

Beauchamp House Nursing Home Limited

Beauchamp House Nursing Home

Inspection report

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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 

Overall summary

This inspection took place on 16 February and 26 February. The visit on 16 February was unannounced. Beauchamp House Nursing Home is a care home that provides residential and nursing care for up to 54 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care.

In the grounds of the home there are twelve sheltered housing units where people can live independently or access personal care. Some move into the home as their needs change for respite or permanent care.

There were 53 people living at the home when we visited. At the last inspection on 5 December 2014, we had no concerns about the care provided to people in the home.

The registered manager had been in post for 12 years. A registered manager is a person who has registered with

Summary of findings

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.'

Since the last inspection in December 2014 concerns had been brought to our attention with regards to the health, safety and wellbeing of one person who used the service and the competency of one of the staff. We looked at this and found the registered manager and provider had taken action to ensure the safety of people in the home.

People we spoke with told us their care needs and support were provided safely. People said they usually had their care needs met in a timely manner because there were enough staff available.

People's needs and the associated risks in relation to their care and support had been assessed and plans of care detailed the support required.

People were supported by staff who had been checked to confirm their suitability to work with people. Nurses were registered with the relevant professional body. Staff had undergone training and their competency had been assessed in key areas relating to the needs of people in their care.

People told us they felt safe and protected from harm and abuse. People were confident they could speak to staff if they had any concerns or were unhappy with any aspect of their care. Staff had a good understanding of what abuse was and their role in reporting concerns.

Medicines were managed safely. Procedures were in place to ensure the storage, ordering and receiving of medicines into the home. The administration of medicines was safe.

People's assessments and plans of care had been reviewed regularly. These provided staff with guidance relating to the needs of people and told them how to care for people. Staff had a good understanding of how people wished to be supported. Up-dating sections of the care plans continued to bring them completely up to the provider's standard of documentation.

Most people told us they enjoyed their meals which were nutritionally balanced and met their dietary needs. When people did not want the main choices at lunch time alternatives were always available. Drinks and snacks including fresh fruits were readily available.

Staff monitored people's health and wellbeing and were referred to relevant health care professionals when there were any concerns about their health. People had access to health care support in order to meet their health needs.

Staff had undertaken training in promoting people's dignity and rights. We observed staff treating people with care and compassion throughout our inspection visit.

The management team and staff knew how to support people to make decisions and ensure their legal rights were protected. Records showed that people made decisions whenever they were able to about their care and support needs.

People were encouraged to develop and share their experience of the service at meetings to review their care needs, 'resident's meetings' and through satisfaction surveys. The provider's complaints procedure was accessible to people who used the service, relatives and other visitors to the home.

The registered manager understood their responsibilities and demonstrated a commitment and clear leadership to continually improve the service. The registered manager was supported by the deputy manager and a team of registered nurses and senior care staff.

The manager had an 'open door' policy and welcomed feedback from people who used the service, relatives of people who used service, health and social care professionals and staff. The registered manager worked with other agencies such as the local authority to ensure people received care that was appropriate and safe.

Monitoring systems were in place to check the quality and safety of the service provided and action was taken to address any deficiencies found and was monitored to ensure the steps taken were effective. People lived in an environment that was comfortable and promoted their safety and wellbeing. All areas of the home including the outdoor space were safe and accessible.

The provider's internal inspections and visits helped to ensure that people received quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People using the service and their relatives told us they felt safe and protected from harm.

Staff demonstrated a clear understanding of what abuse was and their role and responsibilities to report incidents and any safeguarding concerns.

Staff were available to respond to people's needs and requests in a timely manner.

People told us they felt safe when staff supported them. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

People received their medicines at the right time. Medicines were stored and administered correctly by nurses and trained staff assessed as competent to do so.

Staff were appropriately screened to ensure they were suitable to work with people who used the service.

Good



Is the service effective?

