

## Barchester Healthcare Homes Limited

# Prestbury Beaumont DCA

### Inspection report

Collar House Drive  
Prestbury  
Cheshire  
SK10 4AP

Tel: 01625827151  
Website: [www.barchester.com](http://www.barchester.com)

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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

The inspection was unannounced and took place on 18 April 2017.

The service was last inspected in December 2014 where we rated the service good. At this inspection we found the service remained good.

Barchester Prestbury Beaumont Domiciliary Care Agency (DCA) is located one mile outside Prestbury town centre. This domiciliary care service is managed from Prestbury Beaumont Care Home, which is on the same site. The DCA service is available for people living in the bungalows and apartments on site owned by the people themselves. Many of the services provided to the people living in these were from staff and resources within the home. For example meals could be prepared and served in the home and people could join in with any social activities organised. This inspection focussed on the domiciliary care provided by Prestbury Beaumont DCA. At the time of the inspection the service offered support to nine people, however only one person received care and support which involved an activity the provider was registered for with the Care Quality Commission.

Prestbury Beaumont DCA has a registered manager 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.

We saw that staff were recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care. Staffing levels were observed to be sufficient to meet the needs of the people receiving support from the agency.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

People we spoke to confirmed that staff were kind, patient and knew them and their needs well and they received continuity of care as it was the same set of carers who assisted them on a regular basis.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions.

The care plans were person centred and reviewed when needed, so staff knew if any changes in care provision had been made. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the agency was being managed. The staff members we spoke with were positive about the service and the quality of the support being provided.

The service had a complaints procedure and whilst no-one had raised any complaints, people knew who they could complain to and were confident this would be dealt with effectively.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the services, staff and resident meetings as well as spot checks to check the quality of the service as well as gain the views of the people receiving a service. The provider had an internal clinical governance system into which the registered manager submitted monthly information based on the audits undertaken within the agency to the company's head office.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Prestbury Beaumont DCA

## 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 on 18 April 2017 and was unannounced. The inspection was carried out by one adult social care 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.

Before the inspection we reviewed the information we held on Prestbury Beaumont DCA. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider including notifications prior to our visit. We invited the local authority to provide us with any information they held about Prestbury Beaumont DCA. They said they had no concerns about this service. We also spoke to two healthcare professionals who regularly visit the home to gain their feedback. This helped us gain a balanced view of what people experienced who received a service from Prestbury Beaumont DCA.

At the time of the inspection the service was providing a service to nine people living in either the bungalows adjacent to or the apartments within Prestbury Beaumont Care Home. The vast majority of these calls were welfare checks lasting a few minutes to ensure that people were alright. Help with personal care was only being provided to one person. We spoke with two of the people using the service, one relative and one senior carer who provided the checks and care on the day of our visit, the deputy manager and the registered manager. The people using the service often spent some of their day within the care home so we only visited one person in their own accommodation during the inspection. We looked at one assisted living care profile and looked at other documents including policies and procedures, recruitment files and audit materials.

# Is the service safe?

## Our findings

Although we did not receive any specific comments regarding whether people felt safe the people we spoke with told us that they were happy with the service being provided. They told us, "The care is good". One relative told us, "I'm confident she is safe there".

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. Staff were aware of procedures to follow and whilst no incidents had been notified to the Care Quality Commission since our last inspection, we saw that the registered manager was notifying correctly of incidents within the entire complex. We saw that staff had been recruited safely, appropriately trained and supported by the management team.

Care plans (the DCA called these assisted living profiles) had risk assessments completed to identify the potential risk of accidents and of the environment as staff were providing care to people within their own homes. The risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks.

The 'Independent Living' accommodation had an emergency call system so that the people living there could summon assistance if needed. Someone raised an issue in relation to this system working effectively in a specific area of the main home which we passed to the registered manager to address.

Risk assessments were carried out and kept under review so the people who used the agency were safeguarded from unnecessary hazards. We could see that the agency's staff members were working closely with people to keep them safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, on the environment were kept within the assisted living care profiles.

At the time of our inspection visit no one required any assistance with their medication. There were policies and procedures in place if this situation changed and staff had to administer medication in the future. We did see that a self-medication risk assessment and care plan was in place in order that medication was managed safely by the person themselves and any risks had been considered.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people receiving a service from the agency. This was confirmed by the person we spoke with who was receiving support. They told us, "They come every morning and stay the correct length of time".

The service provided a service to nine people living in either the bungalows or apartments. The vast majority of these calls were welfare checks lasting a few minutes to ensure that people were alright. Help with personal care was only being provided to one person. The senior carers who worked in the DCA only worked for part of the day supporting the people receiving a service. When they had finished their visits to the

bungalows and apartments they then worked alongside the staff members in the care home as an additional person.

## Is the service effective?

### Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "I have the same carers all the time, one is brilliant and the other two are good". One relative told us, "She has the same carers and they know her very well. They are very attentive and appreciate that she is very independent and a private person".

People received effective care as they were supported by an established staff team that were trained and supported and had a good understanding of people's needs and wishes. Staff we spoke to told us that they knew people well as they had time to read the care plan of any new person receiving a service and had time to sit and get to know the person.

Staff received an induction when starting with the service which was based around the Care Certificate, a nationally recognised and accredited system for inducting new care staff. They undertook a number of classroom days followed by a flexible period shadowing, dependent upon their previous experience. Staff then receiving ongoing training, supervision and appraisals to support them in their roles. Staff told us, they found these helpful and the records we viewed confirmed that training and supervision was happening on a regular basis.

