Ringdane Limited

The Beaufort Care Home

Inspection report

56 Kenilworth Road
Coventry
West Midlands
CV4 7AH

Tel: 02476419593
Website: www.fshc.co.uk

Date of inspection visit:
02 November 2017

Date of publication:
06 December 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 2 November 2017.

The Beaufort Care Home provides accommodation for up to 29 people who require nursing or personal care. Most people who lived at the home had complex medical conditions. The home provided permanent accommodation for people, as well as 10 temporary beds for people who had come from hospital for further nursing care before going back to their own home. At the time of our visit, 25 people were living at the home.

The home had a registered manager. 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 previously inspected this service in August 2016 when we found four breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We returned in February 2017 and found the provider had taken sufficient action in response to the breaches in regulation to remove the breaches. However, there were some areas where further improvements were required.

At this inspection we found the momentum for improvement had been sustained, but there were still further improvements required to ensure people consistently received a safe and responsive service. The leadership and management of the home continued to improve, however the oversight of the provider had not always been consistent due to significant changes at a regional level. We were assured that the new structure of the regional management team would provide more focussed support to the management team at The Beaufort Care Home.

People felt safe at the home, but sometimes had to wait for staff when they requested assistance. The registered manager had recruited additional staff and was confident that consistency of care and responsiveness to requests for support would improve when all shifts were covered by their own permanent, experienced staff.

People's risks in relation to their health and wellbeing had been assessed and plans put in place to manage any identified risks. Staff monitored people who were at risk and obtained advice and support from other health professionals to maintain and improve their health. However, records we looked at did not always evidence that specialist advice to reduce risks to people's health was always being consistently followed. Medicines management was safe, although some minor improvements were required.

People's needs were met effectively because staff had the necessary skills and experience and received appropriate training and support from the registered manager. Staff worked within the principles of the Mental Capacity Act 2005 and involved people in decisions about their care by offering them choices. The

registered manager understood their responsibilities under the MCA and applied to the supervisory body for authority to deprive people of their liberty when it was necessary for their safety.

Interactions between staff and people were warm and compassionate. Staff had a caring approach and were sympathetic and kind to people. People were offered opportunities to engage in activities and socialise. The registered manager regularly walked around the home and on occasions helped support staff on the floor. This gave them the opportunity to observe staff practice and how staff engaged with people.

Care plans were sometimes task and problem orientated rather than focussing on promoting wellbeing and independence. However, staff spoke about people in a very person centred way demonstrating they knew people's likes and preferences.

The provider had systems and processes for reviewing the quality of the care provided. These were reviewed monthly to ensure any identified actions had been taken.

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 mostly safe.

There were enough staff to ensure people received the care and support they needed to be safe, but staff did not always have time to be flexible or respond promptly to people's changing needs. People's risks in relation to their health and wellbeing had been assessed and planned for and people received their medicines as prescribed. However, minor improvements were required in record keeping around the management of risks and medicines. The home was clean and well maintained. Staff understood their responsibility to raise concerns around people's safety and wellbeing.

Is the service effective?

Good

The service was effective.

The induction, training and support staff received was effective because it gave them confidence in their practice. Staff worked within the principles of the Mental Capacity Act 2005 and involved people in decisions about their care by offering them choices and seeking consent. People enjoyed their meals and were provided with support to maintain their nutrition and hydration. Staff worked with other healthcare professionals to ensure people received the support they needed to maintain their health and increase their independence.

Is the service caring?

Good

The service was caring.

Staff had a caring approach and were sympathetic and kind to people. Staff communicated effectively with people and used different ways of enhancing their communication. Staff treated people with dignity and respect and listened to what they had to say.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were sometimes task and problem orientated rather than focussing on promoting wellbeing and independence. However, staff spoke about people in a very person centred way demonstrating they knew people's likes and preferences. People were offered different activities within the home and were given opportunities to go on trips and outings. People had differing experiences if they raised informal concerns about the service provided at the home.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The registered manager was seen by people and staff as open and approachable. The management of the home had improved, but further improvements were still required to ensure people always received safe and responsive care. The registered manager had not always received consistent support from the provider because of significant changes at a regional level. There were systems and processes for reviewing the quality of the care provided and ensuring actions were taken when a need was identified.

