

HC-One Limited

# Beauvale Care Home

## Inspection report

Moor Lane  
Bingham  
Nottingham  
Nottinghamshire  
NG13 8AS

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Tel: 01949831263

Website: [www.hc-one.co.uk/homes/beauvale](http://www.hc-one.co.uk/homes/beauvale)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Beauvale Care Home accommodates up to 35 older persons who require nursing or personal care. At the time of our inspection there were 34 people living at the home.

People's experience of using this service:

- People were safe at the home. A visiting professional told us, "I have never seen anything that has worried me here. Staff are very kind to the residents."
- The home was well-staffed with nurses and care workers. People told us staff were quick to attend to their needs. A person said, "I need help with washing and dressing and if I need staff at any time they soon come."
- The home was clean, tidy and fresh throughout.
- The staff were skilled and knowledgeable. A relative said, "I think the staff have the right training for the job and seem happy working together."
- People said they liked the food served. They told us it was freshly cooked on the premises and there was plenty of choice.
- People's healthcare needs were met. A relative told us, "Staff organise all the eye tests, chiropody, GP checks – whatever [person] needs really. I have peace of mind knowing [person] is well looked after."
- People and relatives told us all the staff were caring and kind. A person said, "Everyone here is lovely from the cleaners to the carers. They are kind to me and help me do all sorts of things."
- People received personalised care and staff knew about their likes, dislikes, culture and life history.
- People said they enjoyed the home's activity programme which included trips out in the home's minibus, quizzes, and visits from children at a local nursery school.
- People and relatives made many positive comments about the registered manager. A relative told us, "The manager is very caring and does anything she can to ensure that it runs smoothly here."
- Staff also praised the registered manager. A staff member said, "[The registered manager's] door is always open to residents, relatives and staff. She is approachable and has great empathy with the residents and she makes sure they get the care they deserve."
- People, relatives and staff were encouraged to share their views on the home at meetings, one-to-one discussions, and through annual surveys. A person said, "They do ask me what I think about the service and I am quite open with them."
- The provider and registered manager conducted quality checks across all areas of the service and worked to an action plan to make improvements were necessary.

Rating at last inspection: Good (report published 18 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Beauvale Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

#### Service and service type:

Beauvale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection:

This inspection was unannounced and took place on 19 February 2019.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection we spoke with six people using this service and two relatives. We observed staff

interacting with people, providing care and activities. We also spoke with the registered manager, area director, area quality director, two care workers, a nurse, the maintenance person, the administrator, and a visiting professional.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. A person said, "Of course I am safe here, it's like Fort Knox to get in and out."
- Staff were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people using the service. A care worker said, "I would tell the manager or the person in charge. It is part of our job to protect the people here."

Assessing risk, safety monitoring and management

- Risk assessments were in place so staff knew how to support people safely using the appropriate equipment. A relative said, "It was agreed that [person] has a lowered bed and a pressure mat for the night time to make it safer for them."
- We saw two care workers safely transfer a person from a wheelchair to armchair in the lounge. They ensured the person had the correct sling. They assisted them calmly and skilfully, explaining all the time what they were doing. And they checked the person was happy, safe and comfortable before they left them.
- We saw one person was unsteady on their feet when walking independently with a frame and staff had to intervene to reduce the risk of them falling. However, their risk assessment did not make it clear how many staff should assist them and what they should do if the person refused assistance. The registered manager said she would review and update the risk assessment so staff were clear about how best to support this person.
- The premises were safe. Large items of furniture were secured to wall so they could not topple over. COSHH items were kept in locked cupboards. A full-time maintenance person was employed and carried out ongoing improvements to the premises to ensure they were safe and in good order.

Staffing and recruitment

- The home was well-staffed with nurses and care workers. A person said, "There are enough staff here and they are all well trained. It runs well here."
- People told us staff came quickly if they needed them. A person said, "If I need to call them for help they don't take long at all to come."
- The registered manager determined staffing levels based on people's needs. A care worker said staffing levels at 'twilight' had recently been increased as this was a busy time.
- The provider had safe staff recruitment checks in place. These were carried out before employment commenced to make sure staff had the right character and experience to work at the home.

Using medicines safely

- People received their medicines safely and on time. A person said, "I get given my pills regularly. [Staff] give them to me in a pot and watch me take them. They also get me a drink if I haven't got one."

- Medicines were administered by trained staff whose competency had been checked.
- Medicines were stored and disposed of safely. Senior staff checked that medicines administration records were accurate and up-to-date.
- Specific guidelines were in place for the administration of each person's medicines, which included information about what each medicine was used for, and any possible side effects.

#### Preventing and controlling infection

- The home was clean, tidy and fresh and staff knew how to reduce the risk of infection. A person told us, "The staff wear their pinnies and gloves when they [provide personal care]."
- The housekeeping team worked to cleaning schedules to ensure all areas of the home were attended to.
- Two people singled out the laundry service at the home for particular praise. One person said, "The laundry here is excellent. I have no complaints at all." Another person told us, "The laundry is good. I haven't lost anything."

