

Tealk Services Limited

# The Beeches (Seven Kings)

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 9 April 2015 and was unannounced. At our last inspection in August 2014 we found the provider was meeting the regulations we inspected.

The Beeches (Seven Kings) is registered to provide care and accommodation for up to ten people with a history of mental illness.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were not adhering to safe administration of medicines and this was a breach of the regulation relating to safe care and treatment. You can see the action we have told the provider to take at the back of this report.

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

We observed the way staff interacted with the people using the service and saw they treated people with respect and dignity. There were enough staff on duty to meet the needs of the people living at the home.

# Summary of findings

There was appropriate guidance for staff on how to manage these risks and keep people safe. We found people's diverse needs had been recorded and saw that care and support was provided in accordance with people's wishes.

People were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs. People were able to express their views and were involved in making decisions about their care and treatment. People's preferences and likes and dislikes were clearly identified in their care records so staff had the necessary information to care for and support them appropriately.

The staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They were aware of how to support people who could not make decisions for themselves when required. Staff had received training to meet the needs of people using the service and were well supported by the management of the service. Appropriate checks were carried out before staff began work.

The provider carried out regular checks to assess and monitor the quality of service provided. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

# Summary of findings

## 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 not always safe as there were instances where prescribed medicines had been administered but not signed for or not given but signed for. This meant that procedures for administration of medicines were not being followed which put people at risk.

Risks associated with people using the service had been regularly evaluated and managed.

People who used the service were kept safe because staff understood what constituted abuse and knew what they must do if they witness or suspect it.

There were enough staff on duty to meet the needs of the people living at the service and relevant checks were undertaken before staff started employment at the service.

Requires Improvement



### Is the service effective?

The service was effective. The provider ensured appropriate standards of care by setting learning and development plans for staff and monitoring the take up of mandatory training.

Staff we spoke with demonstrated a good understanding of the requirements of the legislation and what they should do should a person lack the capacity to make a decision as required by the Mental Capacity Act (2005).

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People's health needs were monitored and had been met promptly as they had access to healthcare professionals when required.

Good



### Is the service caring?

The service was caring. It was clear from what we saw and what staff told us that they understood people's care plans and that they knew people well. People told us that they felt staff knew and understood what their needs were.

Staff were observed encouraging people who used the service to make choices and gave them time to respond without being rushed.

We found that people were involved in decisions about their care and treatment.

Good



### Is the service responsive?

The service was responsive. People's care plans set out how the service would provide them with support with their personal hygiene and physical health, psychological support and help to meet religious and cultural needs.

Good



# Summary of findings

The staff organised activities for people who decided which ones they wanted to be involved in. The provider had a complaints procedure and there was an 'easy read' notice about it on display in the service. It set out how the provider would respond to complaints and gave timescales.

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

The service was well led. The service had a registered manager who was experienced and knew the service well.

The provider had a system to assess and monitor the quality of services to protect people against the risks of receiving unsafe or unsuitable care and support.

Staff said they felt able to approach the registered manager for advice, or if they had any concerns.

**Good**



# The Beeches (Seven Kings)

## 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 checked 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 an unannounced inspection carried out on 09 April 2015 by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the

provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during the day of our inspection. We looked at three care records, including people's risk assessments, three staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and risk assessments.

We spoke with two people who used the service, and three staff working at the service and the registered manager. After the inspection we also contacted the local commissioning team and three relatives to obtain their views of the service.

# Is the service safe?

## Our findings

People told us that they received their medicines on time. We sampled all the medicines administration records and noted on two of them that people were not protected against the risks associated with medicines because there were instances where prescribed medicines had been administered but not signed for, or not administered but signed for. This meant that procedures for administration of medicines were not being followed and left people at risk of overdose or not having their medicines as prescribed. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had procedures regarding the management of medicines. These procedures included details about how medicines should be handled and administered so that the people who used the service would get their medicines when they needed them. Every person who required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated their name, photograph, date of birth and allergy status. In the care plans we looked at we saw that people were monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions. We noted that one person's medicines had recently been changed by their GP and staff had started their new medicines as prescribed. All medicines that were received were checked into the service and recorded. Medicines were disposed of appropriately and we saw that a record was kept when they were being returned to the pharmacy. Medicines were stored safely and securely.

