Ideal Care Homes (Number One) Limited

Beaumont Hall

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 17 August 2015 and was unannounced. We returned on the 18 August 2015 announced.

Beaumont Hall is a care home that provides residential care for up to 60 people and specialises in caring for older people including those with physical disabilities and people living with dementia. The service is purpose built and provides accommodation over three floors. All the bedrooms have an en-suite facility. At the time of our inspection there were 58 people in residence.

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

People told us they felt safe at Beaumont Hall and we found that staff had a good understanding of safeguarding (protecting people from abuse).

People's care needs were assessed including risks to their health and safety. Where appropriate, referrals were made to the relevant health care professionals in order to manage those risks safely. Risk management plans in

Summary of findings

place provided staff with the guidance to ensure people's needs were met. People at risk of poor nutrition had assessments and plans of care in place for the promotion of their health. However, people's consumption of food and drink could not be effectively monitored because the minimum intake was not known. We also found a mix of current and old care plans, which made it difficult for staff to ensure the support they provided was appropriate. We raised both issues with the registered manager and they assured us action would be taken.

Staff were recruited in accordance with the provider's recruitment procedures, which helped to ensure suitable were employed to look after people.

People told us there were not enough staff available to support them. Relatives also had the same concerns about there being not enough staff. On the first day of our inspection we heard people calling out for help and call bells rang constantly. With the increased staffing on the second day this was not the case. The provider agreed to increase the staffing numbers temporarily whilst the allocation and deployment of staff was improved. Although the planned rota were not yet reflective of the additional staff the provider had assured us that the staffing numbers would be increased to ten staff.

The home was clean and dedicated staff were employed to maintain the hygiene and cleanliness. At times care staff were required to assist with the house-keeping and laundry duties which meant people's needs were not always met or there was a delay. When we raised this with the provider they told us that the registered manager had the authority to use agency staff so that care staff could focus on meeting people's care and support needs.

Medicines were stored safely and people received their medicines at the right time. Further action was needed to ensure timely recording of the fridge temperatures to ensure medicines that needed to be refrigerated were safe.

Staff received an induction when they commenced work and on-going training to support people safely. We observed the staff supporting people safely when using equipment such as a hoist. We found some staff were not aware of how to support people living with dementia. When we shared our findings with the registered manager they told us additional dementia awareness training was booked for staff. Staff were knowledgeable about people's needs and could refer to people's care records. Staff received information about any changes planned to the service through meetings and staff appraisals.

People told us that staff sought consent before they were helped. People were protected under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and some staff understood their role in supporting people to maintain control and make decisions which affected their daily lives. When we shared this with the registered manager they told us additional training was booked for staff in MCA and DoLS. We found referrals, where appropriate, had been made to supervisory bodies where people did not have capacity to make decisions to were made in the individual's best interest. Further action was needed to ensure decision specific assessments were carried out. We raised this with the registered manager and they assured us action would be taken.

There was a choice of meals that met people's dietary needs. Drinks and snacks were readily available. People's views about the quality of food had been listened to and action had been taken to change the menu choices. The dining experiences for people were mixed. People who needed support to eat often had to wait because staff were not available or aware that they needed encouragement and support.

People's health needs were met by health care professionals. Records showed staff sought appropriate medical advice and support when people's health was of concern and were supported to attend routine health checks. Health care professionals spoken with confirmed this to be the case and told us staff followed the instructions given.

People told us that they were treated with care and that staff were helpful and we also observed this to be the case. However, some people had experienced care that did not always respect their dignity, rights or their privacy, which we had also observed.

People were involved in making decisions about their care and in the development of their plans of care. Where appropriate their relatives or representatives and relevant health care professionals were also consulted.

People were confident to raise any issues, concerns or to make complaints, as were their relatives. Records showed

Summary of findings

complaints received had been documented and included the feedback to the complainant. However, not everyone spoken with felt that their concerns had been addressed properly.

The registered manager understood their responsibility about the management of the service. There was a management structure in place. We saw at times staff were needed to be directed to ensure they people's needs were responded to and staff worked in a co-ordinated manner.