The Beaufort Care Home

Detailed findings

Background to this inspection

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

The responsive, comprehensive inspection took place on 2 November 2017 and was unannounced. The inspection was conducted by two inspectors, a specialist advisor and an expert by experience. A specialist advisor is a qualified health professional. The specialist advisor who supported this visit had experience in providing nursing care to people with complex medical needs. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of service.

We had not asked the provider to complete a Provider Information Return (PIR), because this ratings inspection was undertaken sooner than our agreed methodology. We brought forward our planned inspection because we had received information of concern about the responsiveness of staff and the accuracy of records within the service. The PIR 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.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with seven people who lived at the home and seven relatives. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We spoke with two nurses, three care staff, two non-care staff and the activities worker about what it was like to work at the home. We spoke with the registered manager and the resident experience manager about the management of the home. We also spoke with a visiting healthcare professional.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at 23 medicines administration records to check how medicines were managed within the home. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2017, we found improvements were needed to reduce the number of agency staff and to ensure the deployment, productivity and levels of staffing continued to meet people's needs. At this inspection we found that whilst new staff had been recruited, this was an area that still required improvement.

Everyone we spoke with told us they felt safe, and relatives too felt their family members were safe at the home. When we asked what it was that made them feel safe, replies included, "They know what they are doing", "It's easy to use the call bell" and, "There's always someone around." Nobody voiced any concerns about their life at The Beaufort Care Home.

However, we continued to receive mixed feedback about whether there were enough staff to always respond effectively to people's needs. People told us their call bells were always answered, but response times were variable. People were not critical of staff because they appreciated others needed help and support, but felt responses could be consistently quicker. Typical comments about response times included, "Not long, but at weekends I need to wait longer because weekend staff don't know the routines and no-one tells them the routines" and, "Any time between minutes and up to an hour."

Staff we spoke with felt 'another pair of hands' would enable them to be more responsive to people's requests for assistance, but acknowledged it was more challenging with high levels of new and agency staff. One staff member told us, "Last year they threw staff at the place and it got so much better. It is still better, but to keep the standards they should have one extra staff. When you have your own staff (working on the shift), things run more smoothly." Another staff member told us, "People are looked after. It's hard when we have agency carers, but the permanent staff are really good."

The registered manager had recruited additional care staff and nurses since our previous inspection. They told us that during the summer, there had been significant use of agency staff to cover staff holidays, but agency use was gradually reducing as newly recruited staff started working at the home.

The registered manager acknowledged that people could sometimes wait longer than they would like, but felt this was an improving situation. The registered manager told us they checked rotas to ensure there was a good mix of staff with the right qualifications and experience on each shift. However, they accepted that the significant number of newly recruited staff needed to settle into their roles before they reached maximum efficiency. They were confident that consistency of care and responsiveness to requests for support would improve when all shifts were covered by their own permanent, experienced staff. One staff member told us, "I do think the management are dealing with it. It takes time (for new staff to settle in), but it has to be done." Another told us, "[Registered manager] has had a few new starters, once they find their feet, it'll pick up." A visiting healthcare professional confirmed the provider was using less agency staff and felt people were safe.

At our previous inspection in February 2017, we acknowledged the provider had made improvements in

medicines management and administration since our previous inspections. At this inspection we found medicines management continued to be safe, although some minor improvements were required.

We saw staff administer people's medicines and this was done safely and respectfully. People were supported to sit up before taking their medicines and the nurse explained what medicines they were being given.

Medicines were stored securely, but the temperature of the medication room was not consistently being recorded to ensure medicines were stored in accordance with manufacturer's instructions. Stock medicines were in date and liquid medicines were dated when opened. This is good practice as liquid medicines often have a short shelf life once opened. Medicines that required additional controls because of their potential for abuse were stored securely and recorded correctly.

