

# Care at Home Services (South East) Limited

## Beech Tree Total Care

### Dover & Deal

#### Inspection report

23-25  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Beech Tree Total Care Dover & Deal is a domiciliary care agency providing personal care to people in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection 76 people were receiving this support. Most of the people supported were older people or people with a physical disability.

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

Guidance for staff about how to move people safely, when using special equipment, did not contain enough detail to make sure people would be supported to move safely. The management team began to review the guidance in place and update them during the inspection.

Covid-19 staff risk assessments had not been recorded in line with Government guidelines. The registered manager took immediate action to address this.

Risks to people's health and safety were assessed, monitored and regularly reviewed. People were protected from the risks of abuse and discrimination. People were supported to have their medicines as prescribed.

People and their relatives told us they felt safe receiving support from staff. People were supported by regular staff who arrived on time and stayed the length of time expected. One person said, "I am very lucky. I insisted on having a team of consistent carers. It is very important to me. They are very good carers."

People were supported by staff who had been safely recruited. Staff completed regular training and met with the management team to discuss their performance. Spot checks were completed to check staff competency.

Staff wore personal protective equipment (PPE), such as face masks and gloves. Staff completed infection prevention and control training and told us they had access to plenty of PPE. People told us staff always wore PPE when they visited them.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

People were supported to make choices and to be as independent as possible. People were empowered to reach their personal goals, and this had positive outcomes for people. Staff spoke with compassion about the people they supported.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People received care and support that was planned with them and their relatives and centred on them as an individual. There was a holistic approach to planning people's care where people's physical, psychological, emotional and social care needs were assessed with them. People's privacy and dignity were respected, and their human rights protected.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The registered manager and staff worked as a cohesive team and followed a clear set of values. There was clear, visible leadership. The registered manager and branch manager led by example. People, relatives and staff spoke positively about the leadership of the service.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were developed with people and their relatives and provided staff with information about how people preferred to be supported.

People told us staff were kind and caring. One person said, "Staff who come out are brilliant. They are really friendly. They make time to stop and chat."

People and their relatives knew how to complain and did not have any complaints about the service.

People, relatives and staff felt the service was managed well. They all felt the communication was good. Regular checks were completed to monitor the quality of the service.

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

This service was registered with us on 23 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Beech Tree Total Care Dover & Deal

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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.

The service had a manager registered with the Care Quality Commission (CQC). 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. There was also a branch manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. 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 five people and six relatives about their experience of the care provided. We spoke with seven staff including the branch manager and registered manager.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 7 December 2021 and ended on 14 December 2021.

We reviewed a range of records. This included six 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- Risks to people's health, safety and welfare were assessed, monitored and regularly reviewed.
- Some people needed a hoist to help them transfer. Staff told us they completed training about moving people safely and were trained to use specialist equipment. One person told us, "I have a ceiling hoist. [Staff] definitely know what they are doing. I feel very safe being hoisted and moved. They are trained to use the ceiling hoist and know what they are doing. They talk to me while they are doing it, so I am involved all the time. They know what straps and loops go where so I feel safe and secure."
- People were assessed for the risk of Covid-19. Risk assessments took into account people's health conditions, such as COPD.
- When people were at risk of developing pressure areas there was guidance for staff about how to reduce these risks. When people used oxygen to aid their breathing, this was managed by other health care professionals. There was a risk assessment in place to make sure staff understood the risks associated with oxygen cylinders.
- Risks in people's home environments were assessed. Each room was checked regularly to make sure there were no hazards to people or staff. Equipment was checked to ensure it was in good working order. People were supported, when needed, to arrange to have equipment, such as stairlifts, hoists and wheelchairs serviced. One person told us, "They always remind me if something, like the bed or hoist, are coming up for a service so I can organise it."
- Accidents and incidents were recorded. These were analysed by the management team to check for any themes. When needed, people were referred to health care professionals, such as the falls team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular training about safeguarding people and understood the signs of potential abuse and how to report any concerns. People told us they felt safe using Beech Tree Total Care Dover & Deal. One person said, "I feel very safe having them come in. There have been times when I have been unwell and in bed when they get here. They let themselves in, using the key safe. They give me a call when they walk in, so I know they are here."
- There was a safeguarding policy with guidance of what to report and to whom. One member of staff said, "It is everyone's responsibility to know about safeguarding and report anything concerning straight away. I would report straight to the office. They would act on anything quickly I am sure. If they didn't, I would go to head office and then to CQC and the local authority. I know [the branch manager] would do the right thing though."
- A relative commented, "[My loved one] is very safe. To know she is safe and well looked after is really reassuring."

