

# Beech Tree Domiciliary Limited

## The Cedars

### Inspection report

71 Main Road  
Romford  
Essex  
RM2 5EH

Date of inspection visit:  
16 March 2016

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27 April 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 took place on 16 March 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. This was the first inspection since the service started operating in October 2013. The inspection was carried out by one inspector.

There was 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 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. On the day of our visit there were 14 people using the service.

People said they felt safe and would talk to staff if they had concerns. Staff demonstrated their understanding of the service's safeguarding policy and knew how to ensure people were protected from abuse.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Appropriate measures were in place to ensure staff assisted people to take their medicines safely. People were supported to have their nutritional needs met and there was guidance in care records as to how to meet these.

People were supported by a consistent staff team who knew them well and had received training specific to their needs. Staff were supported through supervision and appraisals. They felt supported to carry out their roles and were in regular contact with the registered manager.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Consent was sought before care and support was carried out.

The service worked in partnership with other health professionals to ensure people received effective care and support.

Staff were caring and treated people with respect and dignity. They had a good understanding of people's

needs, hobbies and interests. People were involved in decisions made about their care and support needs. The service encouraged them to participate in meaningful activities.

People, relatives and staff spoke positively about the service and said it was managed well. There were clear lines of accountability.

There were systems in place to manage, monitor and improve the quality of the service provided. Survey results from people and their representatives were positive and any issues identified were acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People said they felt safe. There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.

Risk assessments supported people to develop their independence while minimising any risks.

People were supported to receive their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their job roles. Staff were supported by a system of induction, training and supervision.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

The service worked in partnership with other health professionals to ensure people received effective care and support.

People were supported at mealtimes to access food and drink of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with respect and dignity.

People were given choice and were encouraged to be independent. They had their privacy and dignity respected.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

There were assessments undertaken and care plans developed to identify people's health and support needs.

Systems were in place to ensure staff were up to date about people's needs and were aware of people's preferences.

People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

### Is the service well-led?

Good ●

The service was well led.

People, relatives and staff felt the registered manager was approachable and supportive and felt the service was managed well.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

There were regular audits carried out to monitor the quality of the service and drive improvements.

# The Cedars

## 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.

Prior to the inspection, the provider 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. The provider also supplied information relating to the people using the service and staff employed at the service.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people who used the service, one relative, the area manager, the nominated individual and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, staff training, quality assurance audits, incident reports and records relating to the management of the service.

After the inspection we spoke with three relatives and two members of staff to obtain their views of the service.

# Is the service safe?

## Our findings

People told us they felt safe with the care and support provided by the service. One person said, "Yes I feel very safe here". Relatives told us that they had no concerns and the service was a safe place. One relative commented, "Yes it is safe otherwise I will not be using the service". Another relative told us, "It is a safe place."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There was a policy for the safeguarding of people and staff we spoke with told us that they had received training on safeguarding procedures. The staff training matrix confirmed all staff had attended relevant training to keep people safe. Staff knew how to identify abuse and report any concerns in order to protect people from harm. One staff member commented, "If I have any concerns I will report it to the manager." Staff confirmed they had received training and felt confident about their knowledge. Staff were reminded of their responsibilities during their supervision and staff meeting. The registered manager was given a scenario and answered knowledgeably about their course of action, should they suspect an incident of abuse.

The service had a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Staff were made aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

The service had risk assessments in place to ensure people's safety. Where people were identified at risk, appropriate measures were put in place. For example, one person was identified to be at risk when they were going out in the community. A plan was put in place to support the person when this task was being carried out. Staff had a good knowledge and understanding of each person who was using the service. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and/or agitated. There was clear guidance on what actions staff needed to take to minimise any risk to people. Risk assessments were reviewed on a yearly basis; however the registered manager informed us that it could be sooner if there was any change or a new risk had been identified.