The provider's quality governance and assurance systems were not used effectively and consistently to ensure people's health, safety and welfare. Feedback from people who used the services, their relatives and staff were not always acted on or monitored to make the changes to the quality of care provided. Internal audits carried out were not always completed in full and actions to address any shortfalls were not monitored and sometimes not addressed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not safe consistently safe.

People told us that they received the care they needed. People told us they usually received their medicines at the right time. Risks to people's health and wellbeing had been assessed. People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Safe staff recruitment procedures were followed. There were not enough staff available to safely support people and also manage the needs of the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained and supported to enable them to provide the support and guidance people required. Staff would benefit from further training to help them support people who lack capacity and those living with dementia.

Staff obtained people's consent before supporting them. The registered manager understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, which ensured people's human and legal rights, were respected.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us that the staff were kind and caring. They told us at times staff were not responsive to their needs, which had compromised their dignity and wellbeing. We saw a mix of interaction between staff and people; some were positive but not all.

People were not consistently treated with respect and dignity by staff. In some instances staff's approach to people's care and support was task focussed and sometimes did not show care towards people living with dementia.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed prior to moving into the service and they or their relatives were provided with the opportunity to review their care. However, records did not always show they were consulted about any decisions made.

Summary of findings

People we spoke with told us the staff team were approachable. There were opportunities for people, their relatives and staff to influence and comment on the service; however, these were not always acted upon.

People felt confident to make a complaint. The complaints process was clear but actions taken to address the complaint did not always bring about a positive change.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a registered manager in post. The staff were not always clear about their roles and responsibility. There was a lack of management direction, which affected the quality of care people received.

People had opportunities to share their views about the service and put suggestions forward as did their relatives and staff. Because no one took responsibility to act on or monitored the improvements needed, the changes did not always happen.

The provider had assurance and governance systems in place but these were not used consistently to assess and monitor the quality and safety of care provided.

Beaumont Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. We arrived unannounced on 17 August 2015 and returned announced on 18 August 2015. The inspection was carried out by two inspectors and an expert by experience on 17 August 2015. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were two inspectors who returned on 18 August 2015.

We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

We spoke with 20 people who used the service and 14 relatives and friends who were visiting their family member or friend. We also spoke with three visiting health care professionals.

We spoke with 12 staff involved in the care provided to people. Those included day and night care staff, senior carers and deputy managers. We spoke with the house-keeping staff and the cook. We spoke with two provider representatives who were at the service at the time of our inspection visit.

We looked at the records of five people, which included their plans of care, risk assessments, care plans and medicine records. We also looked at the recruitment files of seven members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, complaints and the minutes of meetings.

Following our visit we received information from relatives whose family member used the service.

We requested additional information from the provider and the registered manager in relation to staff training, scheduled staff rota and action plan in relation to the issues we had identified. We received this information in a timely manner.

Requires Improvement

Is the service safe?

Our findings

People told us that there were not enough staff to keep them safe. One person said they liked to be up in time to have breakfast with their friends at 9.30am and were often still in bed at 10.30am. Another said, "Sometimes you don't see any staff and I end up shouting for help" and went on to say that staff were not always properly managed to ensure people were safe.

Relatives we spoke with also raised similar concerns. One relative said, "We came last Saturday and [person's name] was still in bed at 12.30pm and not by choice. No one checked to see if she was ready to get up." Another said, "I'm quite happy with the care provided the only problem is the staffing at nights. There's only one on and they have to call to other floors to get help." Similar concerns about the staffing levels were received from the visiting health care professionals who often had to wait to see people until staff were available.

Staff also told us that there were not enough staff to meet people's needs across the three floors. The registered manger told us each floor should have a minimum of four or five staff. However, staff and people who used the service told us there were times when only two or three were on duty. Because staffing levels were inadequate people had to wait to be supported. We saw staff called for help from the other floors but often had to wait because no one was available.

We found staff were often required to cover the laundry duties, collecting the meal trolleys and help with the cleaning as the house-keeping staff were not always on duty when spillages happened. This was the case on the first day. We saw a member of staff was seen changing the bedding whilst the calls bells were ringing and one person was calling out for help. We intervened and raised concerns with the registered manager who directed staff to respond to the call bells. Another occasion staff had asked a relative to 'keep an eye on everyone' in the lounge so that they could respond to the call bell. We also saw the receptionist in the lounge so that staff could attend to people's needs, which meant people were not supported to stay safe. When we raised our concerns with the provider they assured us that staffing would be increased immediately.

