Care at Home Services (South East) Limited

Beech Tree Total Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 and 14 June 2018 and was announced. It was the first inspection of this service under their new provider registration.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and people living with physical disabilities. Some people were living with dementia.

Not everyone using Beech Tree Total Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

Risks relating to people's care and support had been assessed and mitigated where possible. People were protected from the spread of infection, and staff had access to protective equipment such as gloves and aprons. When accidents or incidents occurred these were recorded, collated and analysed to look for trends and patterns and ways of reducing the chances of them occurring again. Staff knew how to recognise and respond to abuse, and the registered manager had reported any safeguarding concerns to the local authority.

The registered manager monitored staffing levels to ensure there were enough staff to provide people the necessary support. People told us that staff were usually on time, and stayed the entire duration of their call. Staff were recruited safely.

Staff received the training they needed to provide effective support. The training manager had been nominated for a national award, in recognition for their work. The service regularly supported people at the end of their lives, and staff had received specialist training to enable them to do so.
Senior staff completed regular spot checks on staff, to ensure they were carrying out their roles competently and staff had regular opportunities to reflect on their practice.

People received support to eat and drink safely. When we visited people in their homes staff had left out a selection of hot and cold drinks for people to enjoy throughout the day. Staff sought advice from a range of healthcare professionals when people's needs changed, and contacted people's doctors if they became unwell. Medicines were managed safely and people were supported to lead healthier lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to be as independent as possible. Staff had an understanding of people's equality and diversity needs and told us they would challenge discrimination in any form.

People and their relatives told us that staff were kind and caring. Staff had regular people they visited, and people told us they had built up strong relationships with the staff that supported them. Staff treated people with respect and dignity.

People had been involved in planning their care; they told us about when staff had visited them for their initial assessment and at regular review meetings. A range of recognised tools, such as Waterlow scores, to assess the risk of people's skin breaking down, had been used as part of the assessment process.

Staff, people and their relatives all told us that the service was well-led. The registered manager was skilled and experienced in providing domiciliary care. Their work has been recognised formally at 'The Great British Care Awards.' There was an open culture and staff told us they were well supported by the management team. The registered manager and senior staff worked in partnership with a range of organisations to share best practice and drive improvements within the sector.

Senior staff completed a range of checks and audits to ensure the service was compliant with the fundamental standards and regulations. The registered manager had notified us of any important events that had happened within the service. People were provided with information regarding how to complain and regular feedback was sought from people, their relatives and staff. This was analysed and used to make improvements within the service.

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.

There were systems and processes in place to protect people from the risk of abuse.

Risks relating to people's care and support had been assessed and mitigated where possible. Accidents and incidents were analysed and action was taken to reduce the chances of them happening again.

People told us they received support from regular staff who arrived on time. Staff were recruited safely.

Medicines were managed safely.

People were protected from the spread of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed in line with good practice.

Staff received the training, support and supervision to carry out their roles effectively.

People received support to eat and drink safely.

Staff sought advice from other professionals regarding people's care and support. People were supported to lead healthier lives.

Staff supported people to make choices and people were asked if they consented to their care.

Is the service caring?

Good

The service was caring.

Staff built up strong relationships with the people they supported.

People and their relatives were involved in planning their care.

Staff treated people with respect and people were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received person-centred care.

Complaints were managed effectively and were used to improve the service.

People received compassionate support at the end of their lives.

Is the service well-led?

Good

The service was well-led.

There was an open culture and the registered manager was knowledgeable and experienced in running a domiciliary care agency.

The registered manager understood their regulatory responsibilities.

Senior staff completed checks and audits to ensure the service was running effectively.

People, their relatives, staff and other stakeholders were asked their views on the service.

The service worked in partnership with other organisations.

Beech Tree Total Care

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.

Inspection site visit activity started on 13 June 2018 and ended on 14 June 2018. It included visits to five people in their own homes. We spoke with an additional 14 people and two relatives via telephone. We visited the office location on 13 June 2018 to see the registered and branch manager and office staff; and to review care records and policies and procedures.

