

Mr Donald Smith

Beech Tree Hall

Inspection report

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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 Tree Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service was a large home, bigger than most domestic style properties. Beech Tree Hall accommodates up to 17 people in one adapted building that is divided into four flats. The service supports younger people with a learning disability. At the time of our inspection 15 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe and they were supported by staff who were skilled and competent to carry out their roles and responsibilities.

Risks to people's safety had been identified and managed. There were enough staff to support people. The provider carried out checks on new staff to ensure they were suitable to work in the home. Infection control was well managed and the home was clean and free from hazards.

The staff knew people well and were kind and caring. There was a strong focus throughout the service on respecting people's dignity. Staff planned and provided care to meet people's needs and to take account of their preferences.

People were offered choices around their meals and maintained a well-balanced diet. People received access to health care services when required. Various professionals were involved in providing healthcare to

people.

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.

Feedback about the home was positive. The focus of the service was on providing people with a service that placed them at the centre of their care. The provider took action promptly when concerns were shared with them. They had systems to share learning from incidents with the staff team to improve the service further.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 January 2019).

The provider breached regulation 17 (governance). They completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found 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.

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 Tree Hall

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

Beech Tree Hall 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

This inspection was unannounced.

What we did before 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 two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care

to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. The staff in the home were trained in how to identify and report abuse.
- The registered manager was aware of their responsibilities in relation to safeguarding and had made referrals to the local authority and submitted notifications to CQC as required by law.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were risk assessments in place to offer guidance to staff about how to safely support people. For example, risks had been assessed for a person's health needs and this included information about their communication and behaviours.
- Staff we spoke with were aware of people's individual risks and shared with us the techniques they used to reduce the likelihood of people being harmed. Some people living at the service required support to manage difficult or distressed behaviours and staff received training and clear guidance about how to do this safely.
- The deputy and registered manager's knew people well and reviewed incidents and information about risks regularly. Care plans were updated to ensure staff had information about people's current needs.
- The deputy manager carried out regular observation of staff practice. This enabled them to support staff to make immediate changes or improvements to the way they supported people.
- Emergency evacuation plans were in place to ensure people were safe in the event of fire.

Staffing and recruitment

- Some of the people living at Beech Tree Hall received one to one staff support. We observed there were enough staff to support people in line with their assessed needs.
- Relatives told us they felt confident there were enough staff to support people One relative said, " There is always plenty of staff, sometimes 2:1 staff. My relative loves to go walking and shopping and is able to do the activities as staff are well trained."
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely.
- The assistant manager told us they had been working with other professionals to try to reduce and adjust

the use of medicines used to help people manage their behaviours.

- Medicines which were to be given "when required" or as a "variable dose" (PRN) had separate guidelines and staff had clear instructions on how to administer them and what to do if they were not effective.

Preventing and controlling infection

- The provider had effective infection control procedures. People were protected from potential cross infection during the delivery of personal care. Staff received training and were provided with appropriate protective clothing, such as gloves and aprons.
- We identified some minor infection control issues which the manager took action to address.
- The home was clean and well maintained.

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

- The registered manager ensured people's needs were regularly assessed and monitored. This helped to ensure the facilities and service were suitable to meet individuals' needs.
- Staff followed and applied their learning in line with expert professional guidance, such as the management of managing challenging behaviour and positive behaviour support.
- The assistant manager was up to date with best practice guidelines for supporting people with learning disabilities and autism. There was a focus on staff development to ensure the workforce was highly skilled and implemented person centred approaches.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to provide suitable care. They completed a range of training to give them the skills and knowledge to support people; this included completing qualifications in health and social care.
- The registered manager provided staff with induction training and regular supervision and appraisal. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role.
- People spoke highly of the staff. One person told said, "There are good levels of staff so there is one to one time with people."

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

- Staff understood people's dietary needs. Staff ensured people were involved, as much as they wanted to be, with choosing, planning, preparing and cooking meals.
- Where nutritional needs had been assessed clear guidelines were in place and understood by staff.
- Visual menus were displayed in the kitchen area.
- Alternative dishes were made available should people prefer to eat something different.

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

- People received appropriate support to meet their healthcare needs.
- People's physical and mental healthcare needs were well documented. This helped staff to recognise any signs of deteriorating health and take action.
- Records of health professional visits were recorded in people's health files, which detailed the reason for the visit and outcome.

- People received annual health checks as per best practice for people with a learning disability. People's medicines were reviewed in line with the NHS stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP) initiative. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

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

- People told us they liked their home and felt happy living at Beech Tree Hall. People had personalised their bedrooms with decorations and items of their choice.
- There had been lots of work done to make the home personalised and homely. People were involved in the decoration of communal areas. One person said, "I like it here."
- Relatives told us that the home felt homely. There was an open plan dining and kitchen area, separate living room and activities area. A sensory room had been created with plans to create a sensory garden.
- There was a large garden area which was accessible. Various facilities were available, so people could enjoy the outside space such as a summer house, hot tub and football nets.