The service undertook safe recruitment procedures. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. We looked at three files and saw they contained application forms, written references, employment histories and medical questionnaires and proof of their eligibility to work in the UK. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

People were supported by a sufficient number of staff to keep them safe and meet their needs. One relative told us, "Yes there are always staff around." The registered manager ensured there was always enough staff to provide care and support to people. There was a dedicated team of staff working for the service and this helped to ensure consistency in meeting people's needs. There were suitable arrangements in place to

cover any staff absence or sickness. The service used agency staff when needed; however the registered manager ensured that the agency staff was familiar with the service and with the people using the service. We looked at the staff rota which showed shifts were appropriately covered.

We saw accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety. For example we saw that following one incident, a new pair of slippers was bought for one person as it was identified this was the cause. We saw that some of the incidents had been reported to RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident. This showed the registered manager was aware of their responsibilities to deal and report incidents and accidents effectively. We saw staff recorded all incidents and accidents comprehensively and also mentioned what actions they had taken to deal with the situation when they had happened. Where further investigations were required, staff took the appropriate actions. For example, following a fall, a person was taken to the hospital for an X-ray and also attended the fracture clinic.

People received support from staff with their medicines to ensure they were managed safely. People told us they received their medicines on time. There were suitable facilities in place for the safekeeping of medicines. All medicines were kept in a secure and locked cupboard. There were policies and procedures in place to ensure medicines were managed and administered safely. The service used a monitored dosage system which identified the medicine to be taken by the person and the times to be given as prescribed by the person's GP.

Every person who required medicine had an individual medicine administration record sheet (MAR) which clearly stated the person's name, date of birth and allergy status and also identified what the name of the medicine was and how often it should be taken. One person was allergic to a certain medicine and this was clearly written down so staff were aware of this. We sampled some of the MAR sheets and found that the medicines had been recorded upon receipt and staff had signed to indicate when medicines had been administered. We did not identify any gaps in recording. When medicines had not been administered for specific reasons, the reason why was clearly recorded.

We saw care plans clearly stated what medicines were prescribed and the support people would need to take them. For example, one person was on a topical cream and the instruction said, "Apply to dry skin areas, mainly face, arms and legs." Another was "Prompt [person] to apply cream." Staff were appropriately trained and they understood the importance of safe administration and management of medicines.

The registered manager carried out monthly audit on medicines management and the chemist which supplied medicines to the service also carried out a yearly audit to ensure people were receiving their medicines as prescribed.



## Is the service effective?

### Our findings

People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. Relatives we spoke with told us that they thought staff were well trained and had the right skills to carry out their roles. Staff told us the training was very good and helped them in their roles. One member of staff said "we are encouraged and given opportunity to do training. The manager also lets us know when new training dates come available." Staff were supported by the service to gain further qualifications.

We looked at the training records and saw staff had completed training in essential areas, such as safeguarding adults, medicine management, infection control and health and safety. They also had undertaken specialist training in areas such as epilepsy awareness and diabetes. This helped to ensure staff had the knowledge to meet people's individual needs. The registered manager had a system that identified when staff training needed to be refreshed. The system helped them to monitor staff training very closely as they were informed electronically which training staff had attended or were due for refresher training.

New staff received an induction, which covered their familiarisation with the service, the people and the policies and procedures of the organisation. Staff confirmed to us that they had received an induction when they started work and found it very useful. New staff were given opportunities to shadow more experienced staff until such a time they felt confident to work on their own.

They also undertook some training during this period such as safeguarding, moving and handling and health and safety. Any training specific to the needs of people being supported was also included, for example epilepsy training.

Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. We saw records which showed that staff were receiving regular supervision in line with the organisation's supervision policy. Staff confirmed they felt well supported through their regular supervision and staff meetings. They told us they felt able to ask for support or advice at other times. One member of staff said, "I can talk to the manager about any issue during my supervision, for example any training I want to do." The registered manager told us, "I do look after my staff and support them."

The registered manager and staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). They were able to explain the importance of protecting people's rights when making decisions for people who lacked mental capacity. 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. The registered manager told us if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment.

