

# Care at Home Services (South East) Limited

## Beech Tree Total Care

### Ashford and SKC

#### Inspection report

Chamberlain Manor  
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Date of inspection visit:  
21 November 2019

Date of publication:  
09 December 2019

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#### Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

### About the service

Beech Tree Total Care Ashford and SKC provides personal care to people in their own homes. They were providing personal care to 150 people at the time of inspection both in the local community and in extra care housing. The extra care housing consisted of a number of housing courts where people could access support as part of their housing needs and access communal services such as a laundry and restaurant.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their loved ones told us they were kept safe by staff. Although staff knew how to keep people safe and how to manage risks, we found people's health related risk assessments lacked detail. Staff took action on the day of inspection to resolve this. We made a recommendation about this.

At the last inspection we found medicines were not managed safely and the provider's oversight had not identified the shortfalls we identified. At this inspection improvements had been made, medicines were managed safely. The provider's audits now identified any issues and action was taken to address them in a timely fashion.

People were supported by staff who knew them well and were kind and compassionate. People told us staff listened to them and gave them care in the way they preferred. This was reflected in their care plans. Staff told us they had the support and training required to carry out their role and people said staff "knew what they were doing."

Staff supported people to eat and drink well, encouraging them to stay hydrated. Staff encouraged or supported people to contact health care professionals as appropriate. Families told us they were kept informed about their loved one's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their loved ones told us they were involved in planning their care, including the time of support and the staff who supported them. Office staff held regular reviews with people to discuss the quality of their care and any changes in need.

The registered manager had been away from the service for some time at the time of the inspection. The head of service delivery was supporting staff and ensuring the quality of care offered was consistent and met people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Beech Tree Total Care Ashford and SKC

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not at the service at time of inspection.

#### Notice of inspection

We gave a short period notice of the inspection, so the provider could gain consent from people to visit them in their own homes.

Inspection activity started on 21 November 2019 and ended on 25 November 2019. We visited the office

location on 21 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the head of service delivery, two co-ordinators, one senior and three health care assistants.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, we found a lack of information for staff about the use of cream. Creams were not always dated when opened and records of medicine administration were not always completed. At this inspection improvements had been made.
- People told us they were supported to have their medicines by staff who were trained and assessed as competent. People's medicines records included body maps indicating to staff which cream should be applied to which area. Creams were also dated on opening.
- Most people's medicine records were complete and included notes about the use of 'as and when' required medicines. One person's records had some gaps in recording. The management team had acted by retraining staff when required and writing to them about their concerns.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, however we found that risk assessments and care plans did not give staff all the information required. For example, when people were taking medicines which thinned their blood, risk assessments did not detail the impact this could have on people if they were to fall or injure themselves.
- The impact of this was reduced as staff were able to tell us about the risks relating to the use of blood thinners. An example was given of a time they had stayed with a person and called an ambulance after a minor injury, due to the increased risk as a result of the blood thinning medicines.
- Another person used a catheter to drain urine from their bladder, there was no risk assessment to inform staff what signs to be aware of in case of infection and what action to take. Again, staff could tell us about the signs and how to respond, which limited the risk to people.

We recommend the provider review people's risk assessments to ensure they give staff the guidance required to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff kept them safe. One relative told us, "The staff pop in to check on my loved one which means I can have peace of mind they are safe."
- Staff could tell us about the types of abuse they may encounter, and signs people may show if they were being abused. They could tell us about who they would report any concerns to both inside and outside the provider's organisation.
- Any concerns about people's safety were discussed with local safeguarding teams if required.

#### Staffing and recruitment

- People were supported by staff who had been recruited using safe processes. Checks included staff's prior work history, references from previous employers and a Disclosure and Barring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.
- No new packages were taken on by the provider unless staff had capacity to carry out the support required.

#### Preventing and controlling infection

- Staff could tell us about the need for infection control and the actions they would take to prevent cross contamination.
- Staff told us they could always access the appropriate personal protective equipment such as gloves and aprons. They explained how they would change gloves between tasks and people's visits.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and themes.
- Logs of life line calls were monitored and used to ensure the staffing levels in the housing courts was enough to respond quickly to people's needs. Life line is a system where people can push a button to alert staff they needed support.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to having support from the service. The assessment included both people's needs and preferences. It also included people's life histories and who was important to them.
- The pre-admission assessment covered all aspects of people's lives including people's protected characteristics under the Equalities Act 2010 such as sexual orientation and religion. It also included nationally recognised tools to assess people's health needs such as MUST to assess people's risks relating to malnutrition.

Staff support: induction, training, skills and experience

- People told us that staff had the training they needed. One person said, "The staff know what they are doing, I don't have to worry about that."
- Staff completed an induction which included core training and working alongside experienced staff. They also completed training specific to people's needs such as dementia awareness and catheter care. A catheter is a tube to remove urine from the body.
- Staff had regular one to one meetings with their line manager and these were used to discuss their performance, any training needs and their personal development.

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

- When people required support to prepare meals this was recorded in their care plans. People's care plans showed, and staff told us how they supported people to remain hydrated and ensure they could access snacks between visits.
- When people lived in the housing courts staff supported them to access the restaurant when needed. When people were living with visual impairments staff helped them to read the days menu and request their chosen meal.

