

Mr Donald Smith

Beech Tree Hall

Inspection report

Marsh Lane
Arksey
Doncaster
South Yorkshire
DN5 0SQ

Tel: 01302875001
Website: www.beechtreehall.com

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 11 December 2018. The inspection was unannounced, which meant the people living at Beech Tree Hall and the staff working there didn't know we were visiting. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. At the last inspection in March 18, the service was rated requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Beech Tree Hall' on our website at www.cqc.org.uk

The care service was working towards the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen.

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

At the last inspection in March 2018, we asked the provider to take action to make improvements to person centred care, dignity and respect, consent, safe care and treatment, staffing and governance. Action had been taken and we found improvement had been made, however further improvement still need to be made to governance.

Staff we spoke with understood what it meant to safeguard vulnerable people from abuse; however safeguarding concerns had not always been reported to the local authority or to CQC, so training in this area had been ineffective.

We found there were enough staff to meet people's needs and the deployment of staff was appropriate to meet people's needs their social and recreational needs.

Risks had been identified and regularly reviewed and evaluated.

Systems were in place for safe management of medicines. Staff received appropriate training and competency assessments. However, we identified some minor issues around storage and medicine returns.

People were not always protected by the prevention and control of infection procedures. We found some

areas of the service were not well maintained.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs.

We found the service met the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a satisfactory understanding or knowledge of this. People had been assessed to determine if a DoLS application was required. We found people's mental capacity and best interest decisions were considered.

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.

We found staff to be kind and caring. Staff respected people's privacy and dignity.

Care plans identified people's needs and contained sufficient detail for staff to be able to meet their needs.

Relatives we spoke with told us they were listened to by the management team and were confident any concerns would be dealt with by them.

People were involved in meaningful activities, stimulation and community access.

There were opportunities for people who used the service, their families, staff and healthcare professionals to become involved in developing the service and they were encouraged to provide feedback about the service provided. This was both on an informal basis speaking to the managers' and through a quality assurance survey.

There were processes in place to monitor the quality and safety of the service. However, these had not always been effective, had not identified all issues and needed to be more robust.

The registered manager was not fulfilling their duties under the Health and Social Care Act 2008. They had failed to inform CQC of all statutory notifications and had not always informed the local authority of safeguarding incidents.

During our inspection, we found one 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 consistently safe.

Staff understood how to recognise abuse and what actions they should take to keep people safe but safeguarding concerns had not always been reported to the relevant authorities.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care.

People were receiving their medicine as prescribed but medicines were not always managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure people received effective support.

The service was working within the principles of the Mental Capacity Act (MCA).

People's health and nutritional needs were met.

Staff supported people to access a range of health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

The provider had a complaint policy and procedure in place to ensure complaints were handled in a timely manner.

People were involved in the planning and review of their care.

Is the service well-led?

The service was not consistently well led.

Audits had not effectively identified all issues or rectified them.

The registered manager had not always notified CQC or the local authority of all notifiable incidents.

The service continued to work with other professionals involved in people's care; this included the local authority commissioners and health and social care professionals.

Requires Improvement 

Beech Tree Hall

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 was a comprehensive inspection. This inspection took place on 11 December 2018 and was unannounced. The membership of the inspection team comprised two adult social care inspectors 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 service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection visit we reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We contacted the local authority commissioners and safeguarding teams to ascertain whether they held any information about the service; they had no concerns. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used several different methods to help us understand the experiences of people who lived in the home. 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 spent time in the communal areas observing the care and support people received. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with the registered manager, the deputy manager, and four support staff. We also spoke with two people who used the service, three relatives, and one health-care professional. We reviewed a wide range of

records, including two people's care records and staff files. We checked the medication administration records. We looked at the premises and the environment by undertaking a tour around the service. We observed people having lunch, and we observed activities. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Beech Tree Hall.

Is the service safe?

Our findings

During our last inspection we found the service was requires improvement in the safe domain. During this inspection, we found the service was still rated as requires improvement.

People were receiving their medicines on time and as prescribed by staff that were trained and had their competency assessed. The provider had introduced an electronic medicines administration system which helped to ensure that each person received their medicines as prescribed. We carried out a sample stock check of medicines and found the stock to be correct and there were no gaps in the MAR which meant people were receiving their medicines as prescribed.