Staff had received training in the Mental Capacity Act (MCA). They told us they always made sure they gained the consent of the person before providing care and support. One staff said "I always ask the service users before helping them with something." The service sought consent before care and support were delivered. This was evidenced in the care plans which recorded what staff sought consent for; for example to prompt people to take their medicines.

People were supported to have enough to eat and drink. One person commented, "The food is good." People were given choices about the meals that were provided on a day to day basis and also during house meetings. From the care plans, we noted people's food dietary requirements and preferences were recorded and this gave staff guidance on how to support them. People were encouraged to maintain a healthy diet. Staff always monitored whether people ate and drank sufficient amounts to maintain their well-being and always encouraged people to eat and drink. People's weights were also monitored and recorded.

The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. We saw evidence in people's records which showed people had been referred for assessment and treatment to other health services, for example, the local GP. In one care record we saw the GP had prescribed some eye drops for one person and in another we noted the GP had reviewed one person's medicines. People were supported to attend health care checks and community health professionals were involved to provide advice and intervention when needed. Each person had a detailed health action plan in place and had an annual health check carried out by their GP. We saw people had been seen by different professionals and a record was kept up to date with the dates and outcome of the visits.

# Is the service caring?

## Our findings

During the inspection we observed staff interacting with people in a calm and relaxed manner. Staff responded quickly to people's requests and spoke in a respectful manner. One person told us, "I like it here; the staff are good." Relatives we spoke with told us that staff were kind and caring. A relative said, "All the staff are very caring and helpful." People were positive about the staff who supported them.

People were treated with respect and their privacy was upheld. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused. We saw staff knocking on the doors before entering people rooms. One staff said, "I always close the curtains and close the doors when I am giving personal care."

We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. They had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. This meant that people were cared for by staff who understood their needs.

We saw people were comfortable in approaching staff at any time and staff were respectful and caring in their response. We heard staff speak with people in a polite way and called them by their preferred names.

There was evidence in the care plans and through our discussions with the registered manager that people were consulted and involved in all aspects of their care and support. We saw in the care records where people had confirmed they had been involved and agreed with their plans of care. This meant people had the opportunity to contribute and have their say about the support they would receive.

Care plans described how people needed to be supported in order to protect their dignity. Relatives told us staff treated their family member with dignity and respect. One comment was that the staff treated people as they would treat their own family members.

People were supported to exercise their choice. Staff told us they gave people choices daily, such as how they wanted to be supported, meals and drinks and what people wanted to wear or which activities they would like to be involved in. Care records indicated people's preferences and choices about how care and support was to be delivered.

People were supported in promoting their independence. Relatives felt the service was particularly good at helping people maintain and develop their independent living skills. People were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms or do their laundry. One staff member told us, "I always let the service users do as much as possible for themselves but I am always there to help." Staff always praised people when they had managed to do small things for themselves such as washing their hair independently.

## Is the service responsive?

### Our findings

The service was responsive. Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "The staff are good." Relatives also commented about the care and support being provided at the service.

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances.

We saw that people's care plans provided detailed information about their care and support needs. They were easy to read and were divided into sections making information easy to find. For example, one section was 'My one page profile' which gave information about the person likes, dislikes and what was important to them. There was another section entitled 'Keeping me Safe' which gave guidance to staff on the type of support the person needed. For example, the help the person required in the kitchen when making hot drinks.

The care plans also contained people's individual wishes and preferences in the way they wanted their care and support to be provided. They were individualised and person centred. They covered all areas of each person's health and personal care needs. We saw evidence people or their representatives had been involved in drafting their care plans and had signed them. This meant people had the opportunity to be involved in the delivery of care and support being offered. Care plans were up to date and regularly reviewed to reflect changes in people's care needs.

There were three staff handovers on a daily basis to ensure staff coming on duty were aware of any changes in a person's care or of any tasks that needed to be completed while they were working with the person. This ensured that the staff member was fully up to date and the person received the care and support they needed. Information was also recorded in people's daily records.