Medicine administration records (MARs) showed staff had signed that people had been given their medicines at the right time, or recorded why people had not taken their medicines. Where people needed health checks to be carried out prior to their medicines being given, these had been carried out as required. There were clear guidelines for staff to follow if people were prescribed medicines on an 'as required' basis. Where people received their medicines through a tube directly into their stomach, the administration regime was clearly set out in their care records. However, there was no evidence that the site of the tube was cleaned daily or monitored for early signs of infection in line with NICE guidance.

We found that occasionally there were times when people's medicines were not in stock. For example, one person's medicine was out of stock for four days. Late receipt of medicines into the home had been one of the concerns shared with us prior to our inspection visit. The registered manager had already taken action to address these issues. This included a meeting with the pharmacist the day before our visit to discuss appropriate ways to ensure medicines arrived in good time.

Some people received their medicines through a patch applied directly to their skin. Staff used patch application records to record where they had applied the patch to ensure the sites of application were rotated. We found the patch records were not consistently being completed which meant we could not be sure patches were being applied in accordance with manufacturer's guidance to prevent side effects.

People's risks in relation to their health and wellbeing had been assessed and plans put in place to manage any identified risks. This included risks in relation to nutrition, falls, skin damage, choking and moving and handling. One person was at risk of skin damage and had been referred to the tissue viability nurse. Their advice to minimise the risks of further damage had been incorporated into the person's risk management plan and records showed this was being followed by staff.

However, other records we looked at did not always evidence that specialist advice to reduce risks to people's health was always being followed. For example one person needed to wear specialist splints on their legs when they were in bed and to complete daily exercises. There were no records to demonstrate staff consistently followed these instructions.

The provider had a system to check any accidents, incidents, and any changes in people's care needs to ensure appropriate action had been taken. For example, one person had been identified as losing 3.2kg in weight. Their GP had been notified and a referral made for dietician support.

The provider shared any patient safety alerts in respect of medicines or equipment with the registered manager. This included any learning taken from incidents that had occurred in other homes within the

provider group. For example, there had been an incident in another service when a person entered the kitchen and sustained an injury. All homes now had to have specialist locks on kitchen doors to prevent people entering unsupervised. The registered manager told us any learning was shared with staff within supervision and meetings.

Staff told us they had training in safeguarding and protecting people from the risks of harm or abuse. Staff understood the type of concern they should report and how to report it. They knew about the provider's whistleblowing policy and said they would not hesitate to report any concerns about other staff's practice.

The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care. One new member of staff told us they had to wait three weeks for their Disclosure and Barring Service check and for their references to be verified before they could start work. However, when we checked the records, we found there were no references in place for one member of staff. The registered manager explained that staff files had recently been reviewed and they were confident the references had been archived in error. They immediately completed a risk assessment for the missing references.

The Beaufort was well-maintained and tidy throughout. There were schedules for cleaning and equipment checks. Equipment was clean and in good working order. Bins for sharps and pharmaceutical waste were not over-filled and appropriately sealed when full. Staff received training in infection control, and were seen to wear aprons and gloves when providing personal care to minimise the risks of infections spreading.

At our last inspection we found the emergency 'grab bag' did not contain up to date information about the support each person would need to evacuate the home safely. At this inspection we found this had been addressed by the registered manager and the information was up to date and reflected the assistance each person would need in an emergency.

Good

Is the service effective?

Our findings

At our last visit we found staff received essential training, but the registered manager acknowledged further improvements needed to be made. The rating was 'requires improvement'. At this visit people told us their needs were met by staff who knew and understood them well. Comments included: "They know what they are doing", "The staff are good" and, "They have some very good young staff here." The rating is now Good.

All the staff and nurses we spoke with said their training was effective and useful, because it gave them confidence in their practice. They told us they felt supported because they had regular opportunities to discuss their practice throughout the day with senior staff, at handover and at team meetings. During our visit we saw staff put their training into practice. For example, staff were seen to use safe moving and handling techniques and equipment. People who had difficulty initiating standing and moving, were appropriately supported and encouraged with patience.

