

Tealk Services Limited

# The Beeches (Seven Kings)

## 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 12 June 2018 and was announced. At the last inspection on 01 June 2017, the service was rated as requires improvement. We asked the provider to take action to make improvements regarding fire safety, storage of COSHH (Control of Substances Hazardous to Health) materials, how accidents or incidents were investigated and the risk of people, visitors and staff consuming contaminated water. This action has been completed.

The Beeches (Seven Kings) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care and accommodation for up to ten people with a history of mental illness. At the time of our visit, there were eight people using the service.

There was no registered manager in place. The manager was in the process of applying to register with us. 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.

People were supported in safe way and staff had a good understanding on the actions to take to reduce risks to their well-being. The provider had safeguarding policies and procedures.

There was enough staff employed to meet people's care needs. Recruitment procedures were robust to ensure staff employed were suitable to support people.

People were supported by staff that had been trained to administer their medicines safely.

The service was clean and tidy. Staff knew how to use safe infection control practices to help people avoid infections.

Staff received training and support to ensure they had the skills to provide people's support in a safe way. New staff received induction training to provide them with the skills to care for people.

The manager and staff understood their responsibility to comply with the requirement of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices and had control over their lives. Staff respected people's privacy and dignity and people were encouraged to be independent. There were good interactions between staff and people who used the service. People and relatives said staff were kind and caring.

People were involved in planning the care and support provided by the service. They received health support from staff that knew them well and understood their individual needs. People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

Records showed people had regular access to health and social care professionals. Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed. There were suitable activities for people to join in.

The provider had a complaints procedure which people could access and made aware of. The manager ensured that any issues raised were resolved to the satisfaction of the person.

The provider sought the views of people who used the service, staff, relatives and professionals and responded to them to help improve the service. There were regular audits carried out to ensure the quality of the service provided was maintained.

## 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. Staff understood their role in safeguarding people and how to raise concerns about people's safety.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. These were reviewed on a regular basis.

Sufficient staff were available to meet people's needs and a robust recruitment system was in place.

Staff had been trained in medicines administration and arrangements were in place to ensure people received their medicines safely.

There were systems in place for the monitoring and prevention of infection.

### Is the service effective?

Good ●

The service was effective. An initial assessment of people was carried out before they started using the service.

Staff received an appropriate induction and regular training. They were supported through regular supervision and appraisals.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their hydration and nutrition. Staff responded when people's health needs changed and made referral to other healthcare professionals.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness, compassion and respect. Staff interacted with the people in a positive manner.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were respected.

People were supported to be as independent as possible. Staff were aware of people's preferences and encouraged people to have a say in how their needs were met.

### **Is the service responsive?**

The service was responsive. People received care and support that met their needs and took account of their personal circumstances.

People were supported with their interests and hobbies and links were forged with the local community.

The provider's complaints policy and procedure was accessible to people and their relatives.

**Good** ●

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

The service was well-led. The management culture was positive where people and staff felt involved and listened to. Staff told us they felt supported.

People and their representatives felt the service was well managed and staff felt supported.

There were regular audits carried out to monitor the quality of the service and drive improvements. The provider had systems in place to monitor safety and quality and to drive improvements.

**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 inspection took place on 12 June 2018 and was announced. It was carried out by one inspector. The manager was given one-hour notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also reviewed the information that was shared with us by the local authority and spoke with the local authority commissioners.

We also looked at the 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.

During the inspection visit we spoke with three people in the service, the manager, two members of staff and a visiting professional. We observed how the staff interacted with people and how people were supported. We looked at three care plans, including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, minutes of meetings and documents in relation to the monitoring of the service.

After the inspection, we spoke with two relatives over the phone to get their views on the service.

## Is the service safe?

### Our findings

At our last inspection in June 2017, we noted that none of the fire doors were closing properly against the frames. One bedroom door did not close at all and another door was propped open by a wedge. The laundry room door was also held open with a fire extinguisher. During this visit we found that the provider had taken action to ensure all the fire doors closed properly. Where fire doors needed to be left open, the provider had also installed magnetic devices and these released the doors and allowed them to close in the event of an emergency. This helped to avoid the doors being propped open and ensured people lived in a safe environment.