#### Learning lessons when things go wrong

- The provider and registered manager checked and analysed incidents and accidents and used them as learning opportunities for the staff team to try and prevent further occurrences.
- For example, the home reviewed its admission policy and made changes to ensure staff would be able to meet the needs of those admitted to the home in the future.



# Is the service effective?

## Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff assessed people's needs before they came to the home to ensure they could be met. A person said, "The family chose the home and the managers came and asked a lot of questions before I came. I think they make sure they can meet your needs."
- A relative said, "Their original assessment of [person] was thorough before they came and the staff have met their needs well."
- Assessments covered people health and social care needs. Staff used up-to-date policies and procedures based on current legislation and best practice standards to determine how people's needs would be met.
- Improvements were needed to the provider's admission document so it covered people's cultural and individual needs in full and ensured protected characteristics under the Equality Act were taken into account. The area director said he would discuss this with the provider and improvements would be made where necessary.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to provide effective care. A relative said, "I think the staff have the right training for the job and seem happy working together."
- Staff had a comprehensive induction when they started work at the service a followed by a wide range of training courses. A care worker said, "The training's good. The courses are advertised on the staff noticeboard and we sign up for them."
- If staff needed specific training to meet people's individual needs this was provided. For example, a NHS falls team had trained staff in falls prevention.
- The registered manager said training on Parkinson's disease was in the pipeline, as was further training in dementia care and the opportunity for staff to become 'dementia champions' (people with excellent knowledge and skills in the care of people living with dementia).

Supporting people to eat and drink enough with choice in a balanced diet

- People said they liked the food served. A person told us, "The food is really lovely - all cooked here and there is a choice. You choose when the staff bring the plates [sample plated meals] round."
- A selection of snacks, including fresh fruit, chocolate, crisps and biscuits, were available all day in the dining room. Jugs of juice were placed in all communal areas and staff encouraged people to have regular drinks.
- All food was freshly cooked on the premises daily There was a four-week menu rotation which included seasonal changes so people had a varied diet.
- People had nutrition and hydration care plans in place. If people needed extra support with their food and

drink staff referred them to the SALT (speech and language therapy) team and dieticians.

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

- People told us staff ensured their healthcare needs were met. A person said, "They organise everything for me here. I had my eyes tested recently; I have been measured for a new set of dentures."
- Another person told us, "The GP visits regularly, but staff can call him if I am poorly. It doesn't take long."
- A local GP carried out a weekly clinic at the home and district nurses visited the home when required. A care worker said, "We have a marvellous relationship with the local GP surgery and if we call them they come, always."

Adapting service, design, decoration to meet people's needs

- Most people were happy with the premises. One person said, "My bedroom was lovely and cool last summer, so I was happy here and I can watch my own TV." There was pictorial signage throughout the home to assist people in finding their way around.
- Since we last inspected communal areas had been re-decorated. A relative told us, "The new decoration has transformed the place, but the bedrooms are still a work in progress." The registered manager said plans were in place to re-decorate bedrooms as necessary.
- One person said they spent a lot of time in their room because they found communal areas 'noisy'. We discussed this with the registered manager who said the lounge, reception area, and dining room adjoined each other and the home did not have a separate quiet lounge. However, she said this was something she would be looking at providing in the future if the layout of the home could be suitably adjusted.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

# Is the service caring?

## Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were compassionate and helpful. A person said, "The staff are very kind. They just chat away [when providing personal care] so you almost forget what's going on."
- Other comments included, "The staff are very kind here and there is always someone around to help you"; and, "Everyone here is lovely from the cleaners to the carers. They are kind to me and help me do all sorts of things."
- We saw staff supporting people in a kind and caring manner. Staff were respectful and encouraging. when they assisted people, they knew people well and engaged in banter with them which people enjoyed. We saw people laughing and smiling when they interacted with the staff.
- Staff made relatives and other visitors welcome and the home. A person said, "My family visit anytime they can and the staff make them welcome. They make them a drink and then get them a seat if I am in the lounge when they come."
- Some relatives brought pets in which people were pleased to see. The register manager had a small dog who was popular with people who enjoyed petting him.
- Staff took an interest in people and treated them like family. For example, two staff member came in on their day off to take a person to a local restaurant on their birthday and ensured they had gifts and balloons to celebrate. The person told us they had had 'a wonderful time'.
- Staff visited a person at another home who had once been at Beauvale Care Home but been unable to stay due to the extent of their needs. They were fond of this person and wanted to stay in touch with them.

