

Aitch Care Homes (London) Limited

Beech Trees

Inspection report

1a Kirby Road
Horsell
Woking
Surrey
GU21 4RJ

Date of inspection visit:
12 March 2020

Date of publication:
07 May 2020

Tel: 01483755911

Website: www.achievetogether.co.uk

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

About the service

Beech Trees is a residential care home providing personal care to 7 people with learning and physical disabilities at the time of the inspection. The service can support up to 7 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were systems in place to safeguard people from the risk of abuse. Safe staffing levels were maintained, and staff had been recruited safely. Medicines were managed appropriately, and the service was clean and tidy with infection risks managed well. The service was reflective in the way events and incidents were reviewed in order to improve care.

People's needs were assessed and kept under review. People were supported to maintain good health and had choice over their meals. Staff had access to the training that they needed and there was good communication within the team. The premises were very homely with a lot of personalisation. Staff took appropriate steps to ensure people's legal rights were promoted and upheld regarding consent for care.

There was a clear focus on promoting people's independence and a lot of meaningful engagement between staff and people. People enjoyed positive relationships with the staff who supported them.

People were supported to meet their cultural needs and were actively included in all aspects of their care with their choices being respected.

People had opportunities to do their chosen activities. Communication needs were met and there was good information available to support staff to understand residents' individual communication styles. People were encouraged and supported to share their views. When concerns were raised, they were listened to and acted upon.

Feedback from staff and people's relatives about the manager was positive. Staff said that the manager is supportive and communicates well with them. Staff were encouraged to put forward their ideas for improvements and given individual responsibilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 Trees

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 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 two inspectors.

Service and service type

Beech Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed the information we held about the service. This included the statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We met with five people who lived at the service and spoke with four staff, including the registered manager and three support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection –

We telephoned four relatives of people using the service to gain an understanding of their views about people's lives at Beech Trees. We also received feedback from two external professionals who had experience of working with the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they feel safe with the staff supporting them. The manager and staff had recently delivered an information session about abuse and bullying. The session included how to recognise abuse and bullying, where it may happen and what to do about it. Staff made sure the information provided during the session was accessible through the use of photographs and symbols.
- Staff demonstrated their understanding about how to keep people safe. Staff knew how and where to report any concerns. Staff had received regular training about keeping people safe and there were safeguarding and whistleblowing policies and procedures in place.

Assessing risk, safety monitoring and management

- Risks associated with people's chosen lifestyles and activities were assessed and reviewed. Risk assessments were in place to help enable individual choices to be achieved safely.
- There was clear guidance for staff to minimise known risks. For example, risk assessments contained guidance for staff around people's individual needs including epilepsy, moving and handling and going out.
- Behaviour support plans were in place to help to support people safely. Professionals from outside the service had helped with these and the registered manager told us that the process had helped to reduce the frequency and impact of behaviours that challenge at the service.
- Staff undertook regular safety checks of the environment and equipment used to support people. Moving and Handling equipment was serviced at timely intervals and in accordance to guidelines.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency that meant people had to leave their home.

Staffing and recruitment

- The registered manager deployed suitable numbers of trained and competent staff. Staffing levels were organised flexibly around people's needs and to enable people to undertake their preferred activities. One member of staff told us, "We are well-staffed. Even if someone is off sick, because we are a good team, nine times out of ten a member of staff who is on their day off will come in and cover."
- The provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.
- We observed that staff were always available when people needed them during our visit. We observed that people were supported and cared for in a timely manner.

Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed. Medication administration records were completed correctly, and medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff received relevant training before they were able to give people medicines and regularly had their competency checked in relation to the administration of people's medicines.

Preventing and controlling infection

- The environment was clean and there were systems in place to manage infection control with clear signage around the home.
- Staff had access to suitable personal protective equipment, and we observed this in use.
- Staff supported people to follow guidelines regarding Covid-19 including reminding people to wash their hands regularly. Staff also gave people advice about hand-washing techniques.