New staff told us they had an induction which included working with more experienced staff so they could learn the routine of the home and the needs of the people who lived there. Staff new to care completed the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

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 an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff worked within the principles of the MCA and involved people in decisions about their care by offering them choices. Staff explained what care they were going to provide before doing it and asked for people's consent. People confirmed staff asked for consent, although one person responded, "They don't ask as such, but they tell you what they are going to do." We did however observe one occasion when a member of staff moved a person from one side of the room to the other without asking first.

For people who had been assessed as lacking the capacity to make decisions about their treatment and care, decisions were made in their best interests, by a team of health professionals and the person's relatives. At our last inspection we found the registered manager had not always checked whether people's relatives had the legal right to make decisions about people's finances and/or health and welfare. The registered manager told us they now asked relatives to show them the court documents that gave them the decision-making power to ensure decisions were made by people who had the legal right to do so.

The registered manager understood their responsibilities under the MCA and applied to the supervisory body for authority to deprive people of their liberty when it was necessary for their safety.

People told us they enjoyed the meals and they had a choice of what they wanted to eat. The main meal was served at lunch time, but one person was not used to that, so they chose to have their meal at night. Comments included: "Dinners are lovely. Someone comes round every day to tell you what's for dinner", "If you don't like what's on offer they give you something else. There's far more than I need" and, "The food is fairly good. There's enough to eat." One relative told us their family member had improved since moving to the home from hospital and explained, "He wasn't eating in the hospital. Here they encourage him to eat. He loves the food. He is much improved."

Most people needed some degree of assistance with eating from prompting to full support. We saw one person being assisted with their lunch. The member of staff helped the person into an appropriate position to eat and then sat next to them. The staff member described the meal, checked the person liked what they had been given and then coaxed them to eat. They gave the person plenty of time to finish each mouthful without rushing and then accurately recorded what they had eaten on their food chart.

People told us they were encouraged to drink enough to remain hydrated. Comments included: "Every time they come round they give you a drink" and, "They keep an eye on you and make sure you have enough to drink." Hot drinks, juices and milk shakes were served throughout the day and people were offered a choice. Where people were at risk of choking, staff added thickeners to their drinks. Staff explained why they were doing this saying, "This is prescribed by your doctor to help you swallow, is that okay?"

We checked the charts of three people who had to have their fluid intake monitored because they were at risk of not drinking enough to maintain their health. One person's records confirmed they were offered a drink every hour. Another person's chart showed their daily fluid intake was low, but the person told us they had enough to drink and they appeared well hydrated. Another person also had a low intake. Their records confirmed that staff had recognised this was impacting on the person's health and their care plan reminded staff to encourage the person to drink more.

However, we found the effectiveness of fluid charts was compromised because there was no daily target for how much fluids people should aim for, and the amount they had actually drunk was not totalled at the end of the day. Following our visit, the registered manager confirmed they had taken immediate action to improve the system for monitoring people's fluid intake. Care staff had been instructed to record what drinks had been offered to people and how much they had actually taken. Each person would have a daily fluid target and the nurse at night would total the amount of fluids taken, and share any concerns in the handover between shifts.

The home offered 10 beds for people who no longer had care needs that could only be met in an acute hospital, but were not well enough to be discharged directly home or into residential care. People moved to the home for up to six weeks for assessment and rehabilitation. During this period staff worked with physiotherapists, advanced nurse practitioners and the GP to ensure people received the most appropriate care and equipment to support their recovery. One relative told us the transition from hospital to the home had been very smooth which meant their family member had settled well.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff made sure people were referred to other services in cases of emergency or when their needs changed to ensure they received appropriate healthcare support. A visiting healthcare professional felt regular staff were very helpful and good at recognising if 'something was not right' and asking for advice.