People told us they had no concerns about the way they were treated and that they felt safe at the service. There were policies and procedures for safeguarding people. The registered manager who was the lead for safeguarding for the company understood what their role and responsibilities were regarding the reporting of safeguarding issues. They attended regular safeguarding conferences and forums and cascaded the information to the staff working at the service. We also spoke with the deputy manager about safeguarding and it was evident from their comments that they knew which external agencies they needed to contact without delay should they witness, be informed of, or suspect that people who used the service were being harmed or placed at risk of harm.

We saw staff had received training in safeguarding adults when we looked at staff training records. Staff confirmed they had received training. We saw a record where staff had signed stating that they had read and understood the safeguarding policy and procedures. People who used the service were kept safe because staff understood what constituted abuse and knew what they must do if they witness or suspect it.

The service had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public's interests.

We saw on the care plans that staff had carried out risk assessments for each person to identify risks to their wellbeing and safety. Where risks had been identified, there was an action plan which set out guidance for staff about how these would be managed, for example when people went out in the community. Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards without being restricted. For example, we saw risk assessments relating to people's medicines, nutrition and personal hygiene. It was evident from discussions with staff that they were fully aware of the potential risks people may face and the actions required to manage those risks.

The home had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out within the home. For example, we saw the gas appliances were serviced annually. The provider also carried out checks on all aspects of fire equipment including extinguishers, emergency lighting, alarms and detectors. We saw records were kept when these checks were done. There was a fire risk assessment for the service. Servicing certificates relating to health and safety were up to date, these included portable appliance testing and fire safety.

We looked at three staff personnel files and were able to see that appropriate checks were carried out before staff began work and found there were effective recruitment and selection processes in place. In the files we sampled, we saw that Disclosure and Barring Service (DBS) checks had been carried out to check that staff had no criminal convictions that would bar them from working in a care service. We noted that staff had completed a health

## Is the service safe?

declaration to show they were physically and mentally fit for their role. We saw that the staff had been interviewed, application forms completed, and appropriate forms of identity checked such as passports, and that two written references had been received.

We looked at the staff rotas starting from 2 February to 28 February 2015 and saw the number of staff that were on duty matched with what the manager told us. Staff told us they felt the staff number on each shift were adequate and said they worked well as a team. There was a daily

handover system at each changeover of shifts to ensure that staff remained informed and up to date on any changes relevant to each person who used the service. Staff and people we spoke with confirmed that there were always enough staff on duty. The manager told us there was enough flexibility in the staffing team to be able to provide additional staff when people's needs changed and they required more support, or for holidays and activities. Staff we spoke with, and rotas we viewed, confirmed this.

# Is the service effective?

## Our findings

People told us that staff were responsive to their needs. One person told us, "The staff are good." We saw that staff received a range of training including mandatory areas of care such as moving and handling, infection control, safeguarding vulnerable people, nutrition, food hygiene and health and safety. Staff told us they received good training and support. This showed that staff felt they were properly supported. All staff completed training in a number of key areas to ensure they were competent to do their job. We saw certificates of training courses attended in the staff files.

The service had detailed induction procedures in place which followed the Skills for Care guidelines. The deputy manager informed us that new staff shadowed other staff, and were checked for their competency with different tasks before they were allowed to work on their own. We saw a copy of one staff induction record which confirmed this and also spoke to the staff member who told us that they had an induction when they had started work at the service.

Staff received guidance from the registered manager and their work was monitored to make sure that they continued to meet people's needs in a reliable way. This was being done through one-to-one meetings with the registered manager or deputy manager. Staff records showed that staff received regular formal supervision and these showed that a range of issues were discussed, including staff training needs. Staff we spoke with confirmed that they had received supervision from their supervisor. Records were kept of the training staff attended so the dates for yearly updates were clearly identified. Staff were positive about the training offered to them and felt they had enough training to do their jobs effectively.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. Before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. We looked at three care plan assessments to find out how the service supported people to give consent. These records showed the people had an assessment which had looked at the support needs and expectations the person had. Staff had received guidance and training to enable them to understand the requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS). CQC is

required by law to monitor the operation of the DoLS, and to report on what we find. DoLS requires providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty for their own safety. The registered manager and their deputy understood when a DoLS application should be made, and how to submit one. During our observations we saw that simple consent for care and support had been obtained by staff. We noted that staff gave people enough time to make decisions. This showed that people were respected and consent was obtained before care or treatment was provided. One staff member said, "I always let the person know what I am going to do and ask for their permission."