We also noted in June 2017 that there were fire and personal emergency evacuation plans (PEEP) in place for each person living in the service. However, they were not comprehensive and did not provide enough information to staff to evacuate people safely in the event of a fire. At this visit we saw the PEEPs had been reviewed and contained the support individuals would require evacuating the service safely in the event of an emergency. We saw staff carried out regular fire drills and fire alarm testing as well as checking if the fire doors closed as they should.

During our inspection in June 2017, we noted the provider was failing to ensure people had access to clean drinking water as we found the shower heads in five shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. During this inspection we found that the provider had taken action to stop this from happening. This helped to ensure everyone had access to clean drinking water in the service.

At our visit in June 2017, we also found COSHH (Control of Substances Hazardous to Health) materials were not being kept locked. We also found a knife on the top shelf in a cupboard in the kitchen. The registered manager informed us that all knives must be kept locked due to the risk one person posed to themselves, other people and staff if they accessed a knife. During this visit, we saw that all COSHH materials and knives were kept locked. This helped to ensure the safety of people, staff and visitors to the service.

The provider had a business continuity plan for unforeseen emergencies such as power failure or loss of the gas supply to the service. This gave staff information of what to do in those situation to ensure people continued to receive care with little disruption.

There was a system for reviewing all aspects of health and safety within the service. We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, such as, gas safety, portable appliance testing (PAT) and Legionella test.

People told us they felt safe around the staff and living at the service. Relatives also said that they felt the service was a safe environment and that their family members had not raised any concerns to them about the safety. One relative said, "Yes, it is a safe place, [person] will tell if something is wrong." One person said,

"I am safe here."

The provider had policies and procedures for safeguarding people who used the service. We saw staff had received training on how to keep people safe. Staff understood different types of abuse and knew what action to take if they suspected that abuse was taking place. Staff also knew which other external agencies they needed to contact without delay should they witness, be informed, or suspect that people who used the service were being harmed or placed at risk of harm. They told us how they would respond if they suspected people who used the service was at risk of abuse or harm. There was information displayed regarding safeguarding in the entrance of the service and in the staff office. We saw that safeguarding adults during staff meeting and staff supervision.

We saw risk to the people was appropriately assessed and recorded in care records. This covered areas such as people's behaviours, when people go out in the community on their own and risk of people absconding. Steps that were needed to reduce the risk were in place. We found that risk assessments were reviewed and updated to reflect any changes in people's needs. Where applicable the manager sought advice from other healthcare professionals to help manage people's behaviours and thus reduce the risk. One relative told us, "The staff know how to look after [person] when they get upset, this helps with their behaviours."

We found that accidents and incidents were recorded appropriately. The manager analysed them to identify patterns and triggers. This helped to see what improvements could be made to prevent or minimise the risk of them reoccurring.

The provider undertook all necessary checks before new staff began work for the service. We looked at three staff files and found that they had written references, application forms, employment histories, identifications and a Disclosure and Barring Service check (DBS). This is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. We saw that staff did not start work at the service until all relevant checks had been carried out. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. Staff confirmed that they had an interview and a number of checks were done before they started to work for the service. They also had their immigration status checks done to see if they were allowed to work in the UK.

People and their relatives told us there were enough staff employed in the service. During our inspection we observed that staff attended to people's needs promptly when they needed help. Staff also mentioned to us that the service had enough staff on each shift and this helped to keep people safe. One relative said, "There is always enough staff around." We looked at the duty roster for the past three weeks and found that the level of staff on each shift corresponded to what the manager told us. The provider did not employ any agency staff. Any sickness or annual leave were covered by staff who worked for the provider's and this helped to ensure people's needs were met in a consistent way.

We looked at how the service managed people's medicines and found the arrangements were safe. People did not raise any concerns about the way they received their medicines and were happy with the way staff administered their medicines to them. One relative told us, "The staff are good at making sure that [person] has their medicines regularly." People received their prescribed medicines by staff who had been trained in how to administer medicines safely. Medicines were stored securely in a locked trolley. We looked at all the current medicine administration records being used and found they had been completed accurately and there were no gaps in signatures. This helped to ensure people received their medicines as prescribed by their GPs. There was guidance in people's care plans to inform staff how much support people needed with their medicines. Staff carried out daily checks to ensure people had received their medicines as prescribed and to identify any errors or missing signatures.