### Staffing and recruitment

- People were supported by regular staff who knew them well. Staff generally arrived on time and stayed the length of time needed.
- People told us, "I am very lucky, the majority of the time I have the same carers. I have two that come all the time and then a third carer who always comes if one of the others is off, like on holiday" and, "Staff turn up on time normally and stay as long as they should, sometimes a bit longer. If they are running late, they normally ring me either the carer or the office girls. It's good because otherwise I would get anxious."
- The management team made sure there was time for staff to travel from one call to the next. There was a process to monitor call times to ensure support was provided in line with people's care packages.
- People were supported by staff who had been recruited safely. Checks were completed to make sure new staff were safe to work with people. These included obtaining a full employment history, references and a disclosure and barring service criminal record check.

### Using medicines safely

- People and their relatives felt they received the right support with their medicines. A relative said, "They do all [my loved one's] medication and we have never had any worries about that."
- Staff recorded the medicines they administered on an electronic system. These were checked by the branch manager to make sure people received their medicines as prescribed.
- Some people needed medicines on an 'as and when' basis, for example pain relief. There was information for staff, such as how often the medicines may be administered in a 24-hour period.
- When people needed creams to help keep their skin healthy, there was information for staff about where to apply creams and how often. Staff completed training about topical creams and how to administer medicines safely.

### Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control (IPC). Staff completed IPC training which included information about Covid-19.
- People told us staff wore personal protective equipment (PPE) when they visited. One person said, "[Staff] always wear their gloves, aprons and masks. I have never seen them without it. It is important they wear all of it though to make sure we are all protected."
- Staff told us they had plenty of PPE and were able to obtain more as needed. Staff said, "I have spot checks and part of that makes sure I am wearing my PPE right. I need to protect the clients I am supporting as well as protecting myself" and, "I did training about putting PPE on and taking it off and that is also checked when we have the spot checks. I haven't had any problems getting the PPE I need."
- Staff were regularly tested for Covid-19. Testing and vaccinations were monitored by the management team to ensure they followed Government guidelines.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 physical, mental health and emotional needs were assessed with people before they began using the service. This ensured staff were able to meet people's needs and provide care and support in the way that suited them best. The pre-assessment was used to create a person's care plan. One person told us, "Beech Tree are really good, they have been brilliant. They have really accommodated me and my needs. We talked about what support I needed and that is exactly what I get."
- There was guidance for staff about what needed to be completed on each call and how to provide the support in the way people wanted. Information included how much people could do for themselves.
- People told us they felt involved in their care and support. They were able to discuss their religious beliefs, cultural preferences and other specific needs about protected characteristics. There was information in people's care plans about their life history, work life, family and hobbies. This helped staff get to know people and talk about things that were of interest to them.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, training and shadow shifts with experienced colleagues to make sure they were confident and competent before they began supporting people. One staff said, "The induction was three full days. I also did shadow shifts for three days. That was great because I shadowed with clients that I am now supporting. It gave me a chance to introduce myself to people and to start to get to know them."
- People were supported by staff who were skilled, trained and knowledgeable. Staff refreshed their knowledge to keep up to date with best practice by completing training in topics, such as moving people safely, first aid and fluids and nutrition. Additional training, which was relevant to people's support needs was also completed. For example, dementia, diabetes, mental health, and catheter care.
- Staff were supported to completed training in the way that suited them best. Whilst most training was completed on-line; staff were able to attend the office for additional training support. Staff told us this was beneficial in their learning. The branch manager commented, "Training and development are so important. Staff are like a tree; you have to water it in order for it to grow and bloom."
- Staff told us, and records confirmed, they met with the branch manager for regular one to one supervision. This was an opportunity to discuss their individual personal development. Staff said, "They have always offered me opportunities to do more and develop in training. I have already got my NVQ level 3" and, "We talk about training and any development we want to look at too. They are all for us learning more and learning about things we want to learn as well as all the normal training."

