

Beechtree House Limited

# Beechtree House Limited

## Inspection report

62 Buckland Road  
Maidstone  
Kent  
ME16 0SH

Tel: 01622752047

Date of inspection visit:  
23 September 2016  
29 September 2016

Date of publication:  
28 November 2016

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection was carried out on 23 and 29 September 2016. The inspection was unannounced.

This inspection was carried out following concerns from numerous sources relating to the care plans, risk assessments, record keeping, the safety of people and a lack of activities. We substantiated some of the concerns about the safety of people and this is detailed in this report.

The service provided accommodation and personal care for up to 24 older people some of whom were living with dementia. Accommodation is over three floors, there is a lift to assist people to move between floors. There were 18 people living in the service when we inspected.

At the time of our inspection there was a registered manager in place. 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.

People's safety in the event of an emergency had not been assessed or considered. Fire alarm tests had not identified the fault that was found with some fire doors. Information was not available to staff or the emergency services detailing the support each person required to safely evacuate the building. A fire risk assessment had been completed by an external auditor which had identified a number of actions which required completing to ensure the safety of people using the service. Systems were not in place to ensure there was enough staff with the right skills to meet people's needs. We have made a recommendation about this.

People told us they felt safe with the staff that supported them. Systems were in place to protect people from the potential risk of abuse. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Accidents and incidents involving people had been recorded and monitored to identify any potential patterns or trends that had developed. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Staff had received the training they required to meet people's needs. An induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the registered manager.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely.

People were given food and drink that they enjoyed and had chosen. People were supported to maintain

their nutrition and hydration. Detailed records were kept of people's food and fluid intake. Healthcare professionals were involved if people were at risk of malnutrition or dehydration. However, the service did not have a trained cook available for seven days a week to ensure the meals people received were nutritionally balanced. We have made a recommendation about this.

People were treated with respect and staff maintained people's privacy and dignity. People's needs had been assessed to identify the care they required. People's individual care plans gave staff the information and guidance they required to give people the right support. People were supported to remain as healthy as possible. Guidance was available within people's support plans to inform the staff of any specific health condition support.

People were encouraged to participate in activities that they enjoyed. People were involved and asked for suggestions of ways the service could be improved, these were acted on. People and their relatives had access to a compliant policy and procedure. Systems were in place to monitor the quality of the service being provided to people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's safety in the event of an emergency had not been assessed or considered.

Systems were not in place to ensure there were enough staff with the right skills and knowledge to meet people's needs.

People were protected from the potential risk of abuse.

Safe recruitment practices were followed to ensure staff were suitable to work with people who required care and support.

People received their medicines safely as prescribed by their GP.

### Is the service effective?

**Good** 

The service was effective.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

People were provided with a suitable range of food and drink which they enjoyed.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

### Is the service caring?

**Good** 

The service was caring.

People were treated with respect. Staff maintained people's privacy and dignity.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

Information was store securely and confidentially.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People participated in a range of activities that they enjoyed.

Guidance was available to staff informing them how to meet people's needs.

People were supported to maintain relationships with people that mattered to them.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture between the management team and staff.

The registered manager had a good understanding of their role and responsibility.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

# Beechtree House Limited

## 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 inspection took place on 23 and 29 September 2016 and was unannounced. The inspection team consisted of two inspectors, one inspector made phone calls to the staff and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was carried out following a number of concerns that had been raised by the local authority, therefore we did not have time to ask the provider to complete 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. Instead, we looked at previous inspection reports, notifications about important events that had taken place at the service, which the provider is required to tell us by law and the specific concerns that had been raised by the local authority.

We spoke with six people using the service, two relatives about their experience of the service. We spoke with three care staff, the cook, the registered manager and the provider to gain their views. We asked a commissioner for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and meeting minutes.

A previous inspection took place on 19 and 20 January 2015; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Beechtree House and said that they had no concerns regarding their care. One person commented when asked if they felt safe, "Yes, nice people – hope to spend the rest of my days here." Relatives told us they felt their loved one was safe and found the staff to be very caring. One relative commented, "I think (loved one) is very safe he sleeps downstairs and they (staff) are very caring. They (staff) put (loved one) first and always keep me informed, if there is a problem then they let me know as soon as I come in."