We found on the second day of our visit staffing had increased from 10 to 12 care staff and an agency staff used to manage the laundry. We found that the deployment of staff was such that there were more staff on the floor where people had capacity and could summon help as opposed to people living with dementia on the other two floors whose daily needs could vary. This meant people could be assured they were supported to stay safe.

The registered manager used a dependency assessment tool to determine the number of staff required, but that was not updated since June 2015. From our discussion with the staff and observations made, it was evident that the registered manager was not aware of the number of people whose needs had changed and those who now required two staff to support them. The worked staff rota for the previous month we looked at showed that the staffing numbers and deployment of staff was not maintained. That meant people were not consistently supported to stay safe. The scheduled rota given to us did not reflect the assurances given to us by the provider. This meant that staff were not able to help people to stay safe.

This was a breach Regulation 18(1) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider's staff recruitment procedures were robust. Staff recruitment records we looked at confirmed that relevant checks had been completed before staff worked unsupervised. Staff we spoke with all confirmed that they completed the provider's induction training, which included working alongside experienced staff.

People told us they felt safe. When we asked one person what it meant to feel safe they said, "I know when someone is causing me harm" but were not aware of their rights or the action they could take if someone was causing them harm. When we raised this with the registered manager they assured us people would be given information about the procedure at the next 'residents meeting.'

Visitors spoken with felt their family member was safe. When we asked one relative what they would do if they had any concerns about the care of their family member they said, "I'd go straight to the manager."

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. Staff spoken with had received training in how to protect people from harm and

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Is the service safe?

abuse. Staff were clear about their role and responsibilities and confident to use the provider's whistle-blowing procedure to report concerns to the external agencies such as the Police and the Care Quality Commission.

The registered manager had reported a safeguarding incident to us and to the local authority safeguarding team. It showed that staff understood and followed the reporting procedures and action had been taken to prevent a similar incident from happening again.

The local authority responsible for some people who used the service told us they had no concerns about people's safety. All but two concerns had been concluded and that the registered manager had taken steps to ensure people were safe.

People told us that they had been involved to ensure risks to their health and safety had been assessed. People's care records we looked at showed risks associated with health had been assessed and measures identified to ensure support provided was safe and appropriate. These were regularly reviewed and covered areas of activities related to people's health, safety, welfare and lifestyle choices. We found that risks to individuals' safety and health were generally managed and where appropriate, advice was sought from the relevant health care professionals. The visiting health care professionals we spoke with confirmed this to be the case.

We found that whilst care plans were in place that provided staff with sufficient guidance to ensure people's needs were met safely, it was difficult to identify the one that was relevant and most up to date. We also found that people who were unable to use the call bell to summon assistance or at high risk of falls were not always checked regularly. Another person had equipment provided to minimise the risk of falls and staff should check on the person's safety regularly. However, the records showed checks were not done regularly. When we asked staff about this some told us that they forgot and others said they were busy supporting other people. It highlighted that staffing levels and deployment of staff being inadequate affected staff's ability to ensure people who needed to be checked on regularly were safe. We shared our findings with the provider and registered manager and they said they would review the staffing levels.

There were systems in place for the maintenance of the building and equipment. We found small electrical items found in people's rooms and in the communal areas had not been annually serviced. When we reported this to the registered manager, they assured us that the maintenance person would test all the items and ensure records were updated.

People told us that they understood what their medication was for. One person told us staff brought their medicines to their room in the morning as they preferred to have their breakfast in their room. Most people said they received their medicines at the right time. One person had not received their medicines until 11.15am, which should have been given between 8am – 9am. When we asked the senior member of staff about this they acknowledged they were late giving the morning medicines as they were assisting people to get up. Although the member of staff was aware of the minimum time between each administration it further highlighted the risk to people's health if staff were not available to give people their medicines at the time prescribed. We shared our findings with the provider and the registered manager and they assured us action would be taken.