People's needs were met by the environment within the home. The Beaufort Care Home is an older building which has been maintained and decorated to a good standard. There were call points in all bedrooms, bathrooms and communal areas so people could call for assistance when needed. Wireless internet was available throughout the home to enable people to maintain contact with family and friends. People could decorate their bedrooms to reflect their own preferences and interests and communal areas gave people a pleasant environment to socialise and engage in activities. A well-maintained garden offered people a large open space they could enjoy during warmer weather.

Good

Is the service caring?

Our findings

At our last visit we found people's dignity was not always promoted by staff and improvements were required. At this inspection people spoke in positive terms about the staff who cared for them. Comments included: "They [staff] are cheerful and even if they don't feel cheerful, they don't let on" and, "Nothing is too much trouble." At this visit we found that overall the service people received was kind and caring and promoted their well-being. The rating is now Good.

Staff supported people to maintain relationships with family and friends who were important to them. One relative described the care their family member received as 'brilliant'. They went on to say that staff had made the whole family feel welcome and there were no restrictions on when they could visit. This relative particularly mentioned that staff were very good at listening to their family member's needs. For example, they had told staff that when their family member became anxious, listening to music was calming for them. They said they often visited at different times of day, and most of the time soothing music was playing in their family member's room.

Interactions between staff and people were warm and compassionate. Staff communicated effectively with people and used different ways of enhancing their communication. For example, by touch, ensuring they were at eye level with those people who were seated, or altering their tone of voice. Staff regularly checked with people to ensure they were happy or whether they needed any assistance. One person told us they liked the staff and said, "They are my friends."

Staff had a caring approach and were sympathetic and kind to people. They reassured people who were anxious or distressed and responded promptly, calmly and sensitively to allay their concerns. One person was a little upset. A member of staff stroked the person's hand and they in turn, stroked the staff member's face. When staff provided support and assistance to people, they provided reassurance and explanations about what they were going to do. One person took comfort from having a particular soft toy with them at all times. When we visited this person in their bedroom, we saw staff had ensured this had been placed next to them.

Staff understood the need to establish caring relationships with people. One staff member had not met a person who had recently moved to the home. We saw this staff member sat beside the person and introduced themselves before undertaking a care task. However, another person told us this was not always the case, especially while the service continued to use agency staff.

We observed some very thoughtful interactions between staff and people who lived in the home. For example, one member of care staff saw a person quietly reading. They stopped and enquired about the book and then noticed some of the pages were torn. They taped up the torn pages so the person could turn them more easily. One person confirmed, "They treat you like an individual and it feels like home."

Staff were tolerant and patient with people and listened to what they had to say. One person made an unflattering comment about a member of staff's hair. The staff member laughed this off and responded

positively to the person, giving them an affectionate 'tweak' as they walked past them. Another person was heard telling staff that they were worried about a person becoming too tired when sitting in the lounge. Staff acknowledged their concerns and said they would speak to the manager about it.

People told us they were treated with respect and their dignity was maintained. Staff were seen and heard to be discreet when people needed assistance. However, we observed one occasion when a staff member failed to ensure the door was shut when providing a person with foot care in their bedroom.

At previous inspections people had raised concerns that they were not being offered the opportunity to bathe and shower for long periods of time. At this visit people did not share any similar concerns. People looked clean and tidy and a visiting healthcare professional felt people received appropriate personal care. One staff member explained people had one shower a week but if they wanted more, "We have to give them one." The registered manager told us they continued to monitor care records and, "Anybody who declines a bath or shower, it is recorded."

At our last visit we found staff did not always knock on bedroom doors before they entered people's bedrooms. At this visit we saw that when bedroom doors were closed, staff knocked and identified themselves before entering the room.

Staff had training in equality, diversity and human rights, which helped them to understand people's personal, cultural and religious traditions. Staff told us that whilst they were not formally aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT), all relationships were respected and 'they would treat people all the same'. The registered manager told us there were no equality issues within the home and said, "I firmly believe the staff would come and tell me if there was."

