HC-One Limited

Beaconsfield Court

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

Summary of findings

Overall summary

This inspection took place on 20 February 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

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

Beaconsfield Court accommodates up to 32 older people providing personal care in one adapted building across three floors. On the day of our inspection, there were 30 people using the service. Some of the people were living with a dementia type illness.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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 last carried out a focussed inspection at Beaconsfield Court on 22 November 2016 and rated the service as Good. At this inspection the service met all regulations and continued to be rated Good.

Staff and management team understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding adults. People we spoke with told us they felt safe at the service.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place for people who used the service that described potential risks and the safeguards in place to mitigate these risks.

Medicines were managed safely. Trained staff administered people's medicines. Records accurately accounted for the medicines people had been given.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and an annual appraisal.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Beaconsfield Court . Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs had been assessed and personalised care plans developed. Care plans were evaluated to check they reflected people's needs. People had the opportunity to be involved in the review.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The newly opened coffee shop area with tables and chairs where people and visitors could sit with hot drinks enabled a lovely environment for people to maintain relationships with those close to them. The service maintained good links with the local community.

People who used the service and family members were aware of how to make a complaint and we saw any complaint or issue was dealt with promptly by the management team.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Beaconsfield Court

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.

This inspection took place on 20 February 2018 and was unannounced.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams. We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection we spoke with five people who used the service and three relatives/ visitors. We also spoke with the registered manager, deputy manager, one senior care staff, two care staff, the activity coordinator, the chef and one domestic. We looked at a range of records which included the care and medicines records for five people, recruitment and personnel records for four care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "Yes they are very careful," and "Yes when I go to bed at night my door is shut, the outside doors are locked and they check on me every two hours."

People and visitors told us they felt safe with staff. We observed two members of staff doing a hoist transfer from wheelchair to armchair. They were speaking to the person in a friendly manner and explaining what they were doing. They worked well as a team, re-assuring the person all the time. The transfer went smoothly and was professionally done. We observed the person appeared calm and happy throughout the manoeuvre.

The provider had systems in place to make sure people were protected from abuse and harm. Staff had completed safeguarding training and were able to describe confidently what action they would take if they had safeguarding concerns. One staff member said, "I have not used it [whistle blowing procedure]. I wouldn't be afraid to do it [raise concerns]. We are all here for the residents, they are what's important."

People told us they were happy with the cleanliness and hygiene procedures at the home. People said, "They clean every day and deep clean once a month," and "I am satisfied with my room it is cleaned every day." We saw staff using personal protective equipment such as gloves and aprons when dealing with people's personal care needs or when dealing with food. We spoke with one of the domestic team who explained what they would do to ensure cross infection was minimised if there was an outbreak of an infectious condition at the service.

Risks to people were identified and managed so people were safe. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. We saw an example where one person was a smoker. The service had a risk assessment in place which included risk reduction measures for their electronic cigarette. The service had also contacted the GP to prescribe a cream emollient that wasn't flammable to again reduce any risk to the person when they smoked.

Risk assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety and portable appliance testing. Health and safety checks were up to date when we visited the service.

Specific health and safety related risk assessments had been completed where potential risks had been identified. We saw regular meetings took place where health and safety issues were discussed. At a recent meeting the implementation of the provider's new policy for fire training and drills was discussed and a clear plan put in place to ensure staff were trained and met the requirements of the new policy. The provider also had up to date procedures to deal with emergency situations. Personal emergency evacuation plans

(PEEPs) had also been written for each person to help ensure they received personalised support in an emergency.

Incidents and accidents were logged, investigated and action taken to help keep people safe. Records showed monthly reviews of accidents were completed. This included an overview of falls on each unit within the home and action taken. For example, referrals to a specialist falls team and specialist monitoring equipment ordered and any trends or patterns. In addition to the overview individual records were kept for each accident and the specific action taken to respond to each one.

People confirmed medicines were administered appropriately. The provider had systems for the safe management of medicines. We found only trained staff administered people's medicines. Records relating to the receipt, administration and disposal of medicines were completed accurately. Medicines were stored safely and checks were in place to review the appropriate storage of medicines. For example, daily temperature checks of the treatment rooms and medicine fridges helped ensure medicines remained safe to use.

People and relatives confirmed staff attended to people's needs promptly. Comments included, "Not very long as a rule they are here pretty straight away," "It sometimes seems like a long time but no they come straight away" and "If you ring they come straight away." We asked if people felt there were enough staff. Comments included, "Usually yes but it sometimes seems as if they could be short," and "There are times when they could do with some more."