People were supported to be able to eat and drink sufficient amounts to meet their needs. The feedback we received from people about the quality of the food they were offered at the service was positive. One person told us, "The food is good." The service provided a variety of food and drinks to people and they were given choices at each meal. The staff ensured that they catered for any particular cultural requirements and were familiar with different dietary needs, including diabetic, Halal and vegetarian diets. This ensured that staff were aware of people's individual needs and could ensure that they received meals that met their needs and suited their preferences. We observed the lunchtime meal being served. We saw staff sit down next to people and they were having their meal together. These interactions between staff and people using the service were relaxed. We saw that people living at the service were weighed regularly and action was taken where changes in weight were found, by contacting specialist health care services that supported people with their nutritional needs. This helped to ensure that people were supported to maintain their nutrition and fluid needs.

Records showed what support people needed to maintain their health. We could see that people had access to health professionals, including the optician, dentist, and doctor. The records we saw showed the date of the appointment and the outcome of the visit. This meant that people received appropriate access to health professionals to maintain their health and well-being needs were being monitored and action taken as appropriate. Information about the involvement of healthcare professionals in people's care was available in their care plans. From the

## Is the service effective?

records we sampled we saw the registered manager and their deputy worked well with other professionals and the local community to ensure people received the correct levels of support at all times.

# Is the service caring?

## Our findings

People were supported in promoting their independence and community involvement. People told us they were given opportunities to express their choices and to make decisions in their daily lives. We observed that staff were aware of people's preferences and routines so they could support people in their daily lives. For example, they knew at what time people preferred to eat and what time they went to bed.

We noted that people were involved in regularly monitoring their health needs and any changes that may require additional support or intervention were discussed with them and this was reflected in their care plans.

People were encouraged to invite relatives and friends to visit them. They were able to use their room or other private areas within the service premises to meet with their relatives or friends. People had a say in how the service was run as they participated in regular meetings with the staff. They were able to make choices, for example, how their rooms were decorated and which colour they would like. Information about advocacy services were available to people using the service if they felt the need to use this service. Those information was displayed in the communal areas. Where people needed support to make decisions, relatives and professionals were involved. This meant that people were supported to make decisions about their care.

Staff had the knowledge to meet people's needs and choices at all times because communication within staff teams was good. We saw that staff were caring and had good relationships with people using the service.

People were actively encouraged and supported as far as they were willing, to maintain and develop their independent living skills. Care plans we looked at contained information that clearly showed us the willingness and capacity of the people who used the service. Some people were learning cooking skills to help prepare them to move away from the service and live independently in the community.

During our visit, we saw people were treated with dignity. We observed staff always take their time to listen to what people had to say. Staff also ensured people who required assistance with their personal care were always provided this support in private. Staff we spoke with were aware of the importance of respecting people's dignity and privacy. Staff knew how to treat people respectfully and could give us examples of how they did this in practice. For example, on keeping people's information confidential. People could choose to receive personal care from a member of staff of the same gender. Care plans we saw referred to people's diverse needs, including in respect of religious and cultural needs, for example one person only ate certain types of food and this was accommodated.

# Is the service responsive?

## Our findings

People we spoke with indicated that they were happy at the home. They were relaxed and responsive in the company of staff. They were able to let staff know what they wanted and we saw staff respond in a caring and positive way.

Each person who used the service had an individual care plan which had been developed with them or their representatives. We looked at three care plans and found them to be well organised and reflective of the care and support that people were currently receiving. These were personalised and provided staff with detailed guidance about how people's needs should be met. It also documented their likes and dislikes, how they liked to spend their time and how they preferred to be supported. This helped to ensure that care could be delivered in a way that suited them best. We saw staff had undertaken regular reviews with people using the service of their individual care plans and risk assessments to identify if the care being delivered continued to meet their needs. Reviews were documented on people's records and any changes identified were noted in people's care plans or risk assessments. People's needs were re-assessed such as after a period of admission to hospital, to review the care needs and to make sure staff were able to meet their needs. This helped staff to be responsive to changes in people's needs, and people could be confident that their care and support was based on up to date information.