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.

- People at Beech Tree Hall were living with a learning disability or autism, which affected their ability to make decisions about their care and support.
- The service was assessing people's capacity to make decisions in relation to their care and treatment.
- Staff had a good understanding of the MCA and their role in supporting people's rights to make their own decisions. We observed staff offering people choices and respecting their decisions.
- Where people had conditions attached to DoLS there was a record kept showing that the conditions were being met.

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 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 relatives told us staff were kind and caring. A person said, "I like staff. I have a key worker who helps me out." And, "I have made friends since I came to live here."
- Staff received training in equality and diversity. We saw that people were treated as equals by staff that were kind and caring.
- We observed staff interaction and found people were respectfully supported to make their own choices, wherever possible.

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

- We observed staff were respectful of people's choices and preferences. Staff interacted with people in ways which were meaningful to them.
- Staff knew people well and had good knowledge of individuals communication needs. We saw staff adapted the way they communicated with people to and supported them in a caring and responsive manner.
- People were supported by staff to go out enjoying community activities; one person was seen to be laughing and enjoying sensory activities.
- Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Respecting and promoting people's privacy, dignity and independence

- There was a strong focus on dignity throughout the service. There was information available to ensure staff in always considering the importance of dignity in all aspects of the role; this included a dignity champion.
- Relatives were positive about the service. One relative said, "Things are good here. The carers I've met that work in here are nice people. I wouldn't want [my relative] to be anywhere else."
- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- Activities were done with people, rather than for them. Staff involved people in things such as shopping and cooking.

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

- Relatives told us they were involved in the planning and reviews of people's care. A relative said, "[My relative] has person centred reviews which I'm involved with."
- Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were detailed in care plans and staff knew people well to enable person centred support was given on an individualised basis.
- People's care plans described their health, care and support needs and included their preferences and routines. Daily records were kept showing how people were achieving their goals and any changes were recorded so action could be taken, such as seeking a referral to a GP.

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's communication needs were identified, recorded and highlighted in care plans. People had detailed communication profiles in place.
- Copies of information and procedures were also available in easy read format.

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 to access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans. One person told us since they moved to Beech Tree Hall they have made new friends.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. Relatives told us they were always made to feel welcome and could visit when they wanted.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- There were no open complaints that were current. The provider had a record of previous complaints and they had been investigated in line with the providers policy.
- Relatives told us they knew how to raise concerns and make complaints. A relative said, "I have never

raised anything of a concern. I can speak to [registered manager] and there has been some emotional ups and downs and the [registered manager] is approachable."

End of life care and support

- No one living at Beech Tree Hall was currently receiving end of life care.
- Staff received training in the subject should they ever need to support in this area.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur. The service was working towards individualised approaches to planning end of life care with people who found the subject difficult.

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.

At our last inspection the provider did not have sufficient audit and governance arrangements to suitably identify areas of service improvement. The registered manager was not fulfilling their legal obligations for submitting notifications to CQC or notifying the local authority of safeguarding concerns in line with the Health and Social Care Act 2008. This was a breach of regulation 17 (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 no longer in breach of regulation 17.

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

- Since our last inspection the assistant manager continued to be instrumental in acting to ensure the service was delivering quality support and care. Concerns we identified at our last inspection had been addressed.
- The assistant manager was committed to developing their own skills and knowledge and had cascaded this down to empower and upskill the staff team. They continued to research and embed best practice guidance, to improve outcomes for people.
- Relatives told us this was a good home and said people were well cared for and happy. One relative told us, "A few years ago they seem to be lots of changes in staff; I find now staff are staying around longer. Things are good."
- Staff told us they felt valued and listened to and the management team gave them support to do their jobs well. One staff member said, "It's a great atmosphere here and there has been lots of improvement to the environment. It has improved people's quality of life."

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

- The management team were aware of their responsibilities regarding duty of candour. They promoted and encouraged openness.
- Good relationships had been developed between management, staff and people using the service and their family members.
- People, their relatives and staff told us the registered manager was visible, approachable and supportive.

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

regulatory requirements

- The management team demonstrated a commitment to ensuring the service was safe and of good quality.
- Systems and processes to assess the quality and safety of the service were in place.
- The registered manager had ensured they had communicated all relevant incidents to CQC as required by law.

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

- The assistant manager had invested time in coaching and mentoring staff to ensure they were clear about their roles and responsibilities.
- Staff had been empowered to take leading roles in specific areas to focus on improvements for people. One of these areas was dignity and there was a strong focus on dignity throughout the service.
- Feedback from people and relatives was sought. We looked at a sample of quality surveys returned from relatives. We found that all the feedback received was positive. One relative said, "All good. Excellent staff. Clean and tidy. No problems issues or concerns." Another said, "More than happy. My [relative] has lived at Beech Tree Hall for a number of years and has had some major improvements in development during this time."

Continuous learning and improving care

- The assistant manager continued to develop the service. They said they were committed to continually maintain the focus they had on improvement for everyone at Beech Tree Hall.