

Beaumont Nursing Home Limited

Beaumont Nursing Home

Inspection report

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Tel: 01536416817

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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

About the service

Beaumont Nursing Home provides nursing care and support for up to 28 people, many who have complex care needs or were receiving end of life care. At the time of the inspection 27 people were using the service.

Accommodation is provided over the ground and first floors with various lounge and dining areas and an accessible garden.

People's experience of using this service and what we found

People received safe care and support and they told us they felt safe living at Beaumont Nursing Home. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

There were sufficient numbers of staff to meet people's needs and people told us staff always had time to stop for a chat. The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Paperwork with employments checks was in place but was disorganised, poorly recorded and difficult to locate.

Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice. Infection control measures were robustly followed, and staff had access to sufficient PPE.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough, and people were complimentary about the food. Staff supported people to live healthier lives and access healthcare services.

The premises was homely and adapted to meet the needs of people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind, caring and compassionate staff that often went the extra mile to provide people with good quality care. The staff team were passionate about providing people with support that was based on their individual needs, goals, and aspirations.

An activities programme was in place, and care plans were personalised to each individual detailing their

likes, dislikes and personal preferences. People and their families were involved in the care planning process as much as was possible. A complaints system was in place and was used effectively.

The service had achieved accreditation under the Gold Standard Framework (GSF). This meant the service reached quality standards that were recognised as offering a high level of palliative and end of life care for people.

The service was well managed. People, relatives, and staff were very positive about the leadership of the service and praised the management team highly. There were systems in place to monitor the quality of the service; actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 February 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaumont Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Beaumont Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Beaumont Nursing Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beaumont Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service and had discussions with 2 relatives to gain their view of the service. We spoke with 7 staff including the registered manager and area manager. We also had discussions with the activity's coordinator, 3 care and support staff and a housekeeper

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm safe; they're [staff] very kind." A relative told us, "My [family member] is so much safer here at Beaumont than they were at home. I'm very happy to leave each day feeling confident that [family member] is safe."
- Systems and processes were in place to help staff identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns. One staff member commented, "I would tell the manager if I was concerned about anything. I have a duty of care to report anything if I was worried."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored, and managed. Care plans and risks assessments were in place and had been reviewed regularly or when there were changes. For example, we saw risk management plans in place for people who had been assessed to be at risk from falls or if they were at risk of pressure sores.
- One relative told us they were happy with how risks were managed by staff. They commented, "My [family member] is at risk of falls. The staff have put safeguards in place to make sure the risk of falls is minimised."
- Staff were aware of people's risk assessments, felt they could confidently support people safely and the risk assessments accurately reflected people's needs, and the way they should be supported.
- Risks in the environment were managed through health and safety risk assessments and routine safety checks and maintenance of all equipment used. A fire risk assessment had been completed and staff had information about what action to take in the event of a fire or emergency.

Staffing and recruitment

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Paperwork with employment checks was in place but was disorganised and some documents were difficult to locate. The registered manager recognised this as an area that needed to be quality checked so that gaps in records could be addressed. Following the inspection, the registered manager provided us with the missing details from the recruitment files.
- People told us there were enough staff around when they needed them. One person told us, "I never have to wait long when I press my call bell. They come in seconds." A relative commented, "There are always staff around and I don't hear call bells going off all the time. The staff always have time to pop in my [family members] room for a chat."
- Staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their

care was not rushed. One staff member commented, "We do have enough staff and we are not rushed. We don't use agency staff because we all cover any shifts that need to be covered."

- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis.