We gave the service 48 hours notice of the inspection site visit because it was domiciliary care agency and we wanted to ensure that someone would be available at the office to assist with the inspection.

The inspection was carried out by two 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 care 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. We looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the branch manager, the training manager, an assessor and five care staff. We looked at ten people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff and using the service. One person said, "I can't speak highly enough of them, I am safe as houses with them looking after me I really am." Another told us, "I feel safe as I possibly could be and know that I can call if I am ever in the slightest bit worried and they get someone out to me as they have done once before." A relative said, "I do feel safe actually, in the knowledge that I am not alone with this care and that someone is only a phone call away if necessary."

Risks relating to people's care and support had been assessed and mitigated when possible. There was detailed guidance in place for staff regarding how to support people to move safely and how to support people with risks relating to their healthcare needs, such as diabetes. Staff spoke with confidence about the people they supported, and were able to tell us how they ensured people's skin remained healthy, and when they would escalate any concerns to the office staff or other professionals. People confirmed that staff were knowledgeable about the risks involved in providing support, and told us, "I am very well looked after and never get rushed or bothered by the staff who all know precisely what to do when they arrive." Accidents and incidents were recorded and analysed to reduce the risk of further events. When people fell they were referred to relevant healthcare professionals. Staff told us they understood the process for reporting and dealing with accidents and incidents.

The registered manager monitored staffing levels to make sure there was enough staff to cover the calls. People told us that there was enough staff to ensure they received the calls they needed. One person said, "They always arrive on time and get on with what they have to do in a very disciplined but gentle manner." There had been no missed calls and people told us that their calls were always covered in times of sickness or absence. Staff knew the procedures to follow if people did not respond when they called and staff did not leave the premises until they knew people were safe.

Staff had permanent schedules to visit people which enabled consistent, reliable care. People told us staff usually arrived on time and stayed the duration of the call. The office staff provided people with a staff rota so they would know in advance who was covering their calls if their permanent member of staff was not available.

There were contingency plans in place such as how to provide the service in bad weather. Staff were aware of people who made need priority in these circumstances and plans were in place to make sure they received a service. The computer systems were backed up daily to ensure that the service would remain running in the event the system crashed.

An on-call system was available for people and staff to contact outside office hours. People, staff and relatives told us that when they had occasion to contact the out of hours service the response was prompt and the necessary action was taken. Systems were in place to keep people's personal key safe numbers confidentially as only people who visited them had access to this information.

People received support to manage their medicines safely. Staff received training in how to manage

medicines, and were checked regularly by senior staff to ensure they competent to do so. Some people required assistance to take their medicines through special tubes going directly into their stomach and staff had received specialist training regarding this. Staff told us they never left medicines out for people to take later, and people confirmed that this was the case. Records were fully completed to show what medicines people had been supported to take. There were body maps in place to show staff were to apply creams to people's skin. .

People told us they felt safe, and were protected from the risk of discrimination. One person said, "I have never been worried about the carers and have no concerns." Staff told us that they were aware of the different types of abuse, and were confident that senior staff would take action if any concerns were reported to them. The registered manager had reported any safeguarding concerns to the local authority and action had been taken to reduce the chances of potential abuse happening again.

People were protected by a safe recruitment practice. Staff files included relevant checks on staff suitability including a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Satisfactory written references were also carried out to ensure that staff were of good character.

Staff had access to protective equipment such as gloves and aprons, and knew how to protect people from the spread of infection.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were well trained and provided effective care. One person said, "It is a tip top service from clever girls who are all trained and helpful." Another person said, "I can't speak highly enough of them, they are superb, and I want for nothing." A relative told us, "Once they get to know you they are jolly good and get things done effectively and efficiently."