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

- Staff had a good understanding of people's health needs and supported them to contact health professionals when needed. One person said, "They always notice if I am off colour and encourage me to call the doctor."
- Staff had regular communication with the office about changes in people's needs and any concerns. They also shared information through records stored in people's homes, which they told us they checked before giving support.

- When people had long term health conditions staff understood how this could affect them. For example, they could tell us the signs someone living with diabetes may show if their blood sugar levels were too high or low and the action they would take.
- Staff made referrals to professionals such as district nurses or occupational therapy when required. They maintained regular communication with professionals to ensure people's needs were met.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA and told us they always assumed people had capacity to make their own decisions.
- Staff understood that people's capacity could be impacted by their health. One person was unwell and was refusing to have staff contact a health professional or their relatives. Staff discussed with senior staff that the person's capacity seemed to be affected. Staff contacted the person's relative who took them to hospital and they were admitted for a serious condition.
- People told us staff supported them to make decisions for themselves and respected their choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their loved ones told us the staff were caring and kind. One person said, "I like that I can joke with staff and they do the same." A relative said, "I have such peace of mind now they look after my loved one so well."
- Another person told us the office staff were caring too. They said, "I was downstairs waiting for a friend and one of the staff noticed I was cold so they got me their scarf and coat to keep me warm. It was a small thing that made me feel they cared."
- People were supported to attend religious services if required and staff knew about people's beliefs and preferences.

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

- People and their loved ones were involved in planning their own care. During our visits to people in their own homes they expressed some changes they would like made. One relating to a preference about staffing and one about new staff shadowing their visits. These requests were immediately added to their care plan.
- Staff from the office visited people a minimum of six monthly to review their care. This included discussing staff performance and any changes to their needs. Care plans were updated as a result and staff were informed.
- Staff also listened to people's requests about their support. For example, some people asked that staff not wear their uniform when supporting them outside their home and this was respected.

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed what people could do for themselves and how staff could support them to remain independent.
- One person told us, "They know how independent I am and they respect that. They tell me about things and ways they could help me, but don't push it. It is important to me to hold on to my independence."
- People's care plans prompted staff about how to maintain people's privacy and dignity. Staff told us how they ensured that people's curtains were closed and used towels to cover them during personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care when they chose and by staff they were comfortable with. People told us staff knew them well and anticipated their needs. One person said, "They know what I want and just do it."
- People's care plans gave detail about their needs and preferences. They also contained information about their life history. Staff spoke about the people they supported and could tell us about their lives and what they liked to talk about during visits.
- Relatives told us staff worked in partnership with them to support their loved one and communication was excellent which resulted in their loved one getting exactly the care they needed.
- When required staff supported people to take part in activities or maintain relationships with friends and family. People told us staff made them aware of activities they may enjoy.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access information including their care plan in a range of formats. These included large print, audio and their first language.
- People's initial assessment and regular reviews included details of people's communication preferences.

### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and that their concerns would be listened to and dealt with.
- When people had complained, the complaints had been dealt with in line with the providers policy and to the satisfaction of the complainant.

### End of life care and support

- No one at the service was receiving end of life care at the time of the inspection.
- People's care plans contained information about their end of life wishes including if they wished to be resuscitated if their heart was to fail.
- The service had previously supported people to be supported at home at the end of life and worked with the local hospice and community nurses to ensure people had the care and support needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider's systems had not been effective in monitoring and improving the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection the providers systems had not identified the shortfalls in medicines management. This had now improved, and medicines records were audited, with action taken as required.
- Shortfalls in risk assessments had not been identified. However, this did not impact people due to staff's training and knowledge. The head of service delivery took action on the day to add detail to people's risk assessments and began a review of all health-related risk assessments.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had been out of the service for some time. The head of service delivery had ensured that staff had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People, their relatives and staff told us there was an open and transparent culture at the service. They told us they could always contact someone in the office when needed.
- People and relatives told us they had a named person in the office who they always spoke to and who completed their reviews. One person said, "That makes it so much easier as they know me, and I don't have to explain everything over and over."
- The management team kept relatives informed of any concerns or issues related to their loved one.

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

- People and their loved ones and staff were invited to give feedback on the quality of the service through annual surveys. These had recently been completed so the information had not been collated. However, people who raised issues had been contacted to address them directly and seek a resolution.
- Staff ensured that people could give their feedback in an accessible format and taking into account their communication needs. Any responses to issues raised were also given in a way the person could understand.

Continuous learning and improving care; Working in partnership with others

- Staff looked for opportunities to learn and improve care. The head of service attended registered manager forums and shared learning. For example, an updated care plan for oral health was being introduced following a recent CQC review.
- Action was taken to improve care when issues were identified. For example, a person had been discharged from hospital and the service had not been informed resulting in the person not having their visits restarted straight away. Staff now maintained regular contact with the hospital when people were admitted ensuring care could start as soon as they were home.
- The head of service worked closely with the local representative from Skills for Care, to ensure staff training and advice was current. Skills for Care are a national charity who support adult social care providers.
- Staff worked with a range of professionals to ensure people's needs were met. Referrals had been made to occupational therapists, district nurses and physiotherapists.