The registered manager was confident in staff's abilities and said they were now getting the right staff in place with the caring nature and responsibilities they expected. They told us they were proud of their team who they felt were committed to caring for people. They told us they regularly walked around the home and on occasions helped support staff on the floor. This gave them the opportunity to watch staff with people and observe staff practice and how staff engaged with people. They told us, "I have staff who really do care about the residents and want to make a difference."

The registered manager and staff team had received a number of compliments about the care provided within the home. One compliment read: "Just to say thank you so much to [name of staff member] and everyone who helped to make Dad's birthday so lovely ……..you always go that extra mile and we do appreciate it."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found people's personal care needs were not always responded to as much as some people would like. People did not always feel involved in their care planning and they did not understand the process for sharing concerns. At this inspection we found these were areas that still needed to be developed so the rating remains 'Requires Improvement'.

Each person had a care plan which detailed the care and support they needed to maintain their health and meet their individual care needs. However, we found care plans were sometimes task and problem orientated rather than focussing on promoting wellbeing and independence. This was reflected in practice because sometimes people did not receive support at a time that met their preferences. For example, on the day of our visit one person wanted to get up earlier than normal, but had to wait for staff to come and assist them.

We received mixed feedback about people's involvement in planning their care. This ranged from one person who showed us their care plan to another who did not know what a care plan was. The registered manager acknowledged this was still an area that required improvement and explained, "People are not as involved as they could be. I think it could be improved, especially for permanent residents." They told us they were confident that with the recruitment of more permanent staff to the home, there would be more opportunities to involve people and their families in developing their plans of care.

Despite care plans lacking personalisation, staff spoke about people in a very person centred way demonstrating they knew people's likes and preferences. They told us they were particularly observant of people who lacked verbal communication so they could meet their needs effectively. One staff member explained, "Some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."

We found there had been improvement in the social activity and engagement within the home. At our last inspection the activities co-ordinator was new in post. The registered manager told us how the activities co-ordinator had developed their role since then and people were now being offered more opportunities to go on trips and outings outside the home. For example, people were registered for the local 'ring and ride' service so were able to go out for pub lunches and shopping trips.

People engaged in a variety of activities with the support of the activities co-ordinator. One person was doing a jig-saw and another was playing a 'famous faces' card game. A third person was playing a game of dominoes with a relative. All were enjoying a chat with each other. A visiting healthcare professional told us they visited at least three times a week and always saw something going on in the communal lounge. Relatives particularly spoke about the work of the activities co-ordinator in a positive way.

We asked how people's social needs were met when they either chose to stay in their rooms or they were cared for in bed. The activities co-ordinator told us they visited these people every other day to read to them or just have a chat. However, on the day of our visit we found other staff had little opportunity to sit and

spend time chatting with people.

Palliative and end of life care was given when required, so staff had received training so they had the skills to provide this in a way that was responsive to people's individual needs. People had advanced decisions in place and these had been discussed with the person and their relatives. We spoke with one member of staff about how they ensured people had dignity, comfort and respect at the end of their life. They responded, "I always ensure they have mouth care and music on. I always hold their hand, I never let anyone die alone. They know we are there and it makes the difference." They told us how they regularly monitored people's vital signs so they could inform family in good time so they could be with their family member towards the end. They told us, "Little things make a difference and doing that allows the family to be there for their last breath." A relative had provided the following feedback: "A special thank you to the night sister and the two carers who were on duty for the compassion and care they gave [person] in their final hours."

We received varying comments regarding the responsiveness of the provider if people or relatives raised concerns. One relative told us they had raised a query regarding staffing levels, but felt the response had been unsatisfactory. However, another relative told us that staff had failed to explain what they were doing to their family member who reacted badly, not least because their eye sight was poor. The relative pointed out to staff the need to explain their actions and they found staff had been responsive to their comments.

One issue that we had received concerns about was the time it took for staff to respond to the front door bell which meant visitors often had to wait to be let in. The registered manager acknowledged this was a recurring issue and appreciated how frustrating it could be for visitors. They told us they would discuss the issue with the provider to consider how they could manage this better without compromising the safety of the people who lived in the home.