During the tour of the service we found it was clean and free from malodours. The provider had policies and procedures for the control and prevention of infection and staff had received training in this topic. Staff had a good knowledge of how to control infections. They were provided with suitable equipment such as disposable gloves and aprons and this helped in preventing the spread of infection. Relatives commented positively about the cleanliness of the service.

## Is the service effective?

### Our findings

People living at the service and their relatives told us they thought that the staff were suitably skilled. One relative told us they were very happy with the care and support being provided by staff and said, "The staff know what they are doing."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Before a person started to use the service, the manager carried out an assessment to see if the service would be able to meet their needs. Information was obtained from relatives and other care professionals during the assessment process. We looked at a recently completed assessment and found that although it was comprehensive, more information could be added such as people's spiritual needs to make it more holistic. This was discussed with the manager who agreed to look into how they could improve the assessment process further.

From training records, we found staff received appropriate professional development. We saw staff had received training in a number of key areas relevant to their roles such as medicines administration, moving and handling, risk assessment and first aid. Staff told us they received good training and support. One member of staff told us, "The training I had, have been very good, this helps me with my work." We saw certificates of courses attended in the staff files. Staff had regular refresher training and this helped them to keep their skills up to date. The manager monitored staff training closely to ensure that staff were up to date with their training.

Staff told us they felt well supported by the manager. They had regular formal supervision which them and these were recorded. Staff felt that they were able to discuss any issues they might have during these meetings. We saw copied of staff supervision records and noted a range of issues were discussed, including staff training needs. This indicated that the manager regularly assessed and monitored the staff's ability to meet people's needs.

The provider had an induction programme for all new staff. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures. From staff files we saw new staff had completed an induction pack where a number of areas were covered. New staff were enrolled on the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I had my induction with [manager] and it was very helpful."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were compliant.

We noted that staff had received training and had a good knowledge of the main principles of the MCA. The manager was familiar with the processes and principles of the MCA and DoLS. They had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. Two people had a DoLS in place. People were supported to make decisions about their care and support. They had a mental capacity assessment in place. Staff asked people for their consent before they provided them with care and support. Records showed that people had given their consent to care being provided to them.

People were happy with the support they had to eat and drink. One person told us, "The food is good." We saw the menu was displayed in the kitchen so people knew what meals they were having and could request an alternative if they did not want what was being served. People had their weights checked every month to ensure they were not gaining or losing weight. Where people who were at risk of malnutrition we saw staff made appropriate referrals to healthcare professionals for advice and support. For example, one person had fortified drinks prescribed by their GP. This helped to ensure they remained healthy. The menu changed every four weeks and clearly identified choices. The people living at the service were actively involved in choices.

People living at the service were supported to maintain good health by accessing a range of community services. The manager told us if they had any concerns they would take appropriate action to ensure that people's health was maintained. We saw evidence in people's records which showed people had been referred for assessment and treatment to other health services for example the local GP. People were supported to attend health care checks and community health professionals were involved to provide advice and intervention when needed. Relatives told us staff kept them informed of any changes to the health of their loved ones. One relative said, "They [staff] phone me to let me what is going on." We also saw evidence of health action plans which detailed a range of healthcare needs and other important information. A visiting healthcare professional told us, "Staff are very good here. They do let me know what is happening."

## Is the service caring?

### Our findings

People and their relatives spoke positively about the staff and the care and support provided. They said the staff were kind and caring. Relatives felt the staff treated people with respect and knew them very well as they had built a good working relationship with the people who used the service. One relative said, "[Person] is very happy there and they get on with the staff very well. If they had any concerns they would tell me, but no, they are happy at the home." People described the staff as "very good" and "very caring" when we asked them about how they felt the staff were.