We saw that only trained staff were allowed to administer medicines. We observed the staff administer medicines, which they did individually and records were completed accurately. Staff followed the correct protocols for medicines administered as and when required, otherwise known as 'PRN', and recorded the quantity of PRN medicines administered, which helped to ensure the person's health continues to be monitored.

Staff told us that one person received their medicines disguised in their food and drink. Records showed that this had been authorised by the GP but there was no decision specific mental capacity assessment carried out for this person. The registered manager sought advice from the pharmacist when this was brought to their attention. The care plan and the medicine administration record provided staff with the guidance to ensure the medicines were administered correctly.

We found medicines were stored in a locked room, managed and disposed of safely. We found that the medicine fridge was not always locked and the daily fridge temperatures for both fridges were not monitored. The provider assured us they would ensure new key was provided to lock the fridge and monitor the completion to those records.

Requires Improvement

Is the service effective?

Our findings

People were happy with the staff that looked after them. They found staff understood their needs and helped them with their daily physical care and support needs. One person who needed staff to support them with daily care needs told us they felt safe and confident that staff knew how to help them properly. They said, "[staff] help me to shower and will check at least twice to make sure everything [referring to the shower chair and walking frame] is in order." When we asked another person whether they felt staff were trained to support them they went on to say, "Oh yes, I have great trust in them." A third person told us that staff helped them to be ready in good time so that they could go out with their friends. That showed people's freedom and choices were supported by staff.

Relatives found staff were trained to look after people. One relative told us they had observed two staff using a hoist to transfer their family member safely into bed. Another said, "The staff seem to know what they're doing."

We saw staff sought consent before they helped people. We also saw two staff used a hoist correctly to transfer a person from the wheelchair into an armchair. Another staff member guided a person using a walking frame to the lounge; they walked at the pace that was comfortable for the person, gave clear instructions and chatted, which also promoted their wellbeing.

Staff spoken with confirmed that they had received induction and on-going training to look after people. One staff said, "Yes there is plenty of training." Other staff said, "We have a staff meeting every two to three month. Most things are actioned but not the staffing" and "We could have more support and thank-yous." Staff said they had daily handover meetings which provided them with updates on each person to ensure their needs continued to be met. Records showed that staff had received induction training which included practical training in first aid, health and safety and moving and handling people safely which involved the use of equipment.

Staff spoke positively about the training they received and told us about the training they had attended. The training matrix showed that staff had completed training in topics related to the promotion of people's health, safety and welfare. Records showed that not all staff had received training specific to meet the needs of people using the service such as dementia awareness. There were no records to show that staff competency had been assessed with regards to moving and handling practices and administering medicines. We raised our concerns with the provider and they confirmed further training was booked in medicine awareness, infection control, challenging behaviours, manual handling, health and safety, and safeguarding for September 2015.

Staff also told us they attended regular staff meetings which were informative but felt issues raised about staffing and care planning were not always addressed. For instance, staff requested additional staff for the busy times of the day but felt nothing was done. Staff felt they had to manage the challenges themselves and one said, "We try our best to help everyone and sometimes people have to wait." Staff told us that had regularly supervision meeting with their supervisor. These focused on staff personal development and the needs of people using the service.

The registered manager and some staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not every staff member we spoke with were aware of the people with an authorised DoLS, which could result in someone's liberty being deprived unintentionally. When we shared this with the registered manager they assured us steps would be taken immediately to address this. Further training in MCA and DoLS was booked for staff in September 2015.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA and DoLS exists to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. Three people were subject to an authorised DoLS at the time of our inspection. Their care records showed that mental capacity assessments were carried out for people where it was felt their liberty had been deprived and the registered manager made appropriate referrals to the supervisory authority. The care plans detailed the support each person required as per the authorisation.

We found there were no health decision specific mental capacity assessments carried out for one person who had their medicines disguised in food and drink and for another where equipment was used for their safety. We raised this with the registered manager who assured us a mental capacity assessment would be completed.

Requires Improvement

Is the service effective?

People told us they were happy with the meals provided and the menu choices. We spoke with a group of people at the dining table. One person said, "You can have a cooked breakfast everyday if you want or there's cereal and toast." Another said, "Why is it always yoghurt? I mean I like yoghurt but not every day!" Although people were satisfied with the quality of meals some people felt there was not enough choice. When we shared this with the cook they told us other options were available and would ensure staff were aware of them.