Before a person moved into the service, an assessment of their abilities and needs was always undertaken by the registered manager or their deputy. Where people had culturally diverse needs identified, those needs were planned for in their care plans. The service used a keyworker system to support people. The keyworker was the identified staff member who took the lead in the care provision for a specific person. Keyworkers were involved in the care planning for their key-person, this included identifying new risks, changes to their needs and advocating for them. We saw daily notes were completed

which covered what each person had done during the day, any care and support interventions which had taken place and any issues which had arisen. These provided a clear picture of a person's life on any given day.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People were able to participate in meaningful activities and were supported to choose and undertake a wide range of activities, and to find new things to do. Each person had a comprehensive pictorial timetable of activities such as shopping, swimming and going to a local gym. The activity provision was designed to meet people's individual needs and preferences.

The service had a complaints procedure that was clearly written and easy to understand. The policy included acknowledging and investigating complaints and producing a response to the complainant. The manager had a system to log complaints. There had not been any formal complaints since the last inspection. The manager told us they spoke with people and their relatives frequently and always tried to resolve any issues as soon as they arose. We spoke with people and their relatives who told us they were very happy with the services they received and had not had cause to complain, but would know how to do this if necessary. There was a process to review complaints and comments to improve the service. People who used the service said they would talk to the registered manager, deputy manager or staff if they had any concerns they would like to raise. The service allowed people to express their views and concerns in a safe and understanding environment. Informal concerns raised by people were addressed through discussion with staff on a day-to-day basis. The procedure mentioned what action a person could take if they were not satisfied with how the service had handled their complaint. This ensured that people had access to all the information about their rights to make a complaint about the service. During a tour of the premises we saw the service had installed a suggestions/comments box and information about how to make a complaint was clearly displayed. The complaints procedure was also available in easy read format.

# Is the service well-led?

## Our findings

The service had a culture that was open and encouraged good practice. A manager was in place who was registered with the Care Quality Commission. Staff felt supported by them. Staff spoke positively about the registered manager and their leadership. Staff told us they could speak with the registered manager about any concerns and they would feel comfortable to do this. They also felt they would be listened to. One staff told us, "The manager is approachable." We saw the registered manager operated an 'open door' policy with people using the service entering the office freely at any time. Relatives told us they were always made welcome and were contacted regularly. One relative said "The manager is very helpful." Staff told us they felt the service was well managed and that they received the support and guidance they needed to carry out their duties and to meet people's needs. The manager was available on 24 hours basis to respond and support any staff in need of support and assistance in carrying out their duties when in doubt of actions to take in unusual circumstances.

There were quality monitoring programmes in place, which included people giving feedback about their care and support. The provider had a system to assess the feedback provided in the satisfaction questionnaires and to take action where required to address areas where a need for improvement had been identified. We saw the satisfaction surveys that had been completed in February 2015 by people using the service or by their representatives and they were happy with the care and treatment that they were receiving. This demonstrated that the registered manager used feedback to assess, monitor and improve the service and gave people the opportunity to have their say about the service that was provided.

The provider had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included audits of people's records, risk assessments and health and safety. This ensured that issues were identified and addressed, and where actions

had arisen from the checks we saw that progress was noted. These ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted.

The service had a number of policies and procedures which gave guidance to staff in a number of key areas. We saw staff were asked to read and signed when policies and procedures were updated to ensure they kept themselves up to date with the changes. The registered manager had recently reviewed and updated all the policies and procedures at the service to reflect any changes in regulations.

There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented. Records of accidents, incidents and complaints we reviewed included an analysis of what had happened and improvements that could be made to prevent or minimise the risk of them reoccurring. Staff told us that any incidents were discussed at their team meetings, which meant everyone was aware of what had happened and improvements that were needed. Information held by CQC showed that the manager submitted statutory notifications for events involving people who used the service, and for incidents affecting the service. Records showed that these were reported to other agencies where appropriate, such as the local authority and other agencies. The registered manager and staff worked well in cooperation with these agencies as and when required.

Meetings were held on a regular basis for the people who used the service and for staff. We saw evidence of meeting minutes which documented what had been discussed and any follow up action needed from the feedback received. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received. This helped to ensure staff were kept suitably informed. Staff told us they attended regular team meetings and found them useful as they could discuss any issues they might have.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure the proper and safe management of medicines as procedures on administration of medicines were not being followed and could put people at risk. Prescribed medicines had been administered but not signed for or not administered but signed for. Regulation 12(g).