People's needs were assessed before they started using the service. A trained assessor visited people and met with them to discuss their care needs. Recognised tools such as Waterlow assessments (to assess the risk of people's skin breaking down) were used to guide staff in their assessment of risk. There was clear guidance in place for staff regarding how people wanted to be supported. One person told us, "I have seen my care plan and we do discuss it because if it is not right how can the staff be expected to get it right?" The registered manager and senior staff were knowledgeable about best practice with regards to domiciliary care. For example, they were aware of guidance regarding good medicines practice in when people were living in their own homes.

There was a focus on delivering training to meet people's specific needs and develop staff to have the skills and competencies to do their jobs well. The training manager was enthusiastic and passionate about providing staff with the right training to enhance their skills. They were responsible for the training portal on the providers website which staff were able to access at any time for further guidance and support. We discussed training to support people living with Parkinson's and by the end of the inspection additional information was added to the portal for staff to access. There was also further training and information on a considerable number of topics about social care such as person centred care, equality and diversity, dementia awareness and personal care. Staff told us that the training manager was very approachable and the training programme was delivered to help them enhance their skills and competencies. The training manager had been nominated in the best trainer category award in the Great British Awards and reached the national finals.

Staff described how they put their training into practice. For example, they knew how to move people safely and give people their medicines in line with current practice. They said the training programme and support through regular supervision had given them confidence and skills to carry out their roles effectively. People confirmed that they felt staff were well trained. One person said, "They [staff] all know what they are doing, and they are well trained in my opinion." Another told us, "I can ask the carers anything about my care or nursing problems and they are fully trained making them capable of a sensible and helpful answer."

Staff told us they did not wait for their supervision if they had any concerns they said they would raise issues with their line manager who listened and acted on what they said. Each member of staff had an annual appraisal to assess their training and development needs. Staff's skills were also assessed though observation and on 'spot checks' carried out by senior staff when they visited people.

New staff received induction training in line with current practice and shadowed senior experienced staff to make sure they were able to apply their training. New staff served a probationary period and were

monitored by senior staff to ensure they had the skills and competencies to carry out their role.

People were supported to eat and drink safely. Some people were at risk of choking and there was clear guidance in place for staff regarding how to support them to eat safely. People confirmed that staff supported them with sensitivity when they were eating and drinking and always asked what they would like to eat. One person said, "They [staff] will get food, they will get drinks and they will have a chat." When we visited people in their homes staff had left a range of hot and cold drinks out for people to enjoy throughout the day.

Staff had sought advice from a range of healthcare professionals regarding people's care and support. When people's mobility had changed senior staff had contacted occupational therapists who had met with staff and people to advise on the best equipment to use to assist people safely. When people had broken skin or more complex healthcare needs staff contacted and worked closely with the district nursing team. Any guidance was fully documented in people's care plans to ensure all staff were aware. When people had been unwell staff had contacted people's doctors to ensure they received the support they needed to lead healthier lives. One person told us, "Staff will always be willing to help and if they think we need a doctor they will help to organise it."
Staff worked with other organisations to ensure a joined up approach when people started using the service. When people were in hospital staff worked closely with the discharge team and people's care managers to ensure a timely package of support could be introduced.

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. When people are living in their own home these applications must be made to the Court of Protection. No one was currently subject to a Court of Protection order.

Before people started using the service they asked if they consented to receiving care. People had signed their own care plans to indicate their agreement with the contents. Some people lacked the capacity to make this decision and important people in their lives, such as their loved one or care manager had helped them to make this decision.

Staff understood the principles of the MCA and told us they always encouraged people to make as many decisions for themselves as possible. One staff member said, "You don't just plonk stuff in front of people, you ask them, you encourage them." People confirmed that staff always asked for their consent before delivering care. One person said, "They always let me know what they are doing and what they are going to do."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "They [staff] are very friendly and most kind. They will always make time for a little chat and make sure that I am comfortable before they leave." Another person said, "Top of this world the care is. I can't fault it" and, "Staff are kind, caring, considerate and most of all very human."

