

Beech Tree (Overton) Limited

Beech Tree Care Home

Inspection report

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Date of inspection visit:

06 February 2020

07 February 2020

Date of publication:

14 April 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beech Tree Care Home is a residential care home providing nursing and personal care to 57 people at the time of the inspection. The service is registered to support up to 60 older people and younger adults with a variety of nursing needs. It accommodates people in a purpose-built building on three floors.

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

People received care and support that was safe, effective, caring, responsive and well-led. People were protected from avoidable harm, abuse and other risks to their health and welfare, including the risk of the spread of infectious diseases. People had their medicines in line with their prescriptions and preferences.

People's care and support was effective and based on detailed assessments. Care plans reflected people's physical, mental and social needs. 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.

There were caring relationships between people and staff. Staff knew people, their interests, life histories, and families. Staff respected and promoted people's privacy and dignity, and encouraged people to be as independent as possible.

People's care and support met their needs and reflected their preferences. The provider was aware of and followed best practice guidance. People could take part in activities inside and outside the home. The provider was aware of the importance of preventing social isolation.

The service was well led. There was focus on meeting people's individual needs and preferences. There were effective quality assurance processes in place. The manager had plans to maintain and improve the quality of the service.

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

Rating at last inspection

The last rating for this service was good (published 4 April 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beech Tree Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised an inspector 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.

Service and service type

Beech Tree Care Home is a "care home". People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a recently appointed manager whose application to register with us was in progress at the time of the inspection. Registered managers are jointly responsible with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service, including the previous inspection report and notifications we received about certain events at the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us after their first inspection to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service and nine visiting relatives about people's experience of the care provided. We spoke with the manager and six staff members. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. This included people's care records and medicines records. We looked at two staff files in relation to recruitment and staff training. Other records relating to the management of the service were reviewed.

After the inspection

We exchanged emails with the manager and received additional records after the inspection. We used all the evidence from our inspection visit and assigned a rating based on our published characteristics of ratings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding, were aware of safeguarding issues and knew how to respond to them.
- The provider had suitable processes to follow if concerns were raised about people's safety. These included working with other agencies such as the police and the local authority, and notifying us as required by regulations when certain events occurred. Safeguarding concerns were followed up and investigated to make sure people continued to be protected.

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. These included risks to people's health and wellbeing associated with poor mouth and tooth care. There were individual care plans with detailed information to manage identified risks. Staff had the necessary information to reduce and manage risks, including the use of standard assessment tools where people might be at risk of poor nutrition or poor skin health.
- The provider maintained the premises and equipment used to keep people safe. Actions from a recent fire risk assessment were complete or in progress. People had individual evacuation plans showing the support they would need in an emergency. The provider responded promptly to safety alerts for equipment or medical supplies and made sure staff were aware of them.

Staffing and recruitment

- There were enough numbers of staff to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner. Required staffing levels were calculated based on people's dependency, and the provider kept actual staffing levels slightly higher. We discussed with the manager feedback from some visitors that there were not always enough staff in some areas of the home. The manager agreed to look into how staff were deployed across the home.
- The provider had a suitable recruitment process. This included the normal checks that staff were suitable to work in the care sector. The provider kept records of these as required by regulation.

Using medicines safely

- The provider had arrangements in place to make sure people had their medicines safely and as prescribed. This included arrangements for medicines prescribed to be taken "as required", controlled drugs, and medicines purchased without prescription. The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance. People received their medicines from registered nurses who had appropriate training.

- The provider reviewed people's medicines every year to make sure their prescriptions were still appropriate and necessary. Reviews took place with people's GP and other healthcare professionals.

Preventing and controlling infection

- The provider had arrangements in place designed to make sure the home was kept clean and hygienic and people were protected from infections. There were cleaning schedules, and regular checks and audits in place. Where there had been examples of infection, the provider had been transparent and reported them as required.
- Arrangements were in place to maintain high standards of food hygiene. Staff took suitable precautions, such as using disposable gloves and aprons. The service had received a "very good" environmental health food hygiene rating in October 2018.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. These included records of accidents, incidents and near misses. These were reviewed and analysed each month for trends and patterns, including the time of day and location within the home.