We found that audits of the management of medicines was taking place, however this was not always effective in identifying where improvements were needed. For example, we found the audit did not identify the secure storage of medicines for disposal as these were not stored in a tamper proof container. We also found that some medicines had worn labels making them difficult to read and the date of opening medicines was not always recorded where required. We also found that fridge temperatures were not always consistently recorded and action taken when the temperature had exceeded the recommended temperature range. We spoke with the manager about this and they told us what action they would take immediately to address these.

Safeguarding and whistleblowing procedures were in place. Training records showed that staff had been trained in safeguarding. When speaking with staff they could explain how they would recognise and respond to abuse and how they would keep people safe. They told us they would report any concerns to the registered manager, who in turn would report concerns to the local authority and Care Quality Commission (CQC). We found that the registered manager was not always reporting all concerns to the local authority or notifying CQC which is a legal requirement. We raised this with the registered manager who reported the concerns to the local authority safeguarding team retrospectively and gave assurances this area would be improved.

People told us they felt safe and this was echoed by relatives who said, "Safe [person's] absolutely safe, whenever we come every two weeks there's always enough staff." Another relative told us, "I don't feel any danger for [my relative] there. I've no negative vibes. I've just phoned up to arrange a visit home and I feel at ease with [relative] there."

Risks had been identified and managed to keep people safe. Risk assessments were completed for each individual in relation to various areas of their care, including epilepsy, diabetes, and eating and drinking. The risk assessments showed what action needed to be taken to minimise risks; these were regularly reviewed, clear and easy to follow.

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents.

There were adequate numbers of staff during our inspection to provide people with the level of care and support they needed. We saw people were receiving one to one staff support to enable them to receive personalised care.

The staff recruitment process was thorough, which helped to keep people safe. Staff were employed after they had attended a job interview and were able to satisfy the registered manager they were fit for employment. Candidates had to demonstrate their fitness for the role by completing an application form showing their previous work and educational experience and its relevance to care. Professional and personal character references were obtained to check if the candidate was of good character. They also completed a disclosure, and barring check. These tell the employer if the person was barred from working in care or if they had committed an offence, which might make them unsuitable to work in care. Proof of personal identification were also supplied and on file.

We checked a sample of safety certificates relating to such things as gas, electricity and legionella checks. We found the provider had a system in place to make sure these were tested and checked as required. There was a detailed fire risk assessment in place. This showed a RAG (red, amber, green) rating of when improvements, to ensure people were being kept safe from the risk of fire should be completed. Higher risk work had been completed and other work was in the process of being completed. The registered manager confirmed to us that all identified action would be completed by April 2019.

Staff had access to gloves and aprons and the home was clean. The provider had an infection prevention control policy in place. The service was in the process of introducing an infection control lead. We identified some minor infection control issues which had not been picked up by the infection control audit. The registered manager showed us an improved and more comprehensive infection control audit tool that they were intending to introduce to improve this process.

Is the service effective?

Our findings

During our last inspection we found the service was requires improvement in the effective domain. During this inspection, we found the service had improved and the effective domain was now rated as good.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care records contained decision specific capacity assessments, and examples of best interest's decisions involving relevant professionals and relatives. Staff recognised the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences.

People were supported to access healthcare when they needed it. One healthcare professional told us, "We visit every day to see [name of person using service]. We are made welcome and staff assist us when necessary. I have no concerns about the people living here. The staff are friendly and helpful. When given advice, staff work with us and are good at communicating with us. Staff chase things up, for example, hospital appointments. People's care is well documented in their care plans." One relative said, "They [staff] sort any appointments out and if [my relative] is sick they get a doctor."

Since our last inspection lots of work had been done to make Beech Tree Hall feel homely. People's rooms were decorated with personal effects such as pictures and treasured items. The staff were aware that some people living at the service had autism, were particularly observant of detail and could become overwhelmed by too much visual information. However, staff continued to try different ideas to improve the environment, whilst still being mindful people could become overwhelmed by changes. Further improvements were needed as we identified some environmental issues such as flaking paint and plaster. We were told they would be addressed.