Visitors and relatives spoken with were happy with the choice of meals and commented positively on the drinks and snacks available throughout the day. One relative told us that alternative meals were always available and said, "[person's name] has put on weight and looks happy here." Another relative said, "The food is excellent."

The meals were served individually and alternatives were available for those who preferred to eat something else. The meals were presented well and looked nutritionally balanced. People's independence was promoted as they were provided with adapted cutlery to enable them to eat without help from staff.

The lunchtime service on all three floors varied. Whilst on one floor people enjoyed the meal time experience the other two floors were chaotic. One person struggled to eat their meal as it was not cut up into small pieces and another person fell asleep after waiting for staff to help them. Staff were not available to help people or were doing other non-caring tasks. We shared our observations with the registered manager and provider and they assured us staffing at meal times would be reviewed.

On the second day of our inspection we found people on all three floors had had a positive meal time experience, because staff were supportive and available to help people when required. Staff spoke positively about the change of priority, which meant they could support people to eat and this helped to maintain their health.

The cook told us that the menus were to be changed so that more traditional favourite meals were provided. We saw that the current menu included choices such as vegetable korma or roasted ratatouille pasta which people could find difficult to understand. They told us all the meals were home cooked and fortified by using double cream and full fat milk. They understood people's nutritional needs and prepared meals to meet people's dietary needs such as diabetic meals and gluten free meals. The cook told us that one person enjoyed the traditional home cooked meals brought in by their relative, which met their cultural diet. They told us relative were keen to remain involved in their family member's life and this was one way of promoting their cultural and wellbeing. Although they had general information about people's specific dietary needs and they felt it would be of benefit to know more about people's likes and dislikes of food so that menus could reflect people's preferences.

Records showed that an assessment of people's nutritional needs and plan of care was completed which took account of their dietary needs. People's weights were measured and where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and the dietician. Staff described how they supported the person which showed that they followed the advice and guidance provided which were detailed in the care plans as recommended by SALT team. Staff did monitor how much a person with poor appetite ate and drank, but there was no guidance as to what the recommended intake should be. When we raised this with the registered manager they assured us action would be taken to confirm the recommended daily intake for those people.

People told us their health and medical needs were met. People could see the GP who visited the service twice a week. One person told us that a nurse visited them regularly to help meet their specific health needs. They said, "It's so much better now that the doctor comes here. I know the staff will call the doctor if I'm not well." People's care records showed that they received health care support from a range of health care professionals, such as doctors, nurses and attended medical appointments. That showed people health and wellbeing was maintained.

Relatives were satisfied that their family member's health needs were supported and where agreed were kept informed. We asked the registered manager to speak with one relative who raised concerns about their family member's health.

Health care professionals spoke with during the visit told us that staff were knowledgeable about the care needs of the people they supported. They felt staff sought advice in a timely manner and followed the guidance provided to meet people's needs.

Requires Improvement

Is the service caring?

Our findings

We saw people whose dignity was not respected and their appearance was compromised. We saw one person had very long, snagged and dirty finger nails and several people who still had food on their clothing from breakfast. A third person was slumped in their chair, unshaven, wearing a vest inside out, their pyjamas and undergarment low on their hips.

Two people complained about noise and how staff spoke to them. One said, "Why do the girls [staff] have to shout at you? We are not all deaf or daft." Staff talked over and about people, for example, "Is [person's name] pureed or normal food?" the other staff member said, "Normal. Do you want some dinner saving for your break?" We saw that most of the care given was 'task focussed', which accommodated the needs of the staff. That highlighted staff showed lack of respect towards people, their dignity and privacy.

A number of people who used the service consistently expressed concerns about the laundry. They all told us that they did not always receive the correct clothing, sometimes they wore clothing that belonged to other people living at Beaumont Hall or even had items of clothing lost. There was a box of clothes in the lounge. One person said, "It's a box of socks. No idea who they belong to." Another person told us that there had been occasions when they were not wearing their own clothes. The registered manager told us that they were trying to address the issue with the laundry and will continue to look at innovative ways to ensure people's clothing is returned to them.