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 was 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 care and support were based on detailed, individual assessments and care plans. Care plans took into account people's physical and mental health needs. The provider reviewed care plans regularly with input from other professionals. People's care and support needs were reviewed as their needs changed.
- People's care was based on current guidance and standards. Care plans included information and guidance about people's individual needs, such as how to manage the risk of seizures. Where appropriate the provider had taken advice from specialist professionals in making effective care plans for people.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific topics, such as skin health and bereavement. The provider followed up training with competency checks and supervision meetings to make sure learning had been effective.
- The provider supported staff to obtain the necessary skills and keep them current. Registered nurses had support to revalidate their registration as required. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.

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

- Staff involved people in choices about what and how they ate. Options took into account people's dietary needs and preferences, such as for pureed meals or thickened fluids. One person told us, "If you have any queries, you always have a second choice. I can eat where I want to, so I have breakfast and supper in my room and lunch in the dining room. My breakfast is especially good."
- People had a balanced, healthy diet. Staff supported people to eat and drink according to person-centred guidance from the local clinical commissioning group. Where regular risk assessments identified people who were losing weight, this was followed up with the person's GP, diet specialists and speech and language therapists.

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

- The provider worked with professionals such as learning disability specialists, and specialist nurses. They had worked with a physiotherapist so that a person could be discharged from hospital promptly. The provider had adopted elements of a scheme to improve the health of people living in care homes, which involved closer working with GPs, pharmacists and mental health professionals.

- People had support to take responsibility for their own healthcare needs. This included people taking their own medicines, and using eye drops. Where people living with diabetes were able to they monitored their own blood sugar levels and were responsible for their own insulin injections.

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

- The decoration and design of the home met the needs of people living there. The home had a friendly feel, it was kept clean and some areas had been recently decorated. There were shared areas where people could socialise on all floors. Some ground floor rooms had more space for people with a physical disability which meant more equipment was needed to support them.
- People had choice and control over their environment. People had their names and photos in a small frame on their bedroom doors, and bedrooms were personalised. Where the registered manager had started plans for refurbishment and decoration people living at Beech Tree Care Home and other stakeholders had been involved.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager and staff understood the legal requirements and good practice guidance if people lacked capacity. Staff assumed people had capacity and recorded their consent to care and support. Mental capacity assessments were in line with the MCA and its code of practice.
- The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty. They had applied for authorisations where required and actively tracked when these expired so they could make a repeat application in good time.

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 was 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

- Staff treated people with kindness and respect. We saw positive interactions between people and staff. People appeared happy and relaxed around staff. People described staff as caring. One person said, "I think they're brilliant, I love it here. The atmosphere isn't too bad, you can have a laugh with the staff."
- Staff knew people well. There were positive, caring relationships between staff, people living at the home and their families. People and relatives told us staff were kind and treated them with respect and dignity. One person's relative said, "The care is very good, I think they do seem to care." Staff made sure everybody who wanted to was involved and included in activities.

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

- Staff encouraged people to take part in decisions about their care while supporting them with their day to day care. One person's relative said, "Mum likes to go to bed early. They know that. They know her routine and help her towards that."
- The provider supported people to express their views informally. Where people could not express their views directly, staff involved their family and shared appropriate information with them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect without discrimination. People and their relatives told us staff were respectful, and behaved appropriately while supporting people. One person told us, "[Staff member] will actually see any problems before they happen. For example, she always renews my towels without asking and always makes sure I have two face flannels."
- People's independence was promoted. When supporting people in shared areas of the home, staff were aware this could affect others. They explained to people what was happening and sought consent before moving furniture or people's possessions.

Is the service responsive?