We observed lunch during our visit and people were being supported in line with their assessed needs. Staff were knowledgeable about people's likes and dislikes and about any additional support they needed; For example, using adapted tableware. Staff told us that they supported people to have a balanced and nutritious diet whilst respecting their food preferences and people who required a special diet in were catered for. People said they enjoyed the food. One person said, "I like the food. My favourite is sausage mash and onion gravy. I can choose what I eat. I like chicken dinner with sprouts." Another person said, "The food is good here. I choose my own. My favourite is spaghetti bolognaise."

Staff told us they had received an appropriate induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications. Staff told us, "We are expected to refresh our training each year. We get an e-mail to remind

us what training is due. I have recently been told I'm on the waiting list for first aid" and "On my first day I was introduced to everyone and told which unit I would be working on." The deputy manager explained the policies and procedures and I looked at care plans. I then shadowed more experienced staff for two weeks, working supernumerary. I only started working alone when I felt ready."

Newly employed staff were provided with an induction which covered the requirements of the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

The registered manager sought training provided by the local authority and an independent training provider. This meant staff had access to a rolling programme of training. After this staff were provided with regular refresher training to ensure they were kept up to date with new guidance and legislation. Some training sessions were classroom based and others were completed on-line. Some staff also had additional roles as 'champions'. This meant they were trained and skilled in a particular area of work for example, dignity, infection control and safeguarding. Champions shared their knowledge with other members of the staff team, which helped to improve the service people received.

Staff spoken with said they felt well supported by the management team. There was a system in place for all staff to receive formal one to one supervision with their line manager. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Supervision was provided at least four times per year and included staff competency observations. This was when managers observed staff providing care and support to people, taking into consideration such things as protecting dignity and promoting independence.

The registered manager told us there was a plan in place to ensure all staff employed for over a year were provided with an appraisal, by the end of 2018. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually. Thereafter all staff would complete a yearly appraisal with their line manager.

Is the service caring?

Our findings

During our last inspection we found the service required improvement in this area. During this inspection, we found the service had improved and this domain was now rated good.

Relatives and professionals spoke highly of the service. One relative said, "The care here is as good as we'd find anywhere. Caring kind and compassionate highest marks." Another relative said, "They are person centred. [My relative] does things in a morning because they get tired in the afternoon. They [the staff] put my [relative's] needs first."

People looked smart and clean in their appearance. People's privacy and dignity was respected. Relatives said, "I'm sure they do respect [relative's] privacy and dignity." We asked a person who uses the service if their privacy and dignity was respected and they told us, "Yes; they [staff] knock [on the door] and keep me covered up after a shower."

We observed staff being respectful of people's choices and preferences and interacting in ways which were meaningful to people. Staff supported people in a caring and responsive manner. We saw that staff had good knowledge of people's communication needs.

People were supported by staff to go out enjoying community activities; one person was seen to be laughing and enjoying playing football in the garden.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking with staff and members of the management team, we were satisfied 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.

People's needs and preferences were recorded in their care records. There were clear detailed records of how to communicate with people who used non-verbal communication methods such as the use of pictures or Makaton. Staff could describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and life history.

Is the service responsive?

Our findings

During our last inspection we found the service required improvement in this area. During this inspection, we found the service had improved and this domain is now rated good.

There were thorough and detailed care plans in place for people. Relatives told us they had been involved in completing and regularly updating them. The care plans we checked confirmed these had been regularly reviewed and updated. They were clear and showed staff how to support people in line with their assessed needs. Records contained details on people's likes and dislikes, personal history, what was important to and for them and thorough details on healthcare needs. Details on how to communicate with people following their preferred method of communication were in place for each person. We saw structured detailed plans in place on how to support people should they display behaviour which challenged; this was supported by a consistent approach by staff.