The service was effective. People's needs had been assessed and plans of care provided guidance for staff to help meet those needs effectively. Staff understood people and had the knowledge and training to deliver care.

Staff had an awareness of the Deprivation of Liberty Safeguard and the requirements under the Mental Capacity Act, which had been put into practice to ensure people's human and legal rights, were respected.

People at risk of poor nutrition and hydration had assessments and plans of care in place to promote their health and wellbeing. Staff had information about people's dietary requirements and supported people to eat and drink sufficient amounts.

People had access to and were referred to relevant health care professionals, which promoted their health and wellbeing.

Good



Is the service caring?

The service was caring. People using the service and visiting relatives told us that staff were kind, caring and looked after people well.

Staff were aware of people's needs and how people wished to be supported.

We observed positive interactions between staff and people living in the home. Staff provided encouragement and reassurance to people as they delivered care. Staff were attentive and helped promote and maintain people's privacy.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's needs had been assessed and the plans of care detailed the support people needed. People received care that was personal to them and changed as their requirements altered. This meant people were supported to be as independent as possible but were confident additional help was available when they required it.

People were encouraged to maintain contact with family and friends. People's views of the opportunities to pursue interests and social interaction varied. People said the activities planned were quite interesting and spoke highly of the activities staff. Other people wanted more trips out.

Staff knew how to support people. Detailed care plans were in place and were regularly up-dated. There was a system in place to audit the plans and to take action if any omissions were identified.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

Good



Is the service well-led?

The service was well-led. The provider, registered manager and staff had a clear view regarding the service they wished to provide which focused on quality care provided in a country house environment for people.

Staff were complimentary about the support they received from the management team.

People living in the home spoke positively about the management team and the day to day management of the service. People were encouraged to be involved in developing the service. Their comments and feedback on the improvements were listened to in order to make a positive change to people's experience of the care provided.

There have been changes made in practice, procedures and how the service was managed as a result of increase in the number of people living in the home. The provider monitored the quality of the service provided to ensure that the improvements made have been sustained.

Good



Beauchamp House Nursing 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 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 first inspection took place on 16 February 2015 and was unannounced. As the manager was on annual leave we visited again on 26 February 2015. This visit was announced enabled us to talk with the manager and meet with the provider's representative.

The inspection was carried by one 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 service.

We spoke with 16 people who used the service. We spoke with five relatives who were visiting their family member. We also spoke with two visiting health care professionals. We spoke with the registered manager, deputy manager, two nurses, five care staff and the chef and house-keeping staff.

We tracked the care and support of five people which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and quality monitoring audits.

We looked at information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe in the home. People told us that their needs were met safely and risks were well managed in the home. One said "Overall I feel safe and happy. Happy to make it my home. I have nothing to worry about. Sometimes I ring the bell and someone says "I will be back in five minutes and they are there straight away. Well it can be 15 minutes. That is because someone might have fallen down... someone like me!" Other people said "I have been here a while. I am well looked after. It is a safe place to be." A relative told us they felt their family member was safe and they could not wish for better care.

We received information from a whistle-blower that some months ago a possible incident of poor care had not been dealt with in a sufficiently robust manner. When we investigated we found that following an initial alert the manager had attended the home immediately and had followed the provider's protocol. Decisions about the nature of the incident and the actions to be taken were made by the manager and the provider's representative. We have received notifications of other incidents in the home and saw written evidence that on other occasions the relevant agencies had been notified and appropriate steps to protect people had been taken.

A recent survey of night care had been undertaken by two of the provider's senior staff. Twelve people who received nursing care talked about their experiences of night time care and asked if they felt safe. All said they felt safe. They said they were able to call for assistance at night if they required it. One person said it could take "a long time" for the bell to be answered. Other people said bells were answered "promptly" and although they knew help was available they did not require assistance at night. Everyone said their needs were met at night and they would be listened to if they had any concerns. One person said they had been told by a member of staff there were "51 other people in the home." They said "I do know that." The manager had been made aware of the comment and had raised the matter in a staff meeting.