People's safety had not been assessed or considered in the event of an emergency such as a fire. The internal doors including some fire exits were opened via an electronic fob which was carried by the staff. During the first day of our inspection a check of the fire alarm system took place, when the fire alarm was set off the electronic doors should automatically disable. This would enable people to evacuate the building. However, two of the fire doors on the lower ground floor did not open when the fire alarm sounded. There were seven bedrooms on the lower ground floor where six people lived at the time of our inspection. In the event of a fire these people would not have been able to evacuate the lower round floor without the presence of a member of staff with an electronic key fob. One of the fire exits on the lower ground floor led out to the side of the house. This had been used to store unwanted items such as a mattress, wheelchair and zimmer frame, therefore making it difficult to safely evacuate. The weekly fire alarm test which had not identified these concerns. The provider had arranged for the rubbish to be cleared and for the fire doors to be repaired to ensure they opened in the event the alarm sounding, by the second day of our inspection.

An external company had completed a fire risk assessment of the service in March 2016. A number of actions had been identified including, staff completing fire safety training and emergency lights being fitted to the exterior of the building. These actions had been completed however, a number of actions were incomplete such as the replacement of all fire signage as the current ones were faded and not able to be read. The registered manager told us that new fire signage had been purchased but this had not been fitted. People's ability to safely evacuate the building in the event of a fire had not been assessed or recorded. The registered manager had completed a personal emergency evacuation plan (PEEP) for each person living at the service. However, these were generic and did not give specific detail to inform staff or the emergency services about the specific support requirements each person required.

Environmental risks relating to people and staff were assessed and recorded and were kept within the service. These included the use of bathrooms and wet rooms, electrical safety, infection control and general appliances. These were last reviewed in June 2015 and were overdue for annual review.

The provider had failed to ensure the premises met the health, safety and welfare of people using it. This was a breach of Regulation 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not assessed the levels of staffing that was required to meet people's needs. The registered manager told us that they would have four staff on duty during the day and two waking night

members of staff. At night the two members of staff on duty covered the three floors between them. The registered manager told us that they wanted to employ a third member of staff for the night shift. During the inspection we observed that the staff did not appear rushed however, at lunchtime we observed one person waiting for staff support for over ten minutes to eat their meal. Staff support during mealtimes was recorded within their care plan. Once staff support had been given the person was able to eat their meal.

We recommend that the registered manager ensures they have enough staff on duty at all times to meet the health, safety, welfare and needs of the people using the service.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, communication, mobility, eating and drinking and people's skin integrity. Each risk had been assessed to identify any potential hazards, steps were then recorded regarding the action staff should take to minimise the risk to people. The risk assessments had recently been reviewed by the registered manager. Staff understood the importance of pressure area care and gave examples of what preventative measures could be taken to reduce the risk of people developing pressure areas.

Accidents and incidents involving people were recorded by the staff team within an accident report book. A member of the management team then completed an investigation and audit of the accident. A summary sheet of all accidents and incidents was kept to highlight any patterns or trends that may have developed.

People were protected from the potential risk of harm and abuse. Staff completed annual training in the protection of vulnerable adults and knew what action to take if they suspected abuse. For example, contacting the local authority safeguarding team, the registered manager or the Care Quality Commission. Staff were aware of the whistleblowing procedure and were confident any concerns that they raised would be dealt with by the registered manager. People's personal belongings were protected from the risk of being lost or stolen. Staff said that people's valuables were locked either within their bedrooms or within the office. An inventory list was completed when people moved into the service to ensure people's personal belongings were recorded and protected.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Staff completed a medical questionnaire to ensure they were medically fit to carry out the role they had applied for. Staff were given a job description which outlined their role and a contract of employment. Each member of staff had a checklist in place which enabled the registered manager to track each member of staff and ensure the correct documentation was in place.

Medicines were managed safely and staff followed a medicines policy and procedure. A process was in place for the storing, ordering, obtaining and disposing of people's prescribed medicines. A designated senior member of staff was allocated to administer people's medicines and hold the keys per shift. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Staff administering and handling people's medicines had been trained to do so safely. Some people had "As and when required" PRN medicines. Protocols and guidance was in place for staff to follow which included the route, dosage, frequency, purpose of administration and any special instructions. These processes gave people assurance that their medicines would be administered safely.



