

Care at Home Services (South East) Limited

Beech Tree Total Care

Folkestone & Shepway

Inspection report

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28 March 2022

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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

About the service

Beech Tree Total Care Folkestone & Shepway is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 80 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe having carers support them in their own homes. They said, "I am supported seven days a week, every day of the year including Christmas day. They never let me down" and, "They are very supportive they are the best agency I have ever had."

People were supported by staff who had been safely recruited and were skilled and knowledgeable about how to meet people's needs in the way that suited them best. New staff completed a three-day induction before shadowing experienced staff and getting to know people. Regular staff competency checks were completed to ensure staff actions and behaviours were of a high standard.

People were protected from the risks of discrimination, abuse and avoidable harm. Risks to people's health, safety and welfare were monitored and reviewed. Measures were in place to reduce risks.

People told us staff always wore the appropriate personal protective equipment (PPE). Staff had access to PPE stock and completed training about how to use it appropriately.

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.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and focused on their individual specific needs and preferences.

People told us they knew how to complain, but had no complaints about the service they received. They felt confident they would be listened to, should they need to complain. Complaints and compliments were shared with staff to address areas for improvement and to celebrate successes.

The management team completed checks and audits on the quality and safety of the service to make sure they had good oversight.

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

Rating at last inspection

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

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Beech Tree Total Care Folkestone & Shepway

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. They were supported by a branch manager.

Notice of inspection

This inspection was unannounced. Inspection activity started on 23 March 2022 and ended on 28 March 2022. We visited the location's office/service on 23 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought, and received, feedback from two health care professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people and two relatives about their experience of the care provided. We spoke with two staff and the branch manager. We reviewed a range of records. This included four people's care plans and associated risk assessments and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection

We spoke with the registered manager.

Is the service safe?

Our findings

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

This is the first inspection of 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

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse. Staff told us, "If I am concerned about a person's safety or welfare, I will talk to the office staff. I am 100% sure they will take the right action".
- The branch manager raised concerns, when appropriate, with the local safeguarding authority and the Care Quality Commission.
- People told us they felt safe using the service. They said, "Carers do the things I can't do myself, then I am safe to do the things I can do."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional. For example, when a person began to find it difficult to swallow their medicines and began to choke, the person had been referred to the GP and the speech and language therapist. Staff followed advice to provide soft textured meals and to thicken the person's drinks.
- When people used special equipment, such as a hoist, to help them move safely, this was risk assessed. There was step-by-step guidance, which staff told us they followed, to ensure people were moved safely and comfortably. When people needed to be repositioned regularly to reduce the risk of developing pressure areas, charts were completed to make sure people were positioned correctly.
- When people lived with diabetes, there was guidance for staff about what a person's normal blood sugar levels were, what action should be taken and when.
- People's home environments were risk assessed. There was guidance for staff about how to enter the property, for example, using a key safe. People told us they felt safe having staff letting themselves into their homes.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Recruitment was dealt with by the provider's head office team. Recruitment processes were robust. Reasons for gaps in employment were explored and recorded to make sure a full employment history was obtained. The registered manager made sure Disclosure and Barring Service (DBS) criminal record checks were completed to ensure new staff were safe to work with people and at least two references had been obtained before staff began their induction. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by regular staff who knew them well. One person told us, "I always know who is coming. I ask [staff] the day before and they have it in their phones and tell me." Staff commented,

"Consistency is important to people. I support regular clients."

- People told us care staff were usually on time and stayed for the right amount of time. When staff were running late due to unforeseen circumstances, people were contacted to inform them. People told us they did not feel rushed. Staff said, "I don't rush people. It is better to take our time and know they are happy. I will always try and stop and chat because that social side is just so important." The branch manager closely monitored any late calls to identify themes, and when necessary, performance manage staff.

Using medicines safely

- People were supported to take their medicines as prescribed.
- The service used an electronic care system. This produced an alert, raised to the office staff, should a medicine not be signed for as administered. Staff were able to follow this up immediately to make sure people received their medicines safely and on time.
- Staff completed training about the safe administration of medicines. Staff competency was checked regularly to ensure they followed best practice.
- Records showed there was guidance for staff about what medicines people needed, what they were for, and any potential side effects.

Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed regular training and had competency checks to make sure personal protective equipment (PPE) was put on, taken off and disposed of safely.
- People and their relatives told us staff wore PPE when they were supported.
- Staff told us they had plenty of PPE and could collect more stock whenever they needed it. One member of staff said, "We have had PPE from the very start [of the pandemic]. We collect more PPE as and when we need to".
- The office was clean and spacious which allowed social distancing when required.
- The provider had a robust infection prevention and control policy which was shared with staff. Covid-19 risk assessments, for people and staff, were in place and regularly reviewed.

Learning lessons when things go wrong

- The management team recorded and monitored any accidents and incidents. When required, information was shared with the local authority safeguarding team and the Care Quality Commission.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they began using the service to make sure staff could meet their needs. The initial assessment was used to create people's care plans, which were individual to people's diverse needs and preferences.
- People had the opportunity to share information with staff about protected characteristics under the Equality Act 2010, such as sexuality, religion and disability. Staff completed equality and diversity training to make sure they had the skills and knowledge to understand the Equality Act.
- Care plans centred on people's support needs. Important information, such as medical diagnosis and any specific nutritional requirements were recorded and regularly reviewed with people.
- People's preferred routines and details about their family and their background were recorded. This information helped staff get to know people and talk with them about things they were interested in.

Staff support: induction, training, skills and experience

- People were supported by a team of skilled, knowledgeable and experienced staff. A comprehensive, three-day, induction included mandatory training, such as safeguarding, fire awareness, health and safety and moving and handling. Following this, new staff shadowed experienced colleagues to get to know people and their preferred routines.
- Staff told us their personal development was important and they were supported to achieve additional qualifications. For example, staff had completed, or were working on level 2 or 3 National Vocational Qualifications. These are practical work-based awards that are achieved through assessment and training.
- One person told us, "[Staff] all have three weeks training before they actually start to train on the job. They are all well trained."
- Staff said, "The induction and training is good" and, "We have plenty of training and it is good to refresh our knowledge."

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

- People, when needed, were supported to eat healthily and drink plenty. People's food and drink preferences and the level of assistance people needed was recorded. When people needed prescribed thickening agents in their drinks there was guidance for staff about how much to use.
- People were supported, as needed, with their oral care. Staff were knowledgeable about whether people wore dentures or needed specific support to clean their teeth. There was guidance for staff in people's care plans about what level of support people required.
- People said, "They always ask me what I would like to eat later in the day. It is always my choice I buy the food online. They cook my meal fresh and then I heat it up later when I need it" and, "I have a full cooked

breakfast every morning and [staff] chat away whilst they are getting it ready for me."

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

- People's physical, mental health, social and emotional needs were assessed and regularly reviewed. Records were kept up to date to ensure staff had the most relevant information.
- Staff worked closely with health care professionals to make sure there was effective, joined-up care. One person told us, "They keep their eye on things and insist on me ringing the doctor or calling the district nurse if they have any concerns at all."
- Health care professionals told us, 'I have always found Beech Tree to be extremely helpful, willing to try alternative equipment and considerate of the service user's needs. The coordinators are willing to work with occupational therapists to make positive changes for clients and this is relayed to all care staff, who I have also found helpful and cooperative. They always provide feedback when requested' and, 'The care notes are always detailed, and you can always see clear thought process and decision making. They alert the appropriate teams if they have concerns and, in my opinion, go above and beyond for the people they support.'

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff gained their consent before supporting them with their care and support.
- The management team and staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said the staff were kind, patient and caring. They said, "They are absolutely lovely. I call them angels, they are wonderful" and, "If [staff] thought I needed help, they would not hesitate in getting it for me. They actually care about my well-being."
- Staff knew people and their preferences well. They spoke passionately about the support they provided and were proud to work at the service.
- A health care professional told us, "I know that they always try to do what is right by the client and always work in a very person-centred way."

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

- People and their relatives were involved in developing their care plan. Each person's care plan was tailored to their individual needs and preferences.
- People were encouraged to make decisions about their care. Regular spot checks were completed to monitor staff competency and to obtain feedback from people.
- Regular reviews of people's care and support were completed, and care plans were updated to reflect any changes.
- A relative noted on a recent quality survey, 'I always felt included in any concerns the care staff had on a daily basis, calling me to inform me of [my loved one's] needs and anything they were worried about.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. People told us, "Carers respect me and are kind and polite. I have all female carers and that is my choice" and, "[Staff] respect my home and treat me and my family with respect." A relative noted on a recent quality survey, 'Without you, [my loved one] would not have been able to remain in their home and feel independent. It has made such a difference to their quality of life.'
- The branch manager spoke proudly of supporting people to regain their independence and said, "It is about encouraging people to do things for themselves as much as they can." They spoke with us about a person who had used a hoist to move from their bed to a chair. Staff had worked closely with the person's health care professionals and, through encouragement and support, they no-longer needed to be hoisted.
- Staff said, "I think Beech Tree provide personal and unique care and support to people. We really promote independence with clients. It is so special and lovely to see progress. Sometimes it gets to a point where people don't need us anymore and that is amazing" and, "It is about motivating people to do the things they can do. So, I might pour the tea, but they can add the milk themselves. I don't do 'for' people when it is not needed."

