

Beech Tree Domiciliary Limited

The Cedars

Inspection report

71 Main Road
Romford
Essex
RM2 5EH

Date of inspection visit:
29 November 2018

Date of publication:
19 December 2018

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

We inspected the service on 29 November 2018. The inspection was announced. At our last inspection in March 2016, we found the provider was meeting the regulations we inspected and the service was rated Good. At this inspection, we found that the service continued to be rated Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 16 people using the service.

There were policies and procedures in relation to safeguarding the people who used the service. Staff were aware of their responsibilities to ensure that people were protected from the risk or potential risk of harm.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. There were enough staff on duty to meet the needs of the people.

Background checks had been carried out on staff before they started to work for the provider to make sure they were suitable to work with vulnerable people.

There were systems in place to manage people's medicines so that they received them when they needed.

Care and support was delivered in a safe way by staff who had received appropriate training. Staff received appropriate support to meet the needs of people. They were clear about their roles and responsibilities.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 to guide and inform the staff.

People were provided with a choice of suitable and nutritious food and drink that they enjoyed. Staff continually monitored people's condition and where necessary sought the assistance of other health and social care professionals.

We saw people using the service were supported by kind and attentive staff. People expressed their views and were involved in making decisions about the care and support they received.

People were treated with respect and their diverse needs had been recorded. Staff encouraged people to be as independent as possible.

People's needs were assessed and care and support were delivered in line with their individual care plan. Staff regularly reviewed people's care plan and any changes that were identified were addressed.

The provider took account of complaints and comments to improve the service. There was a system in place to log people's comments and learn from them.

The provider had quality assurance and audit systems in place. From discussions with the management team, it was clear that they routinely reviewed practice to improve the care and support provided to people who used the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 November 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection. It was carried out by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months. We also contacted the commissioning team of the service to obtain their views about the service. We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

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.

During the inspection, we spoke with three people who used the service for their views about the service they received. We also spoke with the team manager, quality manager, two members of staff, a registered manager who managed another sister service for the provider and the nominated individual briefly as they visited the service at the end of our inspection.

We looked at the care records of three people who used the service, management of medicines, staff training records, staff duty rosters, policies and procedures, minutes of meeting, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

People who used the service told us they had no concerns about the way they were treated and that they felt safe at the service. One person said, "Yes" when we asked them if they felt safe using the service. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk.

Risk assessments for people were in place, so staff could see how best to support them in different situations and how they might behave when distressed, unhappy or in pain. Staff knew about people's health needs and ensured they were safe when carrying out any task. The service kept a record of all accidents and incidents involving people using the service and/or staff. Those were reviewed by the management team to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

The provider had an effective recruitment and selection processes in place. We saw evidence that appropriate checks were undertaken before staff began work. These checks included criminal record checks, obtaining proof of staff identity and references and staff's right to work in the United Kingdom.

There were sufficient numbers of staff in the service to care and support people with their needs. Staff demonstrated a good knowledge of the needs of people they supported. Staff duty rosters we sampled at random indicated that there was the number of staff as mentioned to us by the team manager.

Before our inspection, we received information that people did not always receive their prescribed medicines safely. During our visit we looked at how the service managed people's medicines and found the arrangements were safe. Audits were carried out daily to check that medicines were being managed in the right way. Policies and procedures were available for staff to refer to. Any medicines prescribed to be given as necessary were monitored. The team manager informed us that only a limited number of staff who had been assessed as competent, were allowed to assist people with their medicines.

The provider had policies and procedures regarding the prevention and control of infection. Staff were provided with Personal Protective Equipment (PPE) such as aprons and gloves to protect themselves as well as people from the risk of infection.

Is the service effective?

Our findings

People felt staff were well trained and knowledgeable regarding their care and support needs. Staff received appropriate training and professional development. The provider had a training programme in place for all staff to complete whilst they were employed at the service. Staff were positive about the training they had received and felt this helped them in their roles. One member of staff described the training as, "Brilliant and really good." Staff had been trained in areas such as fire safety, first aid, Mental Capacity Act, food hygiene, challenging behaviour, infection control and safeguarding.

When newly recruited staff started to work at the service, they received an induction and this included them getting to know the people who used the service, as well as familiarising themselves with key policies and procedures. Staff were also enrolled to complete the Care Certificate programme. The Care Certificate is an identified set of standards that social care workers should keep to in their daily working life.