Staff had built up strong relationships with people. People told us that they valued the time they spent with staff, and viewed them fondly. One person said, "I am not a great one for having a chat, but I look forward to their arrival now and enjoy our discussions." Another person said, "Lovely girls, they have become more like friends than carers they really have."

Staff had asked people some important things about themselves such as their preferred name and information about their lives before they started using the service. This information was recorded in people's care plans and ensured that all staff were aware of the things that were important to people.

People were involved in planning their care. We visited people with the assessor for the service, and everyone knew who they were as they regularly met with people and their families to ensure their care plan was up to date and accurate. People told us they had been consulted regarding how they wanted to be supported, and that this was an ongoing process. One person told us, "I make sure from the beginning how I'd like things done and there has not been a single hiccup since."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Information was meaningful to people and produced in a variety of formats to help people to understand it easier. For example, the complaints procedure was available in an easy to understand format and large print if necessary.

People were encouraged to be as independent as possible. People's care plans contained information regarding what people could do for themselves, such as washing their face and back, and how much support staff should offer. One person told us, "I wash myself but if I need a bit of extra help they will get to the parts I cannot reach"

People were treated with respect and dignity. People confirmed that staff were kind and compassionate, and put them at ease when assisting them. One person said, "It could be awkward with my personal care, but they are so good and business like it is not at all uneasy or awkward." A relative confirmed that they too felt staff were respectful, saying, "They do respect [my loved one's privacy and dignity and will not do anything without asking if it is ok first."

Staff told us how they offered support people. One staff member said, "I make sure all of the doors are shut. When you are washing someone's top half, I always cover up the bottom half and let them know what I am

doing. Permission is very important."

The registered manager told us that most people did not require support to help them make decisions about their care, and those who did were supported by their relatives. No one at the time of the inspection was being supported by an advocate. (An advocate helps people to make informed choices.)

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "We get things done in a way that is most satisfactory to me." A relative told us, "The staff always make sure it is done to plan and the way [my loved one] likes it to be done." Another relative said, "They are always very particular that they do things the way [my relative] would like it to be done, then that avoids any unnecessary discomfort for them."

People were involved in planning their care. They met with staff before they started using the service to discuss their needs, how they wanted to be supported and other important information about themselves. One person told us, "We do discuss how I like things to be done as we go along, and they always are most obliging." A relative said, "I am kept fully informed of the care and the care plan and we discuss any changes that may be necessary"

Staff respected people's religious and cultural needs. These were recorded in people's care plans. One person told us, "We do discuss my faith as they know it is important to me and one in particular is fascinated by it and we have very in-depth discussions about my faith which I find uplifting."

Staff worked to ensure people received person-centred care. People gave us examples of when staff had brightened their day by ensuring they had things to fulfil them. One person said, "They will always go that little bit extra for me, like the other day when I was saying I don't see the birds in the bird bath anymore, so she went out and gave it a clean and then re-filled it with water, so I can enjoy the birds again."

Relatives told us that staff's visits ensured their days had structure and ensured that they and their loved ones were able to do the things they wanted to do. One relative said, "They give routine to [my loved one's] day. They come in regularly and assist, which is what they do best. It is such a reassurance."

The registered manager encouraged people to raise their concerns and complaints to learn and reflect practice for continuous improvement. When a person completed a quality assurance survey they had commented the consistency of care was poor. The registered manager raised a complaint which resulted in the person being re-assessed and a review of their plan of care. After the new team of staff were introduced to the person the senior staff visited 8 weeks later to confirm the person was happy with the new arrangements.

The complaints procedure was available in different formats so that people would be able to understand how to raise a complaint. Every person had a copy of the procedure in their care folder in their home. People told us they knew how to complain and openly discussed their issues with the office staff or registered manager. They said the team were approachable and they would not hesitate to raise any issues. They were confident they would be listened to and their concerns would be acted upon. One person told us, "If I have any worries or concerns I call the manager or the office and they help straight away." Another said, "I do call the office if I need to and I don't have any qualms in doing so."