Staff members told us staffing levels were usually appropriate. Comments included, "We work as a team and cover each other," a senior carer also said, "We work together to provide consistency and to make sure people see the same faces." They said there had been occasions when sickness had impacted on this. They went on to confirm the provider always covered any sickness in order to maintain safe levels. Rotas also confirmed absences were covered when needed. Staff were visible throughout the home when we visited and available should people require assistance. We noted people's needs were attended to in a reasonable time frame and in a caring manner. Rotas confirmed the expected staffing levels had been maintained. Staffing levels were reviewed regularly using a specific staffing tool which considered people's dependency levels. We viewed previous reviews which showed actual staffing levels deployed at the levels the tool recommended.

The provider had effective recruitment procedures to help ensure new staff were suitable to care for people living at the home. This included completing pre-employment checks before new staff started working with people using the service. For instance, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

We saw that the registered manager had shared learning from feedback, their regional colleagues and safeguarding events with the staff team through meetings. A recent complaint about noise from neighbours was managed by discussing with staff at meetings and the management team carrying out unannounced visits to the service in the early morning to review. The registered manager had also written to all neighbours apologising and offering their contact details. This showed the service was willing to listen and take on board feedback and to make improvements.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People we spoke with said, "Yes they know me and know how much I can do for myself and how much they need to do," and "Only new staff aren't sure of things but that's to be expected." Relatives we spoke with said, "I couldn't wish for him to be in a better place" and "Yes, he has more complex care needs so we are happy they have agreed for him to stay here. He is happy so we are happy."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

The registered manager used a training matrix to monitor staff mandatory training. Mandatory training is training that the provider deems necessary to support people safely and included moving and handling, safeguarding, fire safety, mental capacity, food hygiene and nutrition, infection prevention and control, health and safety, equality and diversity, and dignity in care. Where training was due we saw it was planned.

New staff completed an induction to their role and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. We spoke with one staff who had been working at the home for less than six months. They told us, "This is the best place I've worked, I had a good induction, it was the best I've had as I have worked on other care settings."

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. The registered and deputy managers described the admissions process for people which they carried out by visiting people and their families prior to them moving to Beaconsfield Court.

People were supported with their dietary needs. Food and fluid intake was recorded for people and nutritional assessments were in place. People were referred to relevant healthcare professionals where required, for example, dietitians and speech and language therapists (SALT). The service worked with the Focus on Undernutrition programme that delivered training and guidance to services on the importance of good nutrition. We spoke with the chef who explained the different types of food they prepared such as pureed and fork mashable diets for those people with swallowing difficulties. They also told us how they fortified foods to maximise weight gain and said they had all the equipment and ingredients to provide good nutrition for people.

Family members told us, "He is on a liquid diet but on the whole he gets what he wants in that format" and "She takes some persuading and sometimes needs to be assisted. They give her fortified drinks."

We observed the lunchtime experience across all three floors of the home. On the ground floor, the dining room and people were left unsupervised, with the exception of the presence of the cook, for periods of time. We followed the cook to the top floor and there was no member of staff to assist him, he had to press the

call button for someone to attend. Two members of staff came but they were in and out all the time. There was no supervision in the dining room when both members of staff were taking meals to rooms, with the exception of the cook. Finally on the first floor there was one member of staff supporting the cook. The member of staff on duty was friendly and polite and knew some of the people's preferences. We observed people using the service would benefit from more staff on duty at lunchtime and better interactions and observations from the staff. We discussed this with the registered manager who agreed they would review the lunchtime experience and ensure all staff members were available to support people with their meals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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. The registered manager had submitted DoLS applications to the supervisory body where appropriate and had notified CQC of any authorisations. Six people were currently subject to DoLS authorisations.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we viewed were up to date and showed the person who used the service and their family had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. This included visits to and from external specialists such as GPs, community nurses, dietitians, SALT, chiropodists and opticians. People we spoke with said, "I haven't seen a doctor for a bit but I had a heart check and blood taken by a nurse yesterday," and "They get someone straight away whoever is qualified and on duty."

Some of the people who used the service were living with dementia. The home had incorporated some environmental aspects that were dementia friendly. For example, corridors were well lit, and communal bathroom and toilet doors were clearly signed. People's bedroom doors included the room number, the person's name and photographs of the person's choice. The old local photographs on the ground floor were a popular addition with people and provided good conversation topics for everyone at the service.

Good

Is the service caring?

Our findings

When we last inspected Beaconsfield Court we received positive feedback about the care provided. During this inspection people again gave us positive feedback. This was both in relation to the care in general and the kind and caring staff team. One person told us, "I find them very good. They will pop in and ask me if I am alright." Another person said, "If I ask for help they help me." A third person commented, "Very friendly, nothing is a trouble."

Relatives also told us they were happy with their family member's care, we asked them about whether they felt the staff team were caring. One relative told us, "Brilliant, they love him to bits, really do." Another relative commented, "On the whole yes with exceptions. 98% are very good and friendly." A third relative said, "It is an extremely committed, excellent team with two letting them down."