Staff were supported to deliver effective care by means of regular one to one meetings with their line manager. Records showed that a range of issues were discussed, including training needs. Staff who had been working for the provider for over a 12-month period also received an annual appraisal and these were used to review their work performance and any further development.

Before people started to use the service, an assessment was carried out to identify what their needs were. The management team obtained as much information from people and their relatives as possible, so as to understand their previous lifestyles, interests and daily routines.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff recognised that people's capacity to make decisions fluctuated and they offered support accordingly. We saw staff had received training in the area and had access to information to help them understand the legislation. Staff asked for people's consent before providing care and support.

Staff ensured people had enough to eat and drink. One person told us the food was 'good'. Staff encouraged people to eat a healthy and balanced diet. They were aware of people's likes, dislikes and preferences. This helped to ensure people's wishes were met as far as their nutritional needs were concerned.

People were supported to maintain good health. We saw evidence that the staff team had regular contact with other professionals and sought healthcare advice and support for them.

Is the service caring?

Our findings

Staff had developed positive caring relationships with people who used the service. During our visit, we saw staff were always available to speak with people. People spoke positively about the care and approach of staff. One person said, "The staff are good." The interactions we saw between staff and people were respectful and professional.

Staff treated people with respect and in a caring way. They addressed people by their preferred names and were aware of their life histories. They communicated with them at a suitable pace. They took time to listen to people without rushing them.

Where people were able to, we saw that they were able to participate in and make decisions about their own care. Staff had a good understanding of people's needs. They knew the wishes, choices and preferences of each person who used the service.

Staff respected people's privacy and dignity. They told us they always ensured curtains and doors were closed to protect people's dignity whilst providing personal care. People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. Staff treated people equally and were not discriminatory towards people's gender, race or disability.

We saw people's records were kept securely to ensure confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times. Relatives were kept informed of changes in the well-being of their family members' wellbeing.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their individual needs. They had a detailed plan of care in place. The care plans were written in an individualised way, and they included people's health care needs, their communication style, what activities they liked to do and what was important to them.

We saw people were involved in the care planning process. The information in the care plans covered all aspects of people's needs and guidance for staff on how to meet them. Staff had a good understanding of people and were knowledgeable about their wishes and preferences. Care plans were reviewed regularly and updated when the need arose.

People were supported by staff to remain active and do things they enjoyed. They were supported to spend time as they wished, such as watching their favourite TV programme. Some people enjoyed using their electronic devices to surf the internet. People were in regular contact with their family members. This minimised the risk of people becoming socially isolated.

We saw people received information in accessible formats and the service was meeting the Accessible Information Standard. All organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The complaints procedure was available in an 'easy read format'. People with did not have any complaints and were complimentary about the service they received. The provider ensured that all complaints were recorded, acknowledged and responded to accordingly. This helped to ensure any complaints were addressed within the timescales given in the policy. We saw the service had received a number of written compliments where professionals and relatives commented positively on the care and support people received.

The management team and staff ensured that people's individual wishes at the end of their lives were known and respected. People's preferences and choices for their end of life care were recorded.

Is the service well-led?

Our findings

At the time of our visit there was no registered manager. 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. A new manager had been recruited and the provider informed us they would register with once they started their employment. The team manager was managing the service in the meantime.

Staff felt supported by the management team. There were regular meetings held for staff to share their views and experiences and for the management team to cascade information about things happening in the service. From the minutes from the last meeting we saw that a number of areas were discussed including people's needs. Staff were clear about their roles and responsibilities and said they felt valued. They told us they could speak to the management team at any time and found them approachable.

The management team undertook regular audits to monitor the quality of the service they provided. This included regular medicines administration, care plans and health and safety checks. If any issues had been identified during these audits, an action plan was put in place which stated what the service needed to do to improve. For example, at present the provider had an action plan on how to ensure the management of medicines was safe at the service.

There were processes in place to get formal feedback about the service from people who used the service and their relatives through satisfaction surveys.

The management team understood their responsibilities around meeting their legal obligations and had notified us about events within the service. They had good links with several health care professionals and looked for ways to enable people as well as staff to be empowered.