Learning lessons when things go wrong

- The service was reflective in the way accidents and incidents were reviewed in order to improve care and support. For instance, following a suspected theft a robust new system was put in place for supporting people with their finances.
- There was an open culture where staff were comfortable to report any accidents, incidents or near misses.
- When there have been incidents or safeguarding concerns the relevant people and partner organisations have been kept involved in the process of investigating and reviewing these.

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 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 regularly assessed and kept under review. When there had been a change in people's needs their care plans were updated with input from the relevant health and social care professionals.
- People had keyworkers at the service. People regularly met with their key worker to look at goals and aims for the coming months and how these could be achieved. A keyworker is a member of staff with delegated specific responsibilities for an individual.

Staff support: induction, training, and experience

- Staff completed an induction at the start of their employment and continued to receive regular training which helped them to keep up to date with best practice guidance in areas such as safeguarding and positive behaviour support. One staff member told us, "There is a good mix of e-learning and face-to-face training."
- The provider ensured staff had the right training to meet people's needs. For example, staff had completed training in epilepsy, autism and diabetes. This ensured that people who lived at the service with these specific health conditions had their needs met.
- Staff received regular guidance and supervision, so they could competently fulfil their role. Staff said they felt supported and could ask any member of the management team for advice. One staff member told us, "We get well supported, both by [registered manager] and each other."

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

- People were involved in making choices about their meals and staff supported them to have meals they enjoyed. If someone didn't want to have what was on the menu for a certain day then they were supported to prepare something else.
- Staff demonstrated their awareness of people's dietary needs and preferences and the importance of supporting them to maintain good nutrition and hydration.

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

- The service worked alongside health and social community services such as GPs, dentists and occupational therapists to support people to maintain their physical health and emotional wellbeing.
- The provider had a behaviour support team . They supported people and staff which had led to fewer incidents related to behaviour.
- Staff spoke to people regularly about their health. People had health action plans to record how their health needs would be met and hospital passports to help provide important information about them

should they need to be admitted to hospital.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's individual needs. The communal areas were bright and spacious. There was an enclosed garden including a summerhouse which was used for activities and accessible to people with physical disabilities.
- Moving and handling equipment was in place for people including hoists, profiling beds and an adapted bathroom.
- People had the choice of how to decorate their bedrooms. When communal rooms within the home were decorated people were involved and helped to choose colour schemes and decor.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and always offered choices. People were supported wherever possible to make their own decisions.
- The provider was compliant with the MCA. Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. Authorised DoLS were in place for some people to keep them safe from harm.
- Staff supported residents to access help from an advocate when needed to promote their personal choices and decisions.

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 were supported by a staff team that were caring and knew them well. One relative said of the care at the home that it was "excellent, we give it five stars".
- Staff were respectful of equality and diversity. People were supported to adhere to their cultural dietary requirements and to regularly attend their chosen places of worship.
- We observed that staff engaged positively with people during our inspection, showing kindness and interest in their well-being. One visiting professional told us, "When speaking to the staff, they have a great fondness for [person] and discuss her progress with real pride and kindness."

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

- People were actively involved in decisions relating to their care. Staff were led by the choices and wishes of people. For example, we observed one person deciding at short notice that they no longer wanted to go out for a planned activity. Staff respected this choice and supported them with an activity at home.
- People had communication passports to help them to express themselves. Staff gave examples of how these were used to support people to make choices. For example, one member of staff said, "Some people are non-verbal. We use pictures to find activities they would like to do."
- People sometimes chose to involve their relatives in care planning. Regular reviews of people's care took place and relatives felt included in making decisions when appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be involved in the running of the home. A member of staff told us, "[Person] does the bins and her laundry. They are encouraged to tidy their rooms, to empty and load the dishwasher. I think that's so important as it's a part of how we all live."
- We observed that staff encouraged people to be independent during our inspection. One member of staff supported a person to make a cup of tea and we observed that they encouraged the person to manage this process themselves as far as possible. A member of staff told us, "Some people are almost independent, others might need prompting or hand-over-hand support."
- Staff treated people with respect and maintained their dignity when providing support. This approach was clearly reflected in people's care plans and support we observed at meal times and when people were doing activities.