A number of relatives spoken with also expressed concerns about the laundry. One relative told us that they raised concerns with the registered manager and because there was no improvement was evident they decided to manage their family member's laundry themselves. Another relative also laundered their family member's clothes at home.

This was a breach Regulation 10 (1) (2) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

On the second day of our inspection, we found there were limited improvements made to support people to maintain their dignity. The person who had seen slumped in the chair was up, dressed and clean shaven. They looked happy as it was their birthday and their relative also commented on their appearance and said, "[person's name] looks good." Staff had put up balloons and banners in their bedroom. A birthday cake had been decorated in readiness for the family celebration but there was a delay with the buffet tea which had not been prepared in time. We found out later that the delay was due to changes made to the role of the kitchen staff. The provider assured us that the registered manager had the authority to increase the kitchen staffing to meet the needs of the service.

We asked people about how staff ensured that their privacy was maintained. One person said, "The girls always show respect. They always have the bedroom door closed when they help me to get ready in the morning. They're very good." Another said, "These girls, [staff's names] are very good to me, I'm only being honest."

Everyone had their own bedroom with an en-suite facility, which helped in the support of their privacy and dignity. People's bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests.

People told us staff were kind and caring, and knew how they liked to be supported. When we asked people about their view about the care and support, the comments received included, "I can't fault the girls with regards to their attitude; they are all nice" and "Everyone is pleasant enough."

We received mixed responses from relatives about the staff. Some were complimentary about the staff and comments received included, "Overall the care is excellent. Staff are brilliant", "We are so thrilled [person's name] has received fantastic care and they've been very supportive towards the family" and "Can't fault the care provided." One relative told us that staff often ignored a person who we heard calling staff as they wanted to go to the toilet. Their family member had to wait 15 minutes before staff were available to help. Staff used a hoist to transfer them into a wheelchair and throughout this time it was evident that the person was experiencing discomfort.

Health care professionals told us that they also found staff to be 'kind and caring'.

We observed a variety of instances some that showed people had developed positive relationships with staff. We observed a staff member talked through a moving and handling procedure using a hoist. They re-assured the

Requires Improvement

Is the service caring?

person who was fearful but ended up smiling and contented as the transfer was done safely. However, there were other instances where staff did not always show respect towards people or recognise the needs of people living with dementia who may become anxious or distressed. For example, one person kept asking for things and kept moving items on the table. Staff did not recognise the person was become anxious and distressed. We saw another staff member approached the person who was becoming distressed; they offered them re-assurance, conversation and their mood visibly changed. We shared our observations with the registered and they confirmed further dementia awareness training was booked for staff in September 2015.

We asked people how they were supported to be involved in decisions made about their care and support. They told us that some staff always asked about the support they received which helped to ensure any needs could be supported. One person told us that were asked about how they wanted to be cared for and felt staff respected their wishes. Another person said that they preferred to have a bath instead of a shower and staff obliged and helped them. They remarked that staff were 'very respectful'.

Throughout our inspection we saw people received visitors and also went out with them. Staff were seen to offer people daily choices about food and drink and how they wished to spend their time.

People's records we looked at had information about how they wished to be cared for. Their individual choices, preferences and the decisions made were recorded. Where people lacked the capacity to make decisions, their views were sought from significant people involved in their care and treatment such as family and health care professionals. The daily records completed by staff included information about each person's day such as their involvement in activities outside of the service and contact with other people such as relatives, friends or professionals.

The registered manager told us regular meetings were held with the people who used the service and their relatives. These meeting provided people with an opportunity to comment and make suggestions about a range of aspects including the menus, activities that were of interest to people and any concerns. However, there was no record of any actions taken in response to the issues raised, which we shared with the registered manager and the provider.

Requires Improvement

Is the service responsive?

Our findings

People had been involved in their assessments of needs. Where some people lacked capacity to make decisions about their care needs, information was sought from other relevant people such as family members and health care professionals. One person told us they had visited the service before making a decision to move in. They were involved in the assessment process to determine whether their needs could be met.