People and relatives had also taken the time to compliment the service and sent thank you cards and letters such as, "I am very grateful for the support well done." A relative commented "I thank all care staff as without them I would not know what to do."

The service regularly supported people at the end of their lives. The registered manager told us that they were passionate about providing excellent care to people at this stage, and worked closely with the local hospital to ensure that people were able to die at home, if this was their wish. There was a specific team of staff who supported people at the end of their lives, who had received additional, accredited training to ensure they were knowledgeable about end of life care. The service had received positive feedback from people's relatives, in the form of thank you cards when they had supported people at this time.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us that the service was well-led. One staff member commented, "The management is friendly, helpful and down to earth. If you have a problem there is the time for them to sit and listen." A person told us, "I do think that it must be well run and led because they do such a great job." A relative said, "I have no concerns about the office and the running of it as we have a smooth and effective service."

The registered manager told us they were supported by the provider and operations manager who visited the service on occasions but there was no formal record of what they assessed or looked at in the service. This was an area for improvement. The regular managers meeting covered the outstanding actions from previous meetings, who was responsible and whether the appropriate action had been taken. The registered manager told us that they had implemented action plans when required to continuingly improve the service such as how to ensure the service was being provided in line with CQC current methodology.

Audits and checks on the service were regularly carried out on all aspects of the service such as reviews on procedures, medicine audits, daily notes and care plans. There were monthly care file audits and any issues such as the lack of detail in the daily report writing or gaps in the records were taken up with individual care staff and records were monitored to assess improvements.

All staff had received a performance review and formal supervision as well as spot checks (observational supervision). There were regular staff meetings with management, seniors and care staff. The last staff meeting minutes showed that discussions had taken place with regard to gaps in rotas, sick leave, and reminding staff of the process of missed calls. The registered manager described how they took action when staff were not adhering to the policies such as wearing appropriate foot ware and false nails. Action had been taken to address the issues which resulted in some staff members returning home and coming back to work appropriately dressed and in line the policies and procedures of the service.

The registered manager had set up a 'hub' where staff could call in for a coffee and a chat for additional support and guidance. Within the staff group there was a 'medicine champion' and two dementia champions. These are staff who had shown a specific interest in particular areas who promote best practice throughout the service, sharing their learning, and acting as role models for other staff. The registered manager told us that it was their intention to have other champions such as safeguarding and infection control.

Everyone in the service were able to contribute to the development of the service by completing satisfaction surveys. A quality assurance survey was sent out to people, relatives and health care professionals during June 2018. The results were very positive, and people and relatives commented, 'The staff makes my relative feel secure and cared for.' 'The staff all seem to talk to my relative and dog and seem to care.' 'The carers are very kind and supportive to the client and to family members.' When negative responses were received the registered manager had carried out an investigation, and in one case raised a complaint on behalf of the person which was investigated and resolved to their satisfaction. The results of the survey were analysed

and passed on to everyone involved in the service.

When other comments were made about time keeping and statements such as 'could do better' the registered manager had acted and the schedule of the visits were reviewed and changes were made to improve the continuity of care and timekeeping.

The service mission statement was, 'To promote a philosophy of total care towards anyone who comes into contact with our organisation.' The registered manager and the branch manager were passionate about providing supportive, person centred domiciliary care. Staff shared their vision and told us how they wanted to promote people's independence and felt it was a privilege to be helping people to remain in their own home. Staff spoke highly of the management team. One staff member told us, "I have worked with a lot of managers and [the branch manager] is the best of the lot."

The registered manager worked in partnership with a range of organisations to share best practice and bring about improvements to the sector as a whole. They had invited senior members of the local commissioning team to spend time with staff when they were supporting people. They were also active members of local groups such as the 'Kent Integrated Care Alliance' and attended registered managers groups and forums. Their work had been recognised at, 'The Great British Care Awards.'

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that appropriate action had been taken. The provider had notified the Care Quality Commission of important events as required.