Our findings

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

This was 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual and thorough with detailed information about people's needs across a number of different areas of care. Records showed care and treatment led to good outcomes for people with injuries, including pressure injuries.
- Care planning reflected people's changing needs. The provider had started to use an NHS process for taking regular medical observations to identify early signs of changes in people's health. This allowed them to understand a person's usual status and arrange prompt medical interventions if there were signs of a worsening condition. Staff used handover meetings to share information about people's changing needs.
- Staff were aware of the need to respect any protected characteristics under the Equality Act 2010. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

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 care plans included any needs arising from a sensory impairment or other disability, and steps staff should take to meet them. Staff had used a variety of methods to help a person whose first language was not English to understand. The provider had information for people with sight impairments in large print and braille. They had consulted with a charity about using audiobooks.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in a variety of activities both inside the home and in the community. These included exercise and movement, bingo, manicure and hand massage, ball games, art class, various games, and movie afternoons. There were cooking and gardening clubs for people with those interests. People told us they enjoyed the activities on offer.
- The provider supported people to avoid social isolation. Staff made sure people who stayed in their rooms had individual activities. Children from a local nursery school went into the home once a month for a sing-song. People living at Beech Tree Care Home had helped a local school raise money for charity by preparing empty crisp packets for recycling. This kept people in touch with concerns of importance in the wider community.

Improving care quality in response to complaints or concerns

- The provider had a process and policy for dealing with complaints. People were aware of and used the process. There had been four recent complaints, which were managed professionally.

End of life care and support

- The provider had processes and procedures in place to make sure people at the end of their life had a comfortable, dignified and pain-free death. Where possible people could choose to spend their final days at the home. Staff worked with other healthcare professionals to make sure the necessary medicines would be available if required.
- End of life care and support was delivered with compassion and empathy. Staff were mindful of the needs of the person's family, including their emotional needs. Support was also available for staff affected by the bereavement. Information was available to people's families about wider bereavement support.

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 was the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture which promoted good care, and maintained people's independence, privacy and dignity. The manager had been in post approximately five weeks at the time of our inspection. We had received their application to register with us shortly before the inspection. They had built a leadership team which they were confident could deliver a quality service.
- The manager had documented plans to maintain and improve the quality of the service. These included a team structure intended to empower staff through a key worker system. Plans focused on delivering person-centred care, and increasing opportunities for involvement in the wider community and for activities relevant to people's interests.

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 manager was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families.

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

- The manager had a governance system in place. This included team meetings, manager walk-rounds, observations and staff supervisions. The system was largely effective in identifying and addressing issues at an early stage before they became serious. However, we found changes to the care record system had not been communicated to and understood by all staff. There were some inaccurate and incomplete records in people's rooms which meant these people were at risk of inappropriate care. When we discussed this with the manager they confirmed accurate records were in place in people's care files and took immediate steps to remove the records from people's rooms.
- The manager had an effective quality system in place. Internal audits were in place covering areas such as infection control, medicines, care plans, and health and safety. The manager made a weekly report to their line manager, and there were regular visits by the area manager to review quality.

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

- There were processes in place to involve people using the service. The manager engaged directly with people living at Beech Tree Care Home and their families. They held an introductory meeting with all

stakeholders. One person's relative told us, "[The manager] seems lovely and calm. Everything I've spoken to her about has been acted on immediately."

- There was an annual survey to seek people's views about the quality of the service. The most recent survey had shown 91% of people who replied rated the service "excellent" or "good".

Continuous learning and improving care

- The provider had systems in place to improve the service. There was a rolling improvement plan in place which took findings and actions from a variety of sources, including routine audits and staff supervisions. The manager had an "open door" policy which meant they were available for informal chats with people using the service, visitors and staff.

Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare and wider needs. These included regular contact with people's GPs, the local authority and combined commissioning group. The provider had worked with the community nursing team to improve diabetes care in line with current best practice. The manager had used an NHS toolkit to self-assess their data protection procedures.