Where people had raised written formal complaints, we saw they had been responded to in accordance with the provider's complaints policy and procedure.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2017 we found improvements had been made to the leadership and management of The Beaufort Care Home, but could not be assured the improvements would be sustained. At this inspection we found the momentum for improvement continued, but further improvements were still required to ensure people always received safe and responsive care. The rating continues to be 'Requires improvement'.

The registered manager had been in post for 16 months at the time of this visit. They were open and transparent about the challenges they had faced to implement and sustain improvement within the home. They told us their main priorities had been to recruit staff with the right qualities and enthusiasm, retain their core group of permanent staff and improve sickness levels. The registered manager told us an important element of this was to ensure staff felt valued, informed and supported in their role. They spoke positively of the permanent staff and how their experience and knowledge of people provided guidance to new staff as they developed in their role. They told us, "It pays to work on your relationship with staff. The care staff have a wealth of knowledge about the residents which me and the nurses are heavily dependent on. I can't praise my care staff enough."

The registered manager used their experience of working as a nurse in similar services to inform their management approach. For example, they told us one of the main concerns raised by night staff was that they never saw the management team. The registered manager therefore arrived for work by 7.00am so they could speak to night staff and attend the handover between shifts. This ensured they had a good knowledge of the health and wellbeing of each person living in the home and an understanding of any challenges faced by staff.

Staff we spoke with were positive about the leadership and support provided by the registered manager. One staff member told us, "The manager will put on aprons and gloves and she will help me. She is lovely. We have a job to do and sometimes she has to be firm to get things done." One area they particularly said had improved was communication within the home. "We have started to have a bit more team work and we are not afraid to talk to each other. The communication and team work is better." A visiting healthcare professional told us the registered manager was 'very helpful' and responsive to any issues they raised.

People and relatives we spoke with had confidence in the registered manager. Comments included: "She's very nice, very approachable. Everything runs like clockwork and there's nothing needs changing", "She's alright. Caring and good at her job" and, "She's okay. I see her most days."

The registered manager told us their biggest challenge was the management of the 'discharge to assess' (DTA) beds and how this impacted on the ability of staff to be responsive to everyone's needs. This was because people in 'DTA' beds were supported by external healthcare professionals whose visits had to be supported by a member of staff. Unfortunately, these visits were not often pre-arranged so regularly coincided with busy times of the day such as meal times which impacted on the availability of staff. This was confirmed by staff who felt the deployment and management of staff at this times meant they had to

become task focussed. The registered manager told us they were liaising with a member of the local commissioning group to try and establish a more structured process to ensure there were always sufficient staff available to support the visits and continue to respond to the needs of others in the home.

One area we had received concerns about before this inspection was the accuracy of daily records. The registered manager told us they had addressed the issues with staff during individual supervisions and in staff meetings. The registered manager told us they had implemented a system where nursing staff randomly checked a selection of charts through the day to ensure they were accurate and completed in a timely way. During this visit we found improvements had been made, but some records still needed to be more detailed to evidence the care provided.

At our last inspection we received assurances from members of the provider's regional management team about their oversight of the service. However, there had been significant changes at regional level which meant there had been some inconsistency in leadership of the home. The provider's 'resident experience support manager' told us the provider acknowledged the impact this had on services and told us, "We have to get that consistency in place with senior management." They explained the provider understood the challenges faced by the services within the local area and the new regional managing director now only had seven services to oversee. The registered manager told us the changes had been unsettling but was optimistic about the new regional management team who they described as responsive to requests for support.

The provider had systems and processes for reviewing the quality of the care provided. These were reviewed on a monthly to ensure any identified actions had been taken.

The registered manager understood their responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred in the service. This was to ensure that we have an awareness and oversight of these to ensure that appropriate actions had been taken. The rating from our previous inspection was displayed in the entrance to the home.