The provider had a complaints procedure in place which included timescales for responding to any complaints received. Relatives felt they could make complaints to the service and they would be satisfactorily considered. One relative said, "There was a minor incident a couple of months ago but they informed us about that it was sorted out and we were happy. Other things have happened over the years but always handled well."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. We saw easy to understand and pictorial information on display for people during our visit. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were provided with the opportunity to participate in meaningful activities which would enable them to live fulfilled lives. Care plans detailed people's hobbies and interests to help staff to encourage people to participate in as many aspects of their life as they were could. From our observations, people were being actively supported. Whilst not all the people we spoke with could share their experiences of the activities they participated in, observations showed staff interacting with people to encourage them to take part in in house activities of their choice. We observed people with high support needs being encouraged to take their dishes into the kitchen which was enabling them to be involved through active support. Active support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. One person told us, "I like to play snooker I'm in a club [staff] take me. I like music I went to see Steps in Sheffield last year. I like swimming I go to Goole swimming baths. I play golf with staff. Visitors can come, my mum visits. The staff help me if I need to know anything".

Is the service well-led?

Our findings

During our last inspection we found the service was rated inadequate in this key question. During this inspection, we have rated the service as requires improvement in this domain.

Since our last inspection the provider had employed an assistant manager. We found that the assistant manager had been instrumental in acting to rectify the concerns we identified at our last inspection. They had taken time to research and implement best practice guidance to improve outcomes for people. Staff told us that they were well supported by the assistant manager and they were always available to help and guide them and said, "Things had really improved."

Although the assistant manager had taken an active lead in ensuring the action plan the provider submitted to us was being implemented, and positive changes to the quality of the service were being made, we identified that some areas needed to be further improved.

The registered manager was not notifying the local authority safeguarding team or CQC about all notifiable incidents, which is a legal requirement. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or because of, the provision of care and support to people. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had taken appropriate action to deal with the incidents but had failed to report them so other agencies could monitor them. We discussed this with the registered manager who told us they would report them retrospectively and gave assurances that moving forward they would make sure they were reported in line with their legal responsibility.

We found quality assurance systems were not effective in recognising or improving all the issues found at this inspection. Regular oversight of medicines was taking place but had failed to identify, monitor and address medicines errors. We discussed this with the registered manager and assistant manager who agreed that this area needed to be improved. The assistant manager agreed to carry out a full audit of medicines that day.

Beech Tree Hall is an old building and in need of regular maintenance. We found the environment audit was ineffective in identifying and responding to all maintenance concerns found on inspection. There was an ongoing maintenance programme in place but not all environmental issues had been identified or logged for repair. There were some infection control issues that were found during the inspection that were pointed out to the manager. The registered manager was proactive in addressing things once we pointed them out, however they should have been picked up by them in their role to mitigate risks to people's safety in effective governance of the service.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service continued to work with other professionals involved in people's care; this included health and

social care professionals. Healthcare professionals we spoke with gave consistently positive feedback about the care delivered and staff approach to people using the service.

The quality of the service people experienced was monitored through regular service user meetings where people were able to express their views and be part of improving their service. Feedback from people was formally recorded and action taken to make the suggested changes. The registered manager told us that relatives had been given the opportunity to feedback their views and opinions. One relative told us, "We are happy we get questioners [to ask our opinion of the service]. If we are concerned about anything, my wife rings and talks to the manager; she's good. We've got no complaints." Another relative said, "Yes, we get questionnaires and we can talk to the staff or manager easily if there any changes we feel should be put in place. If we've got a complaint we would go to the manager."

We looked at a sample of quality surveys returned from relatives. Most relatives had made positive comments, with only one raising some concerns. Comments included, 'Dedicated staff who really care about residents', 'Staff are professional. [Name] has been at Beech Tree Hall for a few months. So far everything seems fine and we don't have any concerns, but do feel happy enough to raise any concerns should we feel it necessary to do so. Staff are all very friendly and helpful and [name] is happy and well cared for', 'We have no issues or concerns. They provide a high standard of care and service' and "Beech Tree Hall suits our [family member] very well because it is homely, with excellent staff who enjoy working there and stay for a long time.'

One comment said, 'My [family member] doesn't always get the one to one care they need. They come home with clothes back to front, inside out and doesn't get shaved properly. I request a phone call from a staff member every week but the phone calls are hit and miss and [name] is left feeling anxious. This is unfair.' The registered manager could tell us the actions taken in response to these concerns. On the day of inspection, the family who had raised the concerns were involved in a review of the person's care and reported back that all had gone well and the outcome was positive.

It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered 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.</p>