Staff were aware of the reporting procedures for all incidents, accidents and injuries. The provider notified us and the relevant authorities of incidents and significant events that affected people's health, safety and wellbeing and detailed the actions taken to protect them and others.

The management team analysed those events, took steps to prevent things from happening again and monitored the effectiveness of those measures.

Staff we spoke with had a good understanding of what constituted abuse; they were clear about their role and responsibility in reporting concerns and how to keep people safe. They were aware of their role in promoting people's choices and rights. One member of staff said, "If I had any concerns at all I would raise them with the manager. I know how to contact the local authority with concerns and I wouldn't hesitate to go outside the organisation if matters were not dealt with." We asked all the staff and relatives if they had any concerns about the service or had ever seen anything that worried them. One member of care staff said "I am very experienced and worked in a few homes. We have had our difficult periods but this is one of the best."

When we looked at people's care records we found appropriate individual risk assessments relating to their care and mobility had been undertaken and reviewed regularly. For example, people nursed in bed had an air mattress to reduce the risks of developing pressure sores and their skin was checked regularly. People had been assessed to determine the appropriate support was available. There were assessments in place to ensure the correct moving and handling equipment was used such as a hoist.

Staff demonstrated a good understanding of risks to people and how to keep them safe. We observed staff using the correct technique with moving and handling of people. Staff told us of the ways in which they kept people safe. We spoke with three nurses One nurse said, "We review people's care on a daily basis. We discuss any changes from one shift to another." A relative told us they felt their family member was very safe and looked after. They told us that when the person had fallen they had been kept well informed and possible solutions had been discussed with the staff and family.

People told us that their care needs were met in a timely manner because sufficient staff were available. The manager told us there were vacancies for a few hours of nurse and care staffing but shifts were covered. They said recruitment was "on-going" now the home was full and some agency staff had been employed. They said staff were now organised into two teams and allocated to specific units in the home. Nurses and senior care staff lead the

Is the service safe?

teams. There was always a manager either on-duty or on-call. Staff worked flexibly to ensure there were sufficient staff on duty. For example when there was a shortage of senior care staff on night duty the senior care staff on days had worked longer shifts to ensure people were assisted to bed in a timely manner. A nurse told us the manager had ensured the staffing levels had risen as the number of people in the home had increased. They said dependency levels in the home could change very rapidly. It was important to recognise staffing needs could increase in the short term as residents' needs changed.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for two nurses and two care assistants. We found relevant checks had been carried out before staff worked unsupervised. A further check was undertaken to confirm nurses were registered with the appropriate professional body.

We saw people lived in a home that was well maintained and felt secure. People were able to move around the home safely and meet with their visitors in private. The home environment was maintained to a high standard. There was access leading to the very large landscaped gardens. People with limited mobility or those who used a wheelchair could use the garden safely.

There were systems in place to ensure people received their prescribed medicines safely. Medicines were stored securely in the treatment rooms. Medicines that needed to

be refrigerated were stored correctly in line with the manufacturers' recommendations and dated when opened for use. The storage of controlled drugs was safe and records were accurate. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.)

Records showed that the management team carried out regular checks to ensure people received their medicines at the right time, records were completed accurately and stock levels were maintained. We saw a nurse administer people's medicines safely and records were completed accurately when medicines were taken. We looked at the medication and medication records for other people living in the home and found that their medication had been administered safely. Where people had declined to take their medicines staff had sought advice from the doctor and monitored the person's health. Staff understood the importance of supporting people with their medicines including the use of prn medication (prn medication is administered as and when needed).

Medicines were administered to people receiving nursing care by the nurses and to people receiving personal (residential) care by the senior care staff.

There were quality audits of the administration of medicines by the provider and by the pharmacist supplying the medicines. The audits showed that when any shortfalls in practice were identified. Is the service safe?