We saw a number of instances which indicated staff were not responsive to meet people's needs. One person was heard shouting for help. They told us they often had to shout because staff did not always place the call bell close to them to summon help. They said, "I can't tell the number of times I've not been able to get the buzzer and have to shout at my loudest to get attention." Another person at lunchtime asked to go to the toilet and the staff member's response was, "Can you finish your dinner first? I'm busy at the moment." Another staff member assisted them a short while later.

On the first day of our inspection we heard the call bells constantly rang but staff did not respond or check the panel to see who needed support. The senior person in charge on each floor, were also busy supporting people, which meant they could not delegate or co-ordinate other staff to respond. The registered manager who also observed this responded as staff were not available. This further supported how the staffing numbers and the deployment of staff can impact on the care people received, which could affect their health and wellbeing.

The second day of our inspection there were no call bells rang. Staff were seen to prioritise and proactively check on people at regular intervals. We saw staff spent time with people; talking with them, doing puzzles and arts and crafts activity on the ground floor. There was laughter and conversation on the upper floor by the coffee shop as some people were in the salon. This showed that people's experience of life at Beaumont Hall could be positive if steps were taken to ensure the home had adequate resources and staffing to support people to experience a better quality of life.

A weekly newsletter was produced with information about social events planned, history and puzzles. There were photographs of different entertainment activities held at the service. Notices were displayed around the service advertising the planned activities for the month but we saw no activities taking place. A number of people had friends and relatives visit them who also spent time with other people. That seemed to be the only stimulation some people had because staff were too busy to spend time with them.

Relatives spoken with also told us they had been involved at the review meetings to support their family member to ensure the care and support provided was appropriate. A relative contacted us after our inspection visit and said, "We have been involved in every stage of [person's name] care, assessments, care planning and review. We're very happy with the staff there, they seem to know how to look after people with dementia and [person's name] is happy there."

Care records we looked included information about people's lives before they moved to Beaumont Hall, information about their life, family and interests. We found people's needs had been assessed and care plans developed showed how those needs would be met. People's needs had been reviewed but any decisions made were not always recorded. Although care plans had sufficient guidance for staff to follow it was difficult to identify the current care plan as old care plans no longer used were also kept. Daily records showed that staff followed the guidance in the care plans and had supported people accordingly most of the time.

Staff spoken with also described how they supported people and knew about what was important to people, their likes and their interests. One staff member said, "[person's name] always goes to bingo with their friend on Tuesday and likes to be ready" and "[person's name] sees the hairdresser most weeks."

We asked staff what their understanding was with regards to equality and diversity and how they promoted this in their day to day work. One staff member told us they had attended training in equality and diversity at their last place of work and gave examples of how they had put the training into practice. They told us that they supported people to go to the Church next door and take part in the coffee mornings.

People told us that they were aware of how to make a complaint about any aspect of their care and support provided. One person said, "Usually, if you tell the staff they

Requires Improvement

Is the service responsive?

do their best to put things right. But sometimes it's for the manager to deal with" Another person told us in their experience the staff had responded to their concerns and complaints promptly.

Relatives we spoke with felt they could speak with the staff on duty about concerns. One relative told us that they told the manager about their concerns and because nothing was done they made a complaint to the head office but did not receive a response.

We saw the provider ensured people had access to the complaints policy and procedure if required. We noted that the contact details for an independent advocacy service were not detailed and when raised with the registered manager they assured us that they would add the information.

The registered manager told us that the complaints procedure would be made available to people in different formats and languages, if required.

There was a system in place to record and investigate complaints. Records showed 17 complaints were received in the last 12 months and all had been investigated. The complaints related to staffing issues, laundry and staff not responding to meet people's care needs, which was similar to what people who used the service and visitors told us. This meant that although complaints were taken seriously and acted upon the improvements were not sustained as similar issues still arose. When we shared this with the provider they assured us that as part of their role they would review the improvements made to ensure practices had changed.

We were also told that the provider sent out surveys to seek the views of people who used the service. Relatives told us that surveys were available at the home and that they would be more inclined to complete them if they were sent to them, which we shared with the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. The management team consisted of the registered manager who was supported by the deputy managers. There was a management structure in place but we found instances where staff were not clear about their roles and responsibilities. At times staff did not co-ordinate how they worked and needed direction in order to meet people's needs. The service was not adequately resourced to ensure sufficient staff and support was provided to meet people's needs even though the provider had told us that the registered manager could use additional staff when required.