During the inspection, we saw staff interacted with people in a friendly manner. They were polite to them when attending to their needs. Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. We saw when people got upset, staff took appropriate action to make them feel comfortable. For example, a staff member took a person for a walk as during our visit as they were getting a bit anxious.

We saw people either watching television or chatting with staff in the communal lounge. People who smoke, were able to do so in a dedicated area within the ground of the service. The atmosphere in the service was relaxed and people were free to go out and come back whenever they wanted. However, staff always encouraged people to contact the service if they were late coming back. People had access to their bedrooms at all times if they wished to be alone.

People were treated with dignity and respect. We saw staff always knocked on people's bedroom doors before they went in thus protecting their dignity and privacy. Staff described the action they took to ensure people's privacy and dignity was protected during care tasks. These included keeping curtains drawn and closing doors. One member of staff told us, "When I am helping a service user with personal care I make sure I close the door."

Information about people were treated confidentially. Staff were trained in confidentiality and data protection issues. They were aware information provided in confidence should not be disclosed except to an authorised person. The provider had policies and procedures in place to cover this subject. The manager ensured that confidential records were stored securely in the office when not in use.

People had access to an advocacy service and there was information about how to access it should they wish to. An advocate is an independent person who can help to provide a voice to people who otherwise may find it difficult to speak up. At the time of our visit, none of the people needed or had an advocate.

People were supported in promoting their independence. They were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms and helped with household chores such as clearing the table after mealtimes. Relatives commented that the staff were good at helping people to maintain and develop their independent living skills. They said this helped their family members build up their confidence and maintained their abilities in some areas which they used to manage independently.

People were able to choose how they wanted their care delivered. They decided on how they wanted staff to care and support them and the gender of staff they wished to support them. People had their likes and dislikes, choices, and preferred routines recorded. This helped to ensure staff had the information required to meet people's needs in a personalised way. Staff knew people they supported well. For example, they knew what people liked to eat and how they liked to spend their time. One member of staff told us, "[Person] does not like his room untidy."

Where people had any spiritual or religious needs, we saw these were documented. People's diversity, values and human rights were respected. Staff treated people equally, regardless of their abilities, values, beliefs, cultures, background or lifestyle.

Relatives told us they were free to visit the service at any time and staff made them feel welcome. Staff encouraged to maintain relationships with their relatives and friends. One relative told us, "[Person] phones me regularly."

## Is the service responsive?

### Our findings

People and their representatives told us they were happy with the care and support that were provided by the staff. One relative said, "I am very happy with the staff, they look after [person] better where (the service) they were before." Another relative said, "It is a good home." One person told us, "They [staff] look after me well." People indicated to us that they were well looked after.

We saw that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three plans of care and found they were personalised and provided staff with detailed guidance about how people's personal care and support needs should be met. They contained information about people's needs, abilities, likes and dislikes. Information about people's past lives and achievements was also included and this helped staff understand about the people who used the service.

We saw each care plan contained personal information about how to meet the needs of the person. For example, in one care plan, it stated, "[Person] likes to go back to their room after breakfast and medication. They like to go and listen to the music." This showed that person centred planning was in place, which considered all aspects of people's individual needs. The care plans had different headings, such as, physical health, mental health, nutrition, communication and personal care. These showed what needs each person had and what action staff needed to take to support them accordingly. People were involved in their care planning where they were able to do so. Relatives told us they had been involved in their family care planning process.

The manager operated a key worker system where each person was allocated a member of staff who coordinated their care. When we asked staff for a summary of people's needs they were knowledgeable about these. The keyworker had monthly meeting with the person they were allocated. During those meetings a number of areas were discussed such as if they had any concerns, what health appointments were coming up, where they would like to go on holidays and any food they would like to eat.

We saw care plans were reviewed and updated to reflect people's changing needs each month. This helped staff to keep up to date with any changes in people's needs. Reviews were also held for people by their relevant health and social care professionals. For example, on the day of our visit, a social worker came to review a person to see how they were getting on as they had recently moved to this service. The social worker told us that they were satisfied with the care and support the person was receiving. They further commented that the person was happier compare to where they were before. From records, we saw people were involved in their reviews to discuss their care and support.