Is the service effective?

Our findings

The service was effective. Staff had a good understanding of the care needs of people using the service and how they wished to be supported. They were trained in care procedures and had practical training to provide appropriate care including the use of equipment to support people with their mobility.

There were programmes in place to induct, supervise and appraise staff. Nurses and senior care staff were trained and had been assessed as competent to carry out specific clinical tasks to meet health needs and to administer medicines. We received concerns about a staff training and competence issue which had been addressed. We found plans to support staff and address the performance issues had been commenced. The manager took further action following the inspection and further support and training was implemented.

Staff had a good understanding of the care needs of people using the service and how they wished to be supported. They were trained in procedures and had practical training in order to provide the appropriate care including the use of equipment to support people with their mobility and transfers.

People were cared for by staff who were supported through supervisions and team meetings and had the opportunity to discuss any issues and training needs. They found the registered manager was approachable. The deputy manager also led by example as they worked nursing shifts to meet people's health and nursing care needs. Senior care staff had completed a nationally recognised qualification in health and social care. The nurses were supported to maintain their continuous development and professional registration to make sure they had up to date knowledge and skills.

The management team and staff had received training in Mental Capacity Act and the Deprivation of Liberty Safeguards and demonstrated a good understanding of what that meant in practice as to how to protect the rights of people using the service. We saw people who were able to make choices were supported to do so. When people were not able to make their own decisions the appropriate processes had been followed to protect their rights.

At the time of our visit the deputy manager was completing DoLS applications for people who had been affected by

recent changes in the implementation of the DoLS guidance. Assessments of people's mental capacity to consent to decisions were completed correctly. For example assessments that stated people were able to make decisions if given time and careful explanation. Another plan stated the person was fully involved in all decisions about all aspects of their care. Best interest decisions were made by the person's representative and relevant health care professionals and fully recorded.

We asked people for their views about the meals provided. Some people were very positive and told us the food was "lovely" and "much enjoyed." Another person said "The food is good. I have no complaints. I make my choices." Others were not so satisfied. One person said the food was "unhealthy and stodgy." Another person said "It is adequate. Like old fashioned school dinners." People were offered a choice at lunch time. In addition to the two main choices offered some people were eating salad or jacket potatoes which were always available. Everyone agreed food was plentiful. Another person told us their relative had meals at the home which they had enjoyed.

We observed throughout the day that people were offered a choice of drinks regularly and snacks including fresh fruit, if people wanted them. Staff offered people the menu plan each day so that they could choose what they wanted for the following day. Meals served at lunchtime were well presented, looked appetising and kept warm during the serving period.

The chef had information about people's dietary needs and understood the nutritional needs of older people, which included the use of full fat milk and fortified meals. The menu plans detailed any special diets people required such as diabetic and supplemented meals.

People's care records included a nutritional assessment to identify those who were at risk of poor nutrition and dehydration. Where a risk had been identified they were referred to the dietician and the Speech and Language Therapist (SALT) for a further assessment. A plan of care had been developed that included the recommendations from SALT team. Their intake of food and drink was monitored and evaluated to ensure the person ate and drank sufficient amounts. For example one person required a soft diet due to swallowing difficulties and had 'thickened' drinks to reduce the risk of choking as recommended by the SALT team.

Is the service effective?

People could choose to eat in their rooms or a choice of dining rooms. The atmosphere at lunchtime was relaxed. All the tables were laid with condiments and decoration to make the dining experience pleasant. Staff supported people to eat without rushing them. Staff were attentive and responded to requests where people wanted second helpings or assistance with eating. People were given the opportunity to give their opinions on the menu and changes had been made as a result of their expressed opinions.

People told us that they were supported to maintain their health and had access to a range of health care professionals. One person told us about their appointments with a “heart specialist”. When we read their care plan we saw they had been escorted by care staff for investigations and treatment. People were able to receive visits from opticians, dentists and audiologists at the home if they chose.