Using medicines safely

- People received their medicines in a safe way and in the way they preferred. One person told us, "The nurses give me my tablets and if I need some pain relief, I always get it when I need it."
- Staff had training and had their competency assessed every six months. This meant staff had the skills and experience to manage people's medicines in a safe way. Staff were knowledgeable about the medicines they administered.
- Checks and audits were carried out to ensure safe policies and procedures were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- At the time of our inspection the provider had visiting times between 13:00pm and 18:30pm but was able to facilitate visits outside of these times if required. This is against government guidance and we raised this with the registered manager to address. Following the inspection the registered manager confirmed there were no longer restrictions on visiting.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- Records were kept of all accidents and incidents. The registered manager reviewed these and took follow up action appropriately. The registered manager had good oversight of increased areas of risk to people.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant 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

- An assessment of people's needs was completed before they went to live at the service. The registered manager said these were usually conducted over the phone with hospital staff, but information received was often sparse. Further information was obtained once a person had been admitted to the service.
- The initial assessment was used as a foundation for people's plan of care. Care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- People's needs in relation to equality and diversity were considered during the care planning process, such as age, disability, and religion. Care plans included information about people's preferences and choices, and we saw when a person's needs changed their care plan was updated.

Staff support: induction, training, skills and experience

- Staff were supported and trained to ensure they had the skills and experience to support people and meet their needs. One person told us, "The staff know what they are doing alright. They know how to help me. I trust them." A relative commented, "The staff are knowledgeable, and they certainly know their stuff."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. One staff member commented, "The training is very good. We have a lot of training and I have learned a lot."
- New staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- Staff told us, and records showed they received supervision meetings and annual appraisals from their line managers.

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback about the quality of the food and people's dining experience. One person said, "The food is very good here. I have been to some posh hotels in my time and the food here is just as good."
- The provider had introduced world food days, so that people were able to try new and different foods. People told us they always had access to snacks and drinks of their choice.
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and worked collaboratively with the Speech and Language Team (SALT) and a dietitian when people had been assessed as being at risk. Staff followed guidance from health professionals to ensure people were able to have adequate food and drink safely.

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

- People had access to the healthcare services they required. One person told us they had been to the hospital the previous day and described how staff had supported them.
- A professional log was kept to record the communication staff had with other agencies about each person such as the GP, district nurses and social workers. This was effective at providing oversight of people's healthcare needs and professional visits.
- Information about people's specific medical conditions were included in their care plans. This supported staff to understand people's healthcare needs and to promote healthier lifestyles.

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

- The home environment supported people's well-being. It was pleasantly decorated and well maintained. There were several communal areas where people could choose to spend time if they wished. A relative told us, "It a proper home from home."
- People's rooms were personalised, and they were encouraged to have their own belongings where they could, to make them feel more at home.
- Garden space was available and accessible to people.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with relatives and other professionals and kept under review.
- Staff had received training about the MCA and DoLS. Staff we spoke with were able to demonstrate their knowledge and knew how to uphold people's human rights and support people in the least restrictive way.
- We saw people being supported to make decisions throughout the inspection.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant 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 and relatives told us staff provided good care and treated them as individuals. One person said, "The staff go above and beyond." Another told us, "The staff are nice, friendly, happy and easy to get on with."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Records included information about people's preferred name and other important details about their spiritual and cultural beliefs. We saw staff addressing people by their preferred names.

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

- Staff gave us examples of how they involved people in decision making. Some people responded better to visual cues and staff could support people by using picture cards and I-Pads so they could make a choice.
- We observed people's opinions being sought for day-to-day tasks. For example, staff asked people what they wanted to drink and eat or what they would like to do.
- Most people were cared for in bed or preferred to stay in their rooms. There was an activities coordinator who visited everyone in their room daily. They supported people with their hobbies and interests. For example, one person liked to play a board game, and another liked to explore the history of their local hometown.
- Care plans contained information about the support people needed to make decisions. For example, they described the person's communication needs and information could be presented in a format that met those needs.
- We saw people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They [staff] always knock and ask if they can come in. Staff talk to me in a respectful way and are very polite." A relative commented, "The staff speak to everyone with a great deal of respect, and I have never heard staff using derogatory language."
- People were encouraged to be independent and do tasks for themselves which made them feel valued

and useful. A relative told us, "They [staff] help [family member] to keep doing as much as they can for themselves, but on bad days they know what help [family member] needs."

- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle, and interests. These were reviewed regularly and updated as needed.
- People and relatives were happy with the care they received and said staff were responsive to their needs. One person said, "The staff listen and get things done." They described how they had needed reading glasses, so staff arranged a visit from an optician. They received a pair of glasses which meant the person was able to read again.
- Staff had built positive relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One staff member commented, "We are like a family. We get to know people well and know how they like their care to be."
- People received regular reviews of their care and we received positive feedback about people's involvement in their care and support. A relative said, "The manager has an open-door policy here. I've had meetings with [registered manager] to discuss [family member's] care." Another relative commented, "The manager is very approachable and always keeps me up to date about [family members] care. I feel very involved."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read, or pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to keep in touch with their friends and family. One person said, "Yes, my [family member] visits me two or three times a week."
- People were helped to pursue their hobbies and interests. We observed the activities coordinator supporting people with activities of their choice.

- Due to the complex nursing care that people required at Beaumont Nursing Home, staff were aware that some may experience social isolation. To prevent this the provider had set up a working relationship with a local school so that people were able to receive visits from the children. The children had also made Christmas cards, and Easter decorations to be shared with people who looked forward to receiving them.

Improving care quality in response to complaints or concerns

- A formal complaints policy and procedure was in place and openly displayed. It was also available in people's rooms. People and relatives told us they would feel comfortable raising a complaint and confident they would be listened to. One relative commented, "Yes, I feel I could say if I had a complaint, I would tell the staff, I feel they would listen."
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

End of life care and support

- People received the care and support they needed at the end of their life. The service had close links with a local hospice that provided end of life training under the Gold Standard Framework (GSF). This is a systematic, evidence-based approach to optimising care for people approaching end of life, in providing high quality end of life care. This meant the service reached quality standards that were recognised as offering a high level of palliative and end of life care for people.
- Where people were happy to discuss their end of life needs we found the care plans reflected people's wishes and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. The service held regular GSF meetings with people's GP's and group reflection meetings following a person's death to improve their practice in end of life care.
- The provider had introduced some initiatives to support families and people receiving end of life care. For example, some relatives had asked if they could lay on the bed with their family member to cuddle them and be close to them at the end of their life. The registered manager implemented this and showed us some red hearts which are hung on the door handle of a person's room when this happened so they are not disturbed. The registered manager said this brought comfort to both the relative and the person receiving end of life care.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was person centred, open and transparent. One person told us, "The manager and the staff are marvelous. They know everybody and always have time to stop and chat."
- People, relatives, and staff consistently expressed great confidence in how the service was managed. All the comments we received were complimentary about the management of service. For example, "This home is such a find. The manager and staff are extremely caring and dedicated." Another commented, "We were lucky to find this home. I feel extremely fortunate [family member] lives here. The staff provide excellent care, and the manager is always available to talk with."
- Care and support was person centred and based on people's individual needs and preferences. Staff were proud of the service and motivated to achieve good outcomes for people.
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication is really good, we feel listened to and valued. We have daily handovers, and the manager works with us on the floor, so we are a close team and share information all the time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility or health they were monitored and referred to an appropriate health care professional.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to CQC.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager.
- Surveys were used to gather feedback from people and relatives. We saw these were all positive and one comment read, 'It is a huge comfort to us to know our [family member] is so well cared for. We cannot praise the manager and staff enough. Wonderful place.'
- We saw that actions had been taken following feedback from people and relatives. For example, following feedback from some relatives the provider had ordered new outdoor furniture for the patio area so that people were able to sit outside with their family members.
- Questionnaires were sent out to staff to obtain their views and feedback One comment read, 'I am very happy within my role and the setting as a whole. I value my relationship's with staff and the manager. I know where to go to If I need support.'
- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in meetings and one to one supervision meetings.

Working in partnership with others

- The registered manager and staff enjoyed good working relationships with the local GP surgery, Speech and Language Therapy (SALT) and other health professionals such as chiropody and opticians who visited the service. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for medical concerns.