- People's confidential personal information was stored securely to protect their confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew them and their loved ones well. People said their care and support needs and preferences were regularly reviewed and they were able to make changes to their support easily when needed.
- People's care plans were written with them to ensure they centred on their individual needs and preferences. People's cultural, diversity and spiritual needs were supported.
- A health care professional commented, "During the Covid period, Beech Tree adapted and overcame struggles and had a very proactive approach to the individuals they were working with."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood the need to comply with the Accessible Information Standard. People's communication needs were assessed, monitored and regularly reviewed.
- People were supported in a way that suited them best. For example, staff had used picture boards and letter boards to support people to communicate.
- People's care plans and rotas were provided in larger print when people required this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints about the service they received. People knew how to complain and felt confident any complaint would be listened to and acted on appropriately.
- The branch manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

End of life care and support

- People's wishes for their end of life, including any spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.
- When people were supported towards the end of their life, staff worked closely with community nurses,

people's GPs and other health care professionals. This made sure people were provided with a dignified and pain-free death that was as comfortable as possible.

- People's relatives had contacted the service following the sad passing of their loved ones to thank them for their support. One person had recently noted on a thank you card, 'Thank you so much for looking after [our loved one] and me so well. I was so pleased the girls were here at the vital time they passed. Your kindness will never be forgotten.'

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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 management team promoted an open, inclusive and empowering culture where people and staff felt valued. Staff said, "I love working at Beech Tree. It is a rewarding job. Teamwork is excellent and communication with the office is very good" and, "The management are very supportive. I support the same people most of the time and that consistency is very important to them."
- People told us they felt the service was well-led and they would recommend it to other. Their comments included, "I know the manager well and this is the best company I have ever had" and, "I swapped to this company and they are very, very much better. I am more than satisfied, they are very much nicer." A relative noted on a recent quality survey, 'I have dealt with a lot of care firms and Beech Tree, and one other, were by far the best.'
- The management team and staff had a well-developed understanding of equality, diversity and human rights. People received care and support that was centred on their individual preferences. Staff felt they were treated as equals and felt valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team completed regular checks and audits to monitor the safety and quality of the service delivered. Senior staff completed spot checks to monitor staff competency and people's satisfaction of the service. Staff received constructive feedback about their actions, behaviours and performance.
- The registered manager and branch manager worked as a cohesive team. They led by example, coaching and mentoring their staff team.
- The management team understood their responsibilities in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The Care Quality Commission and local authority safeguarding team were informed of notifiable incident in a timely way and in line with guidance.

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

- People were regularly asked to provide feedback about the quality of service they received. Annual survey responses were generally positive, and feedback obtained during spot checks and assessments was also positive. A relative noted on a recent quality survey, 'We are very pleased with the quality of service and care

[our loved one] receives. We feel confident about the professionalism and trustworthiness of the staff. They are good natured, helpful and flexible. The communication is good.' There had been a delay in the survey results being provided by head office to the branch. The branch manager reviewed the survey comments as soon as they were received to ensure any necessary action was taken.

- Staff met with their line manager for regular one to one supervision. Annual staff surveys were completed, and the results were positive. One staff had noted, 'I love the job and the people that I care for. The office staff are very helpful and understanding and have always given me their full support.'

Working in partnership with others; Continuous learning and improving care

- The management team and staff worked closely with health care professionals. People told us staff supported them to seek medical advice as needed. People said, "They are very good at picking up when I am not so good and when I am all right" and, "One care worker said 'I am not happy with the way you are so I am going to call the doctor.' They don't take any chances their instinct is usually right."

- A health care professional commented, "Working with Beech Tree has always been a positive experience. The staff are always happy to complete joint visits, attend meetings and liaise with appropriate service. It is refreshing to see a care agency that is as willing to support the client, the family and also other professionals."

- The management team were keen to hear complaints and compliments to identify areas to improve and to share successes with the staff.