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

- Staff encouraged people to make decisions about all aspects of their care and daily routines. A person said, "I can choose when I want to get up, but they do check on me to make sure I am ok."
- People and relatives were involved in people's care plans where possible. A relative said, "I am involved in [person's] care planning and the staff keep me posted about anything that happens in the meantime."
- Information about people's likes, dislikes and preferences were in their care plans so staff could ensure they received care and support in the way they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative told us, "I have never seen the staff anything other than kind and courteous to all the residents."
- Another relative said staff helped to ensure their family member was well-dressed and had their hair done. They told us, "[Person] has always enjoyed looking nice and just because [person] lives in a care home that shouldn't change and it hasn't."

- Staff encouraged people to be as independent as possible. One person told us, "I get help washing and dressing, but I always choose my clothes."
- People's documentation was kept securely and staff understood the need for confidentiality in all their dealings with people and visitors.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us their family member had thrived since coming to the home. They said, "[Person] is visibly and emotionally happy here. They have put on weight; they have good company; they have nice trips out and activities; other groups come in to entertain them – what's not to like?"
- People received care that was personalised to them. Care plans contained information about people's preferences, likes, dislikes, culture and life history. A person told us, "They have asked me about my family history and what I used to do for a job. It makes a change to talk about that."
- A relative said staff took time to communicate with a person in a way that suited them. The relative said, "Staff do take the time to make sure [person] understands them."
- Another person practiced a religion and their care plan stated it was 'very important' to them. This meant staff could support them with their faith.
- People said they enjoyed the home's programme of activities, particularly the trips out in the home's minibus. They told us they had been to the seaside, the garden centre, to the canal for a boat ride, and to the zoo. They said they were looking forward to further trips out in the future.
- People told us about the quizzes, games of dominoes, and other activities they took part in. A person said they had taken part in reminiscence work with staff and this had been interesting to them.
- During our inspection visit children from a local nursery came to the home for an exercise session with people. The children interacted with people with the support of their teacher and people enjoyed this.

Improving care quality in response to complaints or concerns

- People told us staff listened and took action if they raised any concerns. A person said, "If I don't like something the staff do, I say and then it stops or changes." A relative told us, "I don't think I have ever complained, but it would be OK if I needed to."
- A complaints policy and procedure was in place and displayed in the home. Any complaints made were investigated thoroughly, and improvements made where necessary.

End of life care and support

- People were asked for their wishes and preferences for how they wanted to be cared for at the end of their lives and had advance care plans in place for this.
- Staff worked closely with healthcare professionals to ensure people had the care and support they needed at the end of their lives. Relatives were welcome to stay at the home to be with people receiving end of life care if they wanted to.

# Is the service well-led?

## Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives said the home had a friendly and open culture. A relative said, "I came unannounced to look around at first. I was going to make an appointment but was glad I didn't. It was just the same, well-run with nice staff. I just knew [it was right for us] when I walked in."
- Another relative commented on the homely atmosphere. They told us, "I can honestly say that I would never have known that it was part of a large group [of care homes]."
- A person summed up what they liked about the home as follows, "The hairdresser is very good, I get my two soft poached eggs on toast for breakfast every morning, there is a library of books in the home, it's beautifully decorated now and I can play [favourite singer's] records in my room for as long as I like. My room is nice and big too."
- People and relatives made many positive comments about the registered manager. A person said, "She does a great job. She sometimes comes in at night if they are short to help out. She hasn't got any airs and graces."
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and felt well-supported. One staff member said "[The registered manager] is very supportive and nothing is too much trouble for her. She gives praise where praise is needed, and tells us to pull our socks when she has to. She is a wonderful, kind, caring lady who puts the residents first in everything and makes sure the staff are happy."
- Effective systems were in place to monitor the quality of the service and the care provided. The provider and registered manager conducted quality checks across all areas of the service. Areas for improvement were identified and actions taken to resolve them.

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

- People and relatives said they were asked for their views on the home. A relative said, "I have been asked what I think of the service and have given them honest feedback which I think they like. Fortunately, they communicate well here."
- The home issued a monthly newsletter to keep people and relatives up to date with events at the home. The February 2019 edition included an invitation to the next residents' and relatives' meeting to discuss

activities and other aspects of the home.

- Staff attended regular meetings to share their views on the home. Minutes of the January 2019 meeting showed staff discussed confidentiality, improvements to the service user guide, and good practice on maintaining people's dignity.
- The provider carried out annual surveys to gather people's and relatives' views. The results of the 2018 survey showed that the majority of the respondents found all aspects of the home 'good' or 'excellent'. As a result of the surveys the premises were upgraded, activities increased, and communication improved.

#### Continuous learning and improving care

- The registered manager and staff were committed to continuous learning and improvement. They worked to actions plan agreed with the provider to develop the home and ensure staff had access to the training and support they needed to provide good quality care.
- Since we last inspected the premises had been improved and a new enclosed garden created with raised flower beds, fountains, and level access for people. A person said, "I think it is much better since all the work here. It's a nicer place to live."

#### Working in partnership with others

- The registered manager and staff worked in partnership with a range of health and social care agencies. These included the NHS, the local authority, and a dementia outreach team.
- The home was part of the local community and people were supported to use local shops and other community facilities.