## Is the service effective?

### Our findings

People we spoke with had mixed views about the food that was available to them. One person said, "The food is pretty good – get a choice of two. They come round and ask us." Another person said, "Whatever they give you, you can eat, it's not great but it's OK." Staff explained and we observed staff offering people a choice of two hot meals for lunch. Staff used picture cards of the meal which enabled some people to make a choice. The choice of lunch on the first day of our inspection was breaded fish, chips and peas or omelette, chips and peas. The fish and chips had been cooked from frozen and did not appear appetising however; people commented they were enjoying their lunch. The service employed a cook who worked part time, three days one week and four days the following week. On the days the cook was not available a member of staff, the registered manager or the provider would cook the meals. People could not be assured they were receiving meals which were nutritionally balanced.

We recommend that the provider ensures people have nutritionally balanced meals throughout the week.

People's weight was monitored on a regular basis and staff described how that would contact a health care professional if they were concerned about someone's weight. The registered manager said that the frequency of monitoring people's weight is increased if they have been assessed as being at risk of malnutrition. Some people had been assessed as being at high risk of malnutrition or dehydration. Care plans had been developed to inform staff about any specific support that person required regarding eating or drinking. We observed people being offered a variety of drinks and snacks including biscuits throughout the day. Staff recorded people's food and fluid intake and told us that a record of people's total fluid intake was calculated over the week. Staff knew what action should be taken if they had any concerns such as, contacting the person's GP or district nurse.

Staff told us they received the training they required to fulfil their role and meet people's needs. One member of staff said, "All the training is ongoing and updated consistently." The registered manager used a training matrix to monitor and book staff's training courses. Staff completed a variety of mandatory courses including health and safety, first aid, fire safety and infection control. Staff had been trained to meet people's specialist needs such as dementia and diabetes. New staff completed an induction before they started working at the service. This included a tour of the building, meeting people living at the service, reading through the provider's policies and procedures and reading through people's care plans. New staff worked alongside existing members of staff before working unsupervised. One member of staff told us that they were allocated one to one time with each person living at the service. This enabled the new member of staff to meet and get to know each person individually.

Staff told us they felt supported in their role by the registered manager and said the leadership was visible within the service. Staff received regular supervision meetings in line with the providers' policy. The meetings provided opportunities for staff to discuss their performance, development and training needs. One member of staff said, "We have supervision every six weeks and there is constant support." Another said, "I am supported. We work as a team." Staff also received an annual appraisal with their line manager. These meetings provided an opportunity to discuss and provide feedback on their performance and set

goals for the forthcoming year.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff gave examples of how they offered people choices such as a choice of what to wear and the food they wanted to eat. Mental capacity assessments had been completed with people for less complex decisions such as, consent to personal care and consent to taking medication.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. The registered manager had completed applications, which had been sent to the local authority to ensure that this constant supervision was lawful.

People were supported to remain as healthy as possible with the support of health care professionals if necessary. Each person had an individual health care file which included a monitoring sheet for all appointments with health care professionals such as, district nurses, optician, hospital, GP and the dentist. The content of the appointment had been recorded as well as any outcome. Future appointments had been scheduled for people to attend. One person told us that they had not felt themselves recently and the staff had supported them. We observed staff asking one person if they felt unwell as they were 'not their usual self'. This person was given a medical intervention. One person said, "I could see a doctor if I need to, but I don't need to." Relatives we spoke with felt confident that the doctor would be called if their loved one required it.

## Is the service caring?

### Our findings

People and their relatives spoke highly of the staff who worked at the service, their comments included, "The staff are great, very good." A relative said, "Staff are absolutely wonderful here." Another said, "Staff are very nice, I think they are wonderful, they are doing everything they can to help him (loved one)."

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge watching TV which was respected by staff. People told us they could have their bedroom doors open or closed, whichever was their preference.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff received training regarding dignity and compassion and, explained how they supported people with their personal care whilst maintaining their privacy and dignity such as covering people up, closing curtains and closing bedroom and bathroom doors.

