. Some of the fire doors were not working adequately and actions from the fire risk assessment were still outstanding.

At this inspection, we found that improvements had been made and the provider was now meeting the requirements of the regulations. The rubbish had been cleared from the fire escape at the back of the building and at the front of the building. A fire officer from the local fire brigade visited the service following the last inspection and made a number of recommendations which had been completed, such as the level of detail within people's personal emergency evacuation plans (PEEPS) and, the removal of a unit which was within a corridor of a fire exit.

People's safety in the event of an emergency had been assessed and recorded. A fire folder was in place which included a layout of the building and where emergency fire fighting equipment was available to be used. Each person had an individualised fire risk assessment in place, which set out the specific support requirements that the person would require in the event of an emergency. There was an evacuation plan and procedure in place as well as a policy for staff to follow in the event of an emergency. The evacuation procedure was a horizontal evacuation moving people to a place of safety behind a fire door which would be safe for a period of 30 minutes. People's safety in the event of an emergency had been carefully considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The service employed a maintenance person whose role included, a daily fire check checking that fire doors were closed, all fire exits, stairways and lift area were free from clutter, checking areas of the service to ensure there are no identified areas of fire risk. A weekly fire check took place which covered checking that the fire alarm system was in working order and could be heard in all parts of the building, a visual check of all fire fighting equipment, checking of the signage for emergency exits, all emergency lights were checked and the checking of the magnetic door locks. A record was kept of the different call points throughout the service which had been tested. These checks enabled people to live in a safe and adequately maintained

environment.

Accidents and incidents involving people were monitored and recorded. Staff completed an accident form and body map following an incident. This was then investigated by a member of the management team which covered the cause of the accident and any action that had been taken to prevent the accident reoccurring. A monthly summary had been kept of all accidents that had occurred within that month; this enabled the management team to identify if any patterns or trends had developed.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, health condition support, diet and nutrition, skin integrity and mobility. Risk assessments were linked to care plans, and the risk assessment covered the activity or area, risk or hazard that had been identified, justification for the risk, such as any health conditions and the support that was required and steps to be taken to minimise the risk. Environmental risks relating to staff were assessed and recorded such as, the risks associated with the administration and recording of people's medicines and clinical waste handling and disposal. A system was in place to ensure these were reviewed on a regular basis.

People were protected from the risks associated with the management of medicines. People told us they were given their medicines on time and were informed what they were taking. Medicines were managed safely and people received their medicines as prescribed. The senior care staff on duty had the responsibility for administering people's prescribed medicines. Systems were in place for the ordering, obtaining and returning of people's medicines, this was completed by a member of the management team. The staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people.

There were enough staff to keep people safe and meet their needs; people told us that their call bells answered promptly during the day. Staffing levels were determined by people's assessed needs. The registered manager told us these could be adjusted according to the needs of the person using the service. For example, staffing was increased if a person became unwell. Observation showed that the staff were not always deployed effectively throughout the service. For example, two people were unsupported in the dining room for a period of 25 minutes whilst one was eating their breakfast, before a member of staff came in and offered them a drink. On another occasion we observed 12 people in the lounge for a period of 25 minutes without a member of staff present. People were all seated with any walking aids they required within reach, however drinks were not within reach of people. The registered manager told us that they were actively recruiting another member of staff to support people with breakfast. The registered manager told us it was the senior member of staff on duties role to deploy staff around the service, however they had noted our observation.

We recommend that the registered manager ensures staff are deployed to effectively supervise people.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Staff completed a medical questionnaire to ensure they were medically fit to carry out the role they had applied for. Staff were given a job description which outlined their role and a contract of employment. Each member of staff had a checklist in place which enabled the registered manager to track each member of staff and ensure the correct documentation was in place.