The provider had quality assurance and governance systems in place but these were not used consistently in order to effectively monitor the quality and safety of the service provided. The provider had a programme of when audits should be carried out but these were not done consistently or monitored. Some audits had been delegated to the deputy and senior staff to carry out with little or no training or guidance. For instance we found gaps in the recording of the daily temperatures for the medicine fridge and the medicine audit for June, July and August 2015, which we showed the provider and the registered manager. A number of electrical items had not been serviced which would have been identified if the audit process was robust. Although care plan audits were completed, issues identified had not been addressed.

There was little evidence to show how the management team effectively reviewed the audits and acted upon issues, as the same errors and gaps were repeated. The provider visit reports we read also showed that the quality of care and the management of the service was not effectively monitored. For example, there was no evidence that shortfalls and actions identified previously had been reviewed. Beaumont Hall had received a number of complaints some of a similar nature which we were continually told about. The provider representative told us that they had provided the registered manager with support recently and assured us that all future visits would include a review of any actions from previous visits including complaints and people's feedback.

People's views were sought and told us there were regular meetings which their relatives could also attend. These meetings provided people with an opportunity to make comments about the service, raise concerns and make suggestions about how the service could be improved. We asked people about changes made to the service as a result of their contributions. One person said the menu had changed and another told us their suggestion had not been well received or considered.

Relatives we spoke with had mixed views about the service. A relative said, "We're very happy with the home and the service." Another said, "I'm quite happy to raise things with the management. They only thing they've not deal with is the laundry." A third relative told us they used to be told about the meetings but not anymore.

We shared the comments from people who used the service and relatives with the provider. They assured us they would attend the next meeting and follow-up issues raise at the previous meetings.

Staff told us that they were encouraged to share their views and ideas through ongoing supervision and appraisal of their work. When we asked staff if they felt confident to speak with the management them their responses were mixed. Some felt the management were approachable sometimes, whilst others did not. One person told us they knew when it was 'safe' to speak with the registered manager as they felt they were not always approachable. Another said, "I do feel supported and listened to. The management are approachable; you can go to them anytime. They might say wait five minutes but they do come back to you."

Staff told us they found staff meetings were informative, which focussed on the management of the service, staffing, communication and care planning. Staff felt the management did not always provide updates on issues raised from the previous meetings and found that any suggestions made were not always well received. Staff meeting minutes showed that there was no facility to review actions from the last supervision or staff meetings, such as training and staffing levels. We shared our finding with the provider and they assured us they would address this.

This was a breach Regulation 17(2) (a) (b) (e) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Requires Improvement

Is the service well-led?

Health care professionals we spoke with felt staff were responsive to people's needs and acted upon instructions and guidance provided. Although they mostly spoke with the deputy or senior staff in charge, they felt there was more stability within the management team.

Prior to our inspection visit we contacted the local authority responsible for the service they commissioned on behalf of some people who lived at Beaumont Hall and asked for their views about the service. They told that there had been a noticeable improvement to the quality of care provided. At their last visit to the service they found the service to be compliant.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014 Staffing Providing sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. The provider did not have robust system to ensure there were sufficient numbers of staff deployed to meet the needs of people receiving care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 Dignity & Respect Service users much be treated with dignity and respect, and ensuring their privacy. People who use services were not always treated with respect. Each person's dignity and privacy was not always respected irrespective of their mental capacity to make decisions. Peoples lifestyle choices including personal effects such as clothing was not adequately managed and compromised their dignity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(2)(a) (b)(e) HSCA 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

Good Governance

Assess, monitor and improve the quality and safety of the services provide in the carrying out of the regulated activity (including the quality of experiences of service users in receiving those services).

The quality assurance system was in place but not used consistently in determining the quality of care provision.

Evaluate and improve their practice in respect of their processing of information.

The audit and governance systems were not always effectively used in bringing about identified improvements.

Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Communication systems were in place to seek views from people who used the service, relatives, staff and other stakeholders but the feedback was not consistently analysed and actions were not taken in bringing about identified improvements.