The information we looked at in the assisted living care profiles explained what people wanted which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care or support.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff working in this service made sure that people were offered choice and control of their lives and received support in the least restrictive way. People receiving a service and their relatives told us, "They have promoted her independence whilst being flexible with the care" and "I'm very independent and they respect that".

People we spoke with arranged their own visits from other health care professionals, however they told us, "I'm confident if I needed their help, they would get the GP". One relative told us, "I was very pleased with how they supported her when she became ill in terms of involving other professionals and providing more support".



## Is the service caring?

### Our findings

We asked people receiving a service from Prestbury Beaumont DCA and their relatives about the staff that worked for the service. Everyone that we spoke to about the staff was positive about the care and attitudes of the staff. Comments included, "They are all respectful and kind. I can use all the facilities in the home" and "All staff are very kind and attentive. It's a lovely atmosphere and my Mum is very content there".

The people using the service often spent some of their day within the care home so many of the services provided to the people living in the bungalows and apartments were from staff and resources within the home. For example meals could be prepared and served in the home and people could join in with any social or other activities organised.

Everyone using the service had a six monthly assisted living review during which there was a review of the support being provided, the dependability and continuity of staff members and their attitudes. We looked at one of these and could see that the person using the service had fully participated in the meeting and had signed to agree to its contents. One relative told us that they have recently been involved in another review and found it very helpful.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw that the relationships between the people using the service and the staff members, including those that were working in the care home were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa. We saw that staff had an appreciation of people's individual needs around privacy and dignity. For example we saw that staff always knocked on people's doors before entering.

The provider had developed a range of information, including a service user guide for the people using the agency. This gave people detailed information on such topics as the services provided, communication and complaints.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

## Is the service responsive?

### Our findings

People who received a service and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. One person told us, "I'm very satisfied with the care I'm getting. I have the security that they'll help me with what I need". One relative told us, "They are responsive and keep me informed of any changes and I feel they are very on the ball".

Everyone using the agency had received a pre-service assessment to ascertain what support and assistance they wanted to receive. We looked at the pre-service paperwork that had been completed for one person currently using the service and could see that the assessments had been completed.

We looked at one assisted living care profile to see what support people needed and how this was recorded. We saw that each profile was personalised and reflected the needs of the individual. We also saw that they were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The profiles we looked at were being reviewed every three months or sooner if changes were needed. People and their relatives told us that they had been involved in reviewing their assisted living profiles.

The profiles we looked at contained some relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, people's life history, preferred social activities and social contacts, people who mattered to them and dates that were important to them.

Prestbury Beaumont care home employed two activities co-ordinators and the people living in the apartments and bungalows were able to join in with any activities organised. A programme of events was completed on a weekly and monthly basis and these were on display around the home. Events that took place during the day of our inspection were two outings to a local supermarket and garden centre as well as one to one time with the activities co-ordinator.

The agency had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no recorded complaints since the last inspection took place. People were made aware of the process to follow in the information provided to them. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. They told us, "I am able to say if I'm not happy with things. I'd complain to Sarah – she's approachable". One relative told us, "I've not had to make a complaint, but know who to contact and am confident they would be responsive".

## Is the service well-led?

### Our findings

There was a registered manager employed at Prestbury Beaumont who was responsible for the running of both the home and the domiciliary care agency. She had been registered with the Care Quality Commission since December 2016.

Staff members we spoke with were positive about how the agency was being managed and the service being provided. The staff we spoke with described the registered manager as approachable and supportive. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the registered manager. All staff, people receiving a service and relatives were all positive about the manager. Comments included, "Sarah is approachable", "I'm quite confident there's a good system in place to deal with things" and "Sarah is very approachable".

The staff members told us that regular staff meetings were held and that these enabled managers and staff to share information and / or raise concerns for both the home and DCA. We looked at the minutes of the most recent meeting held on the 27 February 2017 and could see that a variety of topics, including people's needs, documentation, recruitment and staff skill mix had been discussed.

People living in the bungalows and apartments were also invited to the relative and residents' meetings which were held every two months. We looked at the minutes from the most recent residents meeting held on 4 April 2017 and could see they discussed a number of issues including activities, signage around the building, staffing and other issues around the building.

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service. The registered manager told us she met with the person receiving a service weekly in order to check whether there were any issues and these could be addressed swiftly. The person we spoke with confirmed that they met regularly with the manager. The registered manager conducted spot checks to the service on a regular basis. We were able to view the most recent ones completed.

Barchester used a separate company, Ipsos Mori to undertake annual surveys on their behalf. We were able to view the most recent 'Your Care Rating' report undertaken in 2016; this showed that the overall performance rating for the home and agency was 918 points out of a possible 1000.

Barchester had its own monthly internal clinical governance system whereby the registered manager had to submit monthly information based on the audits undertaken within the agency to the company's head office. This included, accidents, incidents, safeguarding allegations and complaints. In addition to the monthly return Barchester also undertook a 'Regulation Team Audit' annually. We looked at the most recent one that was carried out on the 4 January 2017 and could see that a variety of areas were looked at during the visit including speaking to people using the service, safeguarding records, assisted care plan reviews, risk

assessments and staff training. There were no actions following this visit.