People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. A relative we spoke with told us how the staff had asked for detailed information regarding their loved ones likes and dislikes for their care plan. Staff knew people well with many staff having worked at the service for a number of years. People were involved in making decisions about their care and support. The registered manager included people's wishes within their care plans.

Some people had spoken to staff and relatives about the care and treatment they wanted at the end of their life which had been recorded within an advance care plan. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure. Staff received training regarding the support that should be offered to people who had suffered bereavement, and, support to people who were near the end of their life.

## Is the service responsive?

### Our findings

People told us they participated in activities they enjoyed such as board games, cross words, baking, nail painting and group activities including skittles. We observed people participating in skittles within the lounge on the morning of our inspection. Some people had chosen not to take part in the planned activity and instead had one to one time completing an activity such as looking through old photographs.

The service employed an activities co-ordinator who worked on a part time basis. They told us that activities were planned around people's interests and that if people preferred to have time on their own talking to the co-ordinator, then that was accommodated. An activity file was kept which included photographs of all activities that had taken place. Staff recorded some people's reactions to different activities as a way to get to know their likes and dislikes. Reactions for activities such as listening to music and drawing had been recorded.

People's care plans contained information and guidance to inform staff how they wanted their assessed needs met. People's care plans recorded the person's assessed needs, support required and the desired goal/outcome; these were then linked to a risk assessment. They included guidance about people's daily routines, communication, health condition support, skin integrity and eating and drinking. These had been regularly reviewed by the registered manager and changes had been made when people's needs had changed.

People were encouraged to maintain relationships with the people that mattered to them. People could have visitors when they wanted to and there were no restrictions on visiting times. One person said, "Anyone can come, they don't restrict anyone." We saw people spending time with their loved ones during our inspection. People were able to meet with their visitors in private or in the communal areas.

People and their relatives told us they were not aware of the complaints procedure but they said they would speak to the registered manager if they were unhappy. A complaints policy and procedure was in place and information about how to make a complaint was available on the walls around the service. The registered manager told us that there had not been any formal complaints made since the last inspection, however complaints had been made via external professionals which had been dealt with.

## Is the service well-led?

### Our findings

People and their relatives told us they knew who the registered manager was and felt that they were easy to get on with and that they could talk to her. The registered manager had worked at the service for a number of years but had recently been supporting the providers other service in another area. The registered manager told us that they were now back at Beechtree House fulltime and were only offering telephone advice to the other manager.

Staff felt there was an open culture and they knew what was going on. One member of staff said, "I do feel I know what is going on, there is good communication in the home." The registered manager was supported by a recently appointed deputy manager who had previously worked at the service. Staff knew who they were accountable to and felt the management team were approachable. The registered manager was aware of the actions that were required and had been working through an action plan that they had develop for the local authority.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Team meetings were held so staff could discuss practice and gain some feedback from the management team. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. The registered manager told us they had an open door policy where staff were able to input any ideas they had. They said, "I don't ever ask somebody to do something you would not do yourself. I respect and appreciate everything the staff do."

Systems were in place to monitor and improve the quality of the service being provided to people. The registered manager completed a monthly audit which covered the general appearance of the service, each area including the laundry, kitchen, housekeeping, maintenance, people's care plans and risk assessments. These audits generated action plans which were monitored and completed by the management team. Feedback and comments from the audits were used to make changes and improve the service provided to people.

People and their relative's views about the service were sought through reviews and survey questionnaires. These were written in a way that people could understand. Annual quality assurance questionnaires were sent out to people and their relatives. People and those acting on their behalf had their comments and complaints listened to and acted upon. The responses to the questionnaires were collated. The registered manager told us they had planned to include a summary of the responses they had received within a newsletter.

The registered manager had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly. The registered manager told us they

attended external events that had been hosted by the local authority as a way to ensure their knowledge was up to date. This included attending events relating to safeguarding and the Mental Capacity Act (2005).

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the premises met the health, safety and welfare of people using it. Some of the fire doors were not working adequately and actions from the fire risk assessment were still outstanding. This was a breach of Regulation 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>