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

- When people needed support with their meal preparation this was recorded in their care plans. This included any preferences and known allergies.
- Staff monitored, as needed, people's nutritional and fluid intake and referred people health care professionals, such as dieticians.
- People told us staff left them a drink within their reach when they finished their care call. Staff were prompted to check this via an electronic task list for each person.

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

- People were supported to contact health care professionals when needed. Referrals to professionals, such as the local falls team, had been made as required. People's physical, mental health, emotional and social needs were assessed, monitored and reviewed to make sure their care and support needs were met.
- People told us, "I have a lot of input from health care professionals. I have the district nurses come in. I am susceptible to pressure sores. The carers check me every time they are here and use my creams. If they notice any marks, they tell me and contact the nurses or my doctor" and, "I have district nurses, dieticians and the diabetic nurse. Carers help me contact them when I need it."

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.

- People told us staff gained their consent before providing their care. One person said, "Everything is about what I want. I have choice and control over my life."
- The management team and staff had a good understanding of their responsibilities to work within the principle of the MCA. They made sure people were supported to make decisions for themselves when possible and to act in their best interests, in line with the MCA, when needed.
- Some people had a Lasting Power of Attorney, a legal document that lets a person appoint someone to make decisions on their behalf. When this was in place, it was recorded in people's care plans.

# 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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 relatives told us staff were kind and caring. They said they were supported by regular staff. People commented, "The carers are all kind and caring. They have always been very polite" and, "[Staff] is really good and very caring. She is very careful and observant. If she sees a mark, she lets me know straight away then if I need to, I can get the district nurses in. "A relative said, "I know [my loved one] is happy with the carers. We can ask them to do something and they do it. Nothing is too much trouble."
- Staff told us they knew people and their preferences well. Staff said, "I have regular clients. I have got to know them all pretty well. I know how they like things to be done and how to support them in the way they want. I try and check if there is anything else they need doing before I go" and, "The best thing about my job is my clients. I know them well and they know me. They all have their own ways of wanting things done. They are all individuals. I treat everyone as if they were my own family member. If the care they get isn't good enough for my grandad then it isn't good enough for anyone."
- People's care plans and associated records detailed the level of support people needed. Information relating to equality and diversity, such as religious beliefs, was recorded.

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

- People and their relatives were encouraged to express their views. People said, "I definitely am the one in charge. I am in control of my care" and, "I am fully involved in my care. A sense of humour is important because I have a good one! Because they are my regular carers, we have a great relationship."
- A relative said, "We are very involved in making decisions about what support is needed. They [staff] are very good. They always say, 'Is there anything else you want us to do'. There isn't really, but I know they would do anything I needed."
- People and their relatives were involved in developing the care plans to make sure care and support was provided in the way they preferred.
- People told us they contacted the office staff if they needed any changes to their care and support. A relative commented, "The office ladies are great. They actually listen to you. I have phoned them for all sorts, and they are always responsive. They are just so good. I know I can ring them about anything, and they will help sort it out."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said they were treated with dignity and respect. A relative told us, "They always treat [my loved one] with dignity and respect. Her independence is promoted massively. She can do quite a lot, like prepare meals, but needs some encouragement and they do that. It means she is still staying as independent as possible."

- People were encouraged to remain as independent as possible. One person said, "[Staff] do try and make me do what I can myself. I know how important my own independence is."
- People's care plans provided staff with information about how much support was required and what people could do themselves. Staff told us they encouraged people to do as much for themselves as possible to aid their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives said staff knew them and their preferences well. One person told us, "The best carer I have ever had is [staff name], she is really brilliant. All of them are good but she is the best. She comes on regular basis. I have continuity. She knows me and knows how I like things. She does things without me having to ask."
- Care plans were written with people and their relatives to make sure they were personalised. The service had moved to an electronic care planning system. Some of the information was still in the process of being transferred. Additional visit records included a breakdown of what support people needed and how they preferred their support to be delivered. There was information about people's health care needs, life history and interests. One staff commented, "It is a very rewarding job. You build a bond with the people you see regularly. You get to know their life stories and that can be fascinating. Every person is different, a different past and so on."
- Care plans were regularly reviewed with people, or as people's needs changed. Care plans were kept up to date to make sure staff had the latest information.