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 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

- People had personalised care plans in place. Care plans covered all aspects of people's daily living, care and support needs including personal care, maintaining relationships and increasing independence.
- People had weekly activity programmes which were individualised according to their interests. These showed that people attended regular activities including horse-riding, hydrotherapy and various college courses.
- Staff clearly had a good understanding of people's individual needs. One professional working with the service told us "During my visits I have observed the staff with [person] and they are great with her. [person] appears comfortable in their company and the staff are able to anticipate and interpret her needs."
- Care plans reflected guidelines based on advice from health professionals, including dieticians and occupational therapists.

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 were supported to use their preferred method of communication including picture boards and Makaton. Staff had been provided with training to ensure they could communicate with people using their chosen preferences.
- Communication plans were in place for people. Staff explained how they communicated with people who had limited verbal communication and had a good understanding of how they expressed themselves.

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 were supported by staff to go out as frequently as they wished and staffing levels were flexible to enable this.
- People were supported to maintain relationships that were important to them. For example, people visited family regularly and relatives told us they were always welcomed when visiting the home.
- People were involved in their local community. Some people attended a local lunch club on the day of our inspection which included bingo and a quiz. Another person had been supported to participate in community litter-picking as voluntary work and the registered manager said they had been supported to apply for further voluntary work to do in the future.
- People had opportunities to experience new social activities planned in line with their preferences which

made a positive difference to their lives. For example, one person wanted to try ice skating and was supported to go to an accessible ice rink.

- The service was running a project with a local nursing home. People visited the home to take part in activities and residents from the nursing home also came to visit Beech Trees. The registered manager told us that this interaction was a success and the residents had said that they enjoyed it.

Improving care quality in response to complaints or concerns

- People were supported to make complaints about their care and support if they wished to and these were responded to by the registered manager.

- The service had a complaints procedure. Complaints were responded to and resolved in a timely manner. People's relatives told us that they knew who to speak to if they had concerns. One relative told us "If I have any concerns then I speak to [the registered manager] and everything is sorted."

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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their families spoke positively about the registered manager and the staff team. One relative told us, "[The registered manager] is great. There's a good staff team there. . . , we see the same people which is important."
- There were clear systems in place for monitoring of the quality of care. These included regular observations of staff practice and audits of documents used at the service.
- Staff were well-supported by the registered manager. One member of staff said "she has an open-door policy. You can go to her at any time." Another member of staff told us, "If we have any issues, [registered manager] is open and helpful and always there to talk."

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; Working in partnership with others

- The provider was open and transparent when things went wrong. Information was shared appropriately with the local authority and CQC, and action taken to address any issues.
- The staff team worked with other organisations including the local authority to support care provision and service development. One visiting professional told us, "For each of my visits, there have been multiple members of staff willing to help and update me."

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

- The registered manager and staff team showed commitment to achieving good outcomes for people and providing a safe, high quality service.
- The staff team were clear about their responsibilities and spoke positively about working at the service. One member of staff told us, "It is a good team. We all have our own roles and responsibilities. It makes sure everything is done properly."
- Legal responsibilities had continued to be met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The service had good links with the local community. People were encouraged to be a part of their community and supported to make good use of the facilities available including local clubs which people

told us they enjoyed attending.

- Feedback from people and their relatives was welcomed and listened to. For example, people, stakeholders and staff were asked to complete regular satisfaction surveys. Where feedback had been provided, clear action plans were formulated to ensure identified areas for improvement were addressed.
- There were regular residents' meetings supported by staff. Staff asked people how they would like to celebrate upcoming events such as birthdays and then supported them to achieve this.

Continuous learning and improving care

- Team meetings took place regularly and were well-attended. Staff told us that the registered manager ensured that they were up-to-date on people's needs and any changes in the way their care needed to be provided.
- The registered manager demonstrated a good understanding of their regulatory requirements and kept their knowledge of legislation and best practice up to date. They were part of a local registered manager network and had support from other service managers in the same organisation.
- There were plans in place to further develop the service in the future. The registered manager told us that they plan to "Continue to provide the best care for the people we support. Bring more of what people want to do and explore what is out there for residents to enjoy".