Staff completed a daily record of what care and support people had received. There was also a handover between each shift. All this helped staff to keep up to date with any changes in people's needs as well as what was happening at the service.

We saw activities were organised according to people's choices, interests and needs. People took part in

activities such as going to the local pub or park, board games, day trips and eating out. We noted that when people had their monthly meetings, they were asked about activities they would like to take part in, in the coming month. People were able to choose if they wanted to join in activities. Most people were able to out in the community on their own. Three people needed staff to accompany them due to their health condition and for safety reasons. Some people also visited their relatives regularly and stayed over with them during the weekends. Staff encouraged people to visit friends and family and this helped to avoid social isolation. During our inspection we saw that people chose how they spent their time. People could spend time in their own rooms or in the communal areas.

The provider had a complaints procedure available to people who used the service and visitors. Information on how to complain was available to people in appropriate format. A copy of the complaints procedure was displayed in the hallway of the service. Details of external organisations were included in the complaints procedure if people or their relatives felt their complaints were not resolved satisfactorily. One person said, "I will talk to the manager if I am not happy." A relative told us, "I will speak with the manager, but I don't have anything to complaint about." People were supported to raise any concerns during their monthly meetings. We saw that the manager had responded appropriately where a relative raised a concern recently about not understanding what a staff member was telling them.

We saw people's last wishes upon death were recorded. This helped to ensure staff had all the relevant information about people's last wishes and acted upon them accordingly in the event of their death.

## Is the service well-led?

### Our findings

At the last inspection in June 2017, we saw that regular checks were completed around medicines management, care records, risk assessments, general environment of the service, infection control and health and safety checks. However, we noted that staff were not completing the health and safety checks fully when they were doing them. Two records were half completed and had not identified all the hazards we had found during our last visit.

During this visit, we found the provider had made improvement in this area. There were regular comprehensive audits carried out to monitor the quality of the service and to identify how the service could be improved. We saw where the manager had identified maintenance issues, they informed the handyperson and action was taken to ensure the repairs were carried out promptly. For example, we noted two fire doors were not closing properly and the handyperson came to fix them to ensure the safety of people, staff and visitors to the service. We also found that care plan reviews, risk assessments, medicines records, staff training and medicine management were audited. This helped to ensure that people who used the service benefited from well managed care and support.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our visit, the manager was in the process of applying to register with CQC to become the registered manager. They were waiting for their interview date.

People and their relatives told us that the management team was approachable and they could talk to them at any time. We found the manager had good knowledge of the people who used the service as well as the staff. They took an active role with the running of the service. Staff told us the management team were supportive and helpful. One member of staff said, "The manager is very good to work with." A relative told us, "The manager is good, they keep us inform and we don't have to worry about [person]."

The manager was aware of their responsibilities and had notified us of all events that we needed to be aware of and this was done without delay. They knew it was an offence for not doing so. For example, they had notified us very recently of a safeguarding concern and this was done in a timely manner.

There were clear lines of responsibility and accountability within the management structure. The manager operated an open door policy, whereby staff could speak to them about any concerns at any time. Staff were kept informed about matters that affected the service. We saw there were regular staff meetings where there were discussions about the service and about people needs. One staff member told us these meetings were very useful to everyone working at the service.

Staff had access to policies and procedures. These were reviewed and kept up to date to ensure they were relevant to the latest guidance or regulations. We saw staff had signed some policies to indicate they had



read and understood them. Staff were able to describe to us the values of the service.

The provider had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, staff, relatives and other professionals through an annual quality survey. We looked at the most recent completed surveys and found the responses were positive. One staff commented, "I am happy with the way the home is running, I have no complain." A relative wrote, "[Person] seems very happy at the beeches. I cannot than you enough. They are very settled, behaviour excellent." The manager analysed all the feedback that they had received. If there were any negative ones, they responded to them accordingly.

The manager worked in partnership with other organisations to support and care for people. We saw evidence that they were in regular contact with the local authority and other health care professionals to ensure people needs were met fully. The service had developed links with the local community. The manager had a good working relationship with a local authority and they had access to their training for the staff working at the service.