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 discussed as part of the pre-assessment process. These were regularly reviewed, and care plans updated if people's needs changed.
- People's care plans noted if they wore glasses or hearing aids, and if they required any support with these.
- Care plans were available in larger print, should this be required.

Improving care quality in response to complaints or concerns

- People and their relatives they knew how to complain but had no complaints about the service they received. They felt confident to raise any concerns with the staff. One person commented, "The office staff have always been very accommodating. I would let them know if I wanted to moan about something. I know how to complain and would if I needed to."
- People were given a copy of the complaints process when they began using the service. Regular checks were made with people and their relatives to make sure they were happy with the service.
- The management team recorded complaints and compliments. Complaints were investigated, responded to and satisfactorily resolved. Compliments were shared with the staff team.

#### End of life care and support

- People had the opportunity to discuss end of life support to make sure these could be respected. This included talking about any spiritual and cultural wishes they may have.
- Staff completed training about end of life care to make sure people received compassionate care and support at this time of their life.
- At the time of the inspection staff were not supporting anyone on palliative care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Guidance records relating to the use of a hoist did not contain enough detail. During the inspection the management team told us they had begun to review these to make sure there was enough detail for staff to follow.
- The provider's head office had issued branches with Covid-19 guidance throughout the pandemic. They had made sure staff were assessed for the risks of Covid-19 at the beginning of the pandemic and some staff had been furloughed. However, there was no record of individual risk assessments for staff, in line with Government guidance. During the inspection the registered manager implemented these.
- Regular checks were completed on the quality of the service. Spot checks were completed to make sure staff were providing people's care and support correctly. One staff said, "There are regular spot checks. It is good to have someone check we are doing things right."
- Care plans were reviewed with people and kept up to date. The service used an electronic care planning system which staff said meant they could easily access up to date information. One staff commented, "Carers are pretty good at putting detail on daily notes. I check what has been written on the call before mine. It is about my peace of mind really that nothing has changed."

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

- People and their relatives told us they felt the service was well-led and they would recommend it to others. One person said, "I would recommend them because we get everything we need from them. They are all in all a lovely bunch of carers."
- People were at the centre of their care and support and were involved from the beginning. People told us they were included in the pre-assessment and their care needs were regularly reviewed. Care plans were kept up to date to reflect people's needs.
- There was an open and transparent culture. There was an 'open door' to the management team. People, relatives and staff told us they were able to speak with the management team whenever they needed to and felt listened to. One staff commented, "I definitely feel valued. From the conversations I have had with [the management team], I know I am valued."
- Staff told us the morale was good and they felt included in and informed about the service. They felt supported by the management team. There was an on-call system for staff to gain advice or guidance outside office hours. One staff said, "The job is great. I love it. Working at Beech Tree is brilliant. I know I never have to worry about anything. If I am concerned about something, it doesn't matter when it is, there is

always someone to talk it through with. They are patient and it is never a problem ringing."

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 registered manager understood their regulatory responsibilities. They, and the branch manager, understood the duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of reportable incidents, such as an injury or a death, had been submitted to the Care Quality Commission in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they were asked to provide feedback about the quality of the service they received. One person said, "I am asked to give feedback. They send out surveys periodically and ask for feedback. Or when I have had to call the office, they were asking what they could help me with and asked for feedback then too."
- Quality assurance surveys were completed to identify areas of strength and areas for improvement. These were analysed and action was taken to address any shortfalls. For example, additional travel time had been implemented when needed to ensure staff arrived on time to provide a person's care.
- People, relatives and staff told us communication was good. People said, "Communication is excellent. The office will ring if there is any hold-up" and, "They are good at communicating with me. I have spoken about things with them when something hasn't been quite right, and they have been really good." Staff said, "I think Beech Tree provide a good quality of care and to be honest, communication is everything. Our communication is excellent" and, "We provide good, person-centred, support and it helps people to stay living in their own homes for as long as they can. That's the great thing about this job. People are generally notified if there is a hold up in getting to them. The communication between us carers and the office is good."
- Staff liaised with people's health care professionals when needed. Referrals were made, when required, in a timely way to make sure people had the support they needed.