People were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the service and in the community. There were a wide variety of activities on offer for people who wanted to participate. Where people had specific hobbies, staff supported them accordingly. We saw people attended activities such as drama classes, art classes, swimming, disco and gardening. The activities people they liked to do were recorded in their care plans. During our visit we observed people being taken out by staff on a social excursion. Staff encouraged people to do things they enjoyed doing or things that were important to them. We saw correspondence where the choices of activities offered were being discussed with one relative.

The service operated a key worker system. Staff worked with people on a one to one basis to discuss their care and to plan goals such as going on holiday or attending a special event and they made sure this happened.

People were encouraged and supported to maintain links with the community to help ensure they were not

socially isolated. Relatives told us they could visit at any time and were invited to social event, for example birthday parties. One relative told us, "I visit regularly and staff always make me feel welcome."

The service had a policy and procedure for dealing with any concerns or complaints. People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues and they would be dealt with accordingly. The complaints policy was available for people to access in a format people could understand. People told us they would talk to the registered manager or staff member if they had any complaint. A relative commented, "I will contact [registered manager] if I need to make a complaint."

We looked at complaint records held. We saw that complaints were fully investigated and outcomes of investigations were shared with the complainant to their satisfaction. From the minutes of people meetings, we saw people were always asked if they had any concerns/complaints.

We noted that the service had received some compliments from relatives or from other professionals visiting the service.

## Is the service well-led?

### Our findings

The service was well led. People and relatives were happy with how supportive the management team was of them. One relative said, "The manager is very good; she always let me know what's happening." Another relative told us the registered manager was very approachable and always available to talk to. A third relative said, "[Manager] is great, she is brilliant, she is always very helpful." The registered manager encouraged people, relatives and staff to contact them if they had any issues or queries. The registered manager told us, "I try my best for the service users [people using the service] and staff. I am here for my service users. I have a good relationship with them." People were able to contact the registered manager at any time even when they were not working. They had the registered manager contact phone number. Relatives confirmed that they were always kept up to date with how well their loved one was doing and felt the service was managed very well.

Staff told us the registered manager was approachable and they felt supported. One staff said, "I feel well supported by the manager, she is very good and very supportive." Another staff member said, "The manager is approachable. [Manager] is very nice and I can speak to her at any time". A further staff member told us "I feel well supported and I can discuss anything with her."

Staff meetings were held regularly and staff felt these gave them an opportunity to exchange any ideas for the development of the service. Staff were kept informed of any changes occurring at the service and policy changes. This meant that staff received up to date information and were kept well informed. Staff felt able to approach management with ideas and suggestions and were confident they would be listened to. Staff told us the registered manager was very helpful and very supportive if they had any personal issues that could impact on their work. For example one staff member was allowed to take extra leave due to their personal circumstances. Staff told us there was good team work, and it was like being part of a big family.

Staff had a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for. The deputy manager was taking on more roles and responsibilities as they would be acting up as the manager when the registered manager would be going on leave later during the year.

The registered manager and area manager had a positive working relationship. They worked well together and supported each other to ensure the service was running smoothly. They had a clear set of values and visions which the staff were aware of. The registered manager ensured they remained up to date by updating their training and was undertaking a level 5 qualification in health and social care.

The registered manager demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. All notifications were submitted to us in a timely manner.

The service had an effective quality assurance system in place to monitor the quality of the service and support provided to people. These included monthly health and safety and medicines audits. Risk

assessments and care plans were also audited and updated to ensure people needs were met as required. The registered manager carried out monitoring visits on staff to ensure they were working according to policies and procedures and meeting people's needs.

The service continually sought feedback from people, relatives, staff and other professionals. These were gained through the use of surveys, during meetings with people, staff and relatives. We looked at the satisfaction surveys which were completed in May/June last year and the feedback received was positive. One relative commented, " [Person] has settled well at Cedars, thanks mainly to the staff who have supported him." Other relative wrote, "The family find that [person] talks a lot more and is very happy." Where people had made suggestions this had been taken on board. For example one person wanted to do their shopping on line and staff now assisted them to do so. This showed that the service sought out the views and concerns of people, their relatives, health professionals and staff and implemented changes where necessary to accommodate them.