A nurse told us the service was supported by the associated GPs practice. There was a doctor’s round every Thursday but doctors would also attend when required if people were unwell. Records confirmed people were seen by the doctor when they were unwell. If an infection was diagnosed a course of antibiotics was prescribed. People receiving residential care were treated by the community nurse for any wound dressings. Staff were knowledgeable about the people they looked after and sought advice if people’s health was of concern.

A relative said “There is very good liaison between the home and the family. They have always called when Mum has been poorly or the GP has been called.”

Is the service caring?

Our findings

People told us that staff were kind and caring, and knew about their care needs and how they liked to be supported. One person said, “I have been here a while now. I am very well looked after. Staff are polite and kind.” Staff were described as “great, no problems”, “very good”, and “enormously kind.”

During our visit staff approached people in a friendly and respectful manner. Staff checked people were comfortable and asked them if they needed anything throughout the day.

Relatives said they had supported their family member in discussions about the changes to their care needs to make sure the support provided was right for them. One relative said, “We’ve been invited to attend meetings with the health and social care professionals to discuss [person using the service] additional health needs and how those were to be met.”

People told us that staff helped to maintain their privacy and dignity. People were dressed as they preferred and staff were seen assisting people to brush their hair and look smart before they came to the communal sitting room. Relatives told us that staff treated their family member’s with dignity and respect.

Staff understood the importance of respecting and promoting people’s privacy and dignity. They took care when carrying out their duties. They gave examples of the

steps taken to maintain a person’s dignity when they were assisting people to maintain their personal hygiene and when using a hoist to transfer a person from a chair onto a wheelchair. These included closing the doors of bathrooms and bedrooms and ensuring they were not interrupted whilst they were with people.

All the bedrooms had en-suite facilities which helped to maintain and promote people’s privacy and dignity. Staff told us that people were offered a bath or shower and that staff respected their wishes and the care records we looked at confirmed this to be the case.

Arrangements were in place to support people where they had made an advanced decision about their care with regards to emergency treatment and resuscitation. They were confident that their decision would be respected. Plans of care were in place and tailored to individual’s needs including those who were in receipt of end of life or palliative care. The service looked after people who received palliative and end of life care. Staff worked with the specialist nurses to ensure people were comfortable and their dignity was maintained at all times. Care records showed that where people had made advance decisions about their care with regards to resuscitation plans of care were in place and staff were aware of those. A nurse told us about their role as the link nurse for the Gold Standards Framework. The GSF provides training and support to enable staff to provide the highest possible standard of care for people at the end of their life.

Is the service responsive?

Our findings

People told us that the care provided met their individual needs. They said staff understood their routines and preferences and respected their wishes. People who were nursed in bed told us that staff regularly checked on them to make sure they were comfortable. This included assisting people who may be risk of developing pressure sores to change their position

People told us that they had choices about their care and how they spent their day. People living at the home and their relatives commented on the good quality of care in a very individual manner. One relative said staff should be praised for the way they made each person feel at home. They said people were supported in the transitions that took place, both arriving at the home and as changes occurred in their dependency.

Throughout our visit staff assisted people without rushing them and responded to their requests, which promoted their wellbeing. Staff told us that they were kept informed about any changes to people's care needs through the daily handover meetings at the start of each shift.

The plans of care reflected the care and support people needed including dietary needs which the chef was made aware of. People told us they knew about their care and support arrangements but not everyone we spoke with was aware of their plans of care. People's care records showed that people were involved in decisions made about their care and support.

Plans of care were audited regularly by the manager and provider. Both were aware of the importance of up-to-date and accurate care plans. Audits had identified some omissions. The deficit was addressed in staff meetings and targets had been set to bring records in line with the best practice expected by the manager and provider.

Two nurses spoke to us about their roles in meeting people's needs. They talked about people's changing needs and the importance of re-assessing people and seeking advice and help promptly when required.

There was a calm and cheerful atmosphere in the home although staff were clearly busy. Staff offered choices with regards to how people wished to spend their time. One person said, "I have the listening books for five years. They are a god send." Other people enjoyed spending time

reading the paper. One person said "I like to get into bed early and watch television. The night staff are very good. When I get tired they switch it off and I go to sleep. I am overall very satisfied. Very well looked after."

People's views of the opportunities to pursue interests and social interaction varied. People said the activities planned were quite interesting and spoke highly of the activities staff. There was a monthly newsletter detailing the range of activities available within the home. The week before our visit had three rest days when activities were not available. Sometimes a day was described as a "chill out day" when again no activities were available. Some people wanted to go out more. One person said "The gardens are nice but there are only so many times you can walk round them. It would be nice to go out more even if it was just to the shops."

The home had an open visiting policy which was appreciated by friends and relatives. One relative told us the arrangements fitted in well with their busy schedule. They said they could visit at different times including some later evenings.

People told us that they knew how to make a complaint. One person told us that they had raised concerns at a meeting with the registered manager and felt staff acted on their concerns. Another person told us that all their concerns were raised with the staff and that the registered manager had addressed them satisfactorily. A third person said "Staff on this floor work really well together."

Relatives told us that complaints and concerns had been listened to and acted upon by the staff and the registered manager. One relative said, "Initially there were a few issues but it's all been dealt with satisfactorily."

Staff were kept informed about any changes to people's care needs through the daily handover meetings at the start of each shift. Staff told us that the registered manager was approachable and complaints from relatives of people living at the home were taken seriously and acted upon. One staff member said, "The manager would sort it out."

Records showed the service had received a few complaints. All but one complaint had been concluded and where necessary, action was taken by the provider. The registered manager told us that they had an 'open door' policy which meant people who used the service and their relatives or

Is the service responsive?

friends could speak with them openly about any issues that they may have. The registered manager told us that as a result of concerns and complaints improvements had been made to the quality of service provided.

Regular meetings were held for the people who used the service and their family or friends. This gave them opportunity to share their views about the service; raise

any issues that they may have and make suggestions as to how the service could be improved. People gave feedback on their individual care provided during care reviews. One relative said "You can always talk to a nurse. You can usually see the manager but of course sometimes you need to make an appointment. I understand that."

Is the service well-led?

Our findings

The service had an experienced registered nurse manager in post and there was a clear management structure. The registered manager was supported by the deputy manager, nurses and senior care staff to provide care to people. The deputy manager, a qualified nurse, worked some nursing shifts which helped them to speak with people, observe staff competency, practices and also monitored the quality of care people received. The registered manager felt supported by the provider and the service had regular internal inspections carried out by the provider's representative.

Staff demonstrated a good understanding of their roles and responsibilities to provide care that was safe and promoted people's wellbeing.

People and their relatives told us they felt able to raise issues with the management team. Some people mentioned the manager or deputy manager by name but nurses and seniors carers were also seen as the staff who would "sort things out" for them. People were not afraid to make complaints when necessary or have their voices heard. One person said they had regular talks with the manager to discuss the way their care was delivered.

People's views about the quality of care and service provided were sought through the review of plans of care, residents meeting and complaints and compliments. Records showed that people's comments and suggestions were taken into account and provided an update on concerns that were raised previously.

The manager told us about the provider's values that were promoted throughout the home. Known as HEART values, these were honesty, excellence, approach, respect and teamwork. Two members of staff were ambassadors in the home with a particular interest in promoting these values.

The provider regularly assessed and monitored the quality of the service. There were monthly visits from the operations manager. Reports were compiled under headings such as care documentation, staff records and observation of the "whole home." A comprehensive audit carried out by the provider had identified areas of the service requiring improvement or actions to be taken to meet the provider's quality rating. We saw action had been taken to address these areas.