People confirmed they were in control and able to make their own decisions and choices. For example, people told us they went to bed when they wanted which for most was between 8.30pm and 9pm. One person told us, "Yes they respect my decisions." Another person commented, "Sometimes they do. I know what I can do and can't do. I think they are frightened to do some things, I am not fragile." Two of the three relatives we spoke with told us, where this was appropriate, they were kept informed and involved in making decisions about their family member's care. One relative told us, "Yes we have had a couple of meetings" and another said, "Yes they went through some risk assessments" All relatives we spoke with said that the staff team knew their family member well. One relative said, "Yes they know exactly what he likes and dislikes."

We saw positive interactions between staff and people. Staff were chatting and reading to people and the atmosphere across the whole service was calm and caring. People using the service appeared very comfortable in the company of staff and we saw that many staff had worked at the service for a number of years which meant the support for people was consistent. The staff team also told us, "You get the chance to know people well here which I love," and another staff member told us, "If people are feeling a bit down and teary I give them a cuddle and talk about it, that's what anyone would want."

People told us they felt their privacy and dignity was always respected. They told us members of staff treated them very well and with dignity and respect. Staff knocked on doors and kept them closed when supporting people to the toilet.

Staff promoted and encouraged independence for people who were able to do so. For example, where people used walking aids independently, staff encouraged them to walk to the dining room with encouraging words such as "Take your time you are doing really well." People we spoke with said, "I can get up when I like, go to bed when I like, I just need a little bit of help with dressing," and another person said, "I dress myself. I can wander around and see my friends in here whenever I want." One relative told us, "Yes they like her to get up to walk. [Name] the activity co-ordinator does one to one with photo albums with her as she doesn't like to join in activities but will sit and watch."

People had communication support plans that described people's communication abilities, how they preferred to communicate and what support they required from staff.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. There was information on display about local advocacy services in communal areas of the home.

Good

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their needs and they were happy with the standard of care provided to them. Comments included, "It is very good. I wouldn't have stayed as long as I have if it wasn't," and "It is very good, nothing is a bother to them."

There were systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. We saw care plans were confidentially stored and well maintained and staff recorded daily communication notes. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

We looked at five care plans belonging to people who used the service. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. Care plans clearly described the support each person needed from staff. People's preferences and views about their care were discussed and where possible included in the care plan. For instance, one person preferred to have silence on a night and liked to have their bedroom door left open until they were asleep.

People had signed their care plans to indicate they agreed with the contents. Care plans had been evaluated regularly to keep them up to date. We spoke with the registered manager about one person we met and the registered manager told us about the recent loss of their partner. The registered manager discussed how the staff team were dealing with this with the person who experienced dementia. We raised with the manager that this information was not specifically recorded in their plan of care and that it should be included so that staff ensured they responded consistently to alleviate any distress.

End of life care plans were in place for people as appropriate and documented people's wishes. The registered manager told us they were very well supported by the local district nurses and GP service to support people at the end of their life at Beaconsfield Court. Staff we spoke with demonstrated good knowledge of end of life care.

We found the provider protected people from social isolation. We noted there was an activities schedule displayed in a communal area to notify people of the available activities. A variety of activities were available at the home based on people's individual wishes and needs and entertainers and coffee mornings were regular occurrences. We met with the activity co-ordinator who told us about the trips that people went on to local places of interest such as the Shildon railway museum, farm cafes, and to a local 'Music and Memories' session for people living with dementia which took place in the nearby town of Middleton in Teesdale. The home also had its own rabbit which people enjoyed looking after. Local school children from Teesdale school also visited the home twice weekly to chat and play games with people. One person told us, "I like the young 'uns coming, they brighten the day."

The deputy manager showed us some work they had begun with the activity co-ordinator to develop individual life histories using historical photographs from the time in question. For one person there was a picture of the church in which they married from that era. The person concerned could not remember their spouse due to their dementia but on seeing the photo, immediately exclaimed, "That's where me and [Name] got married." The deputy manager said, "It has really brought those memories alive for her."

People said they had no reason for any complaints. They went on to say if they needed to make a complaint they would have no problem addressing this with staff or management. One person said, "It depends on if it goes to [Name] the manager here or head office. If it goes to [Name] I would ask for her to come and see me but if it was for head office I would write a letter." One person said they had complained their toilet seat was too low and a higher one has been ordered for them. The provider's complaints log evidenced that previous complaints had been fully investigated and where appropriate action taken to address concerns.

Good

Is the service well-led?

Our findings

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.

People and their relatives felt the registered manager understood people's needs. They said they found her very approachable. One person commented, "Yes, she is very good always friendly" and another said, "Oh yes she is very nice, very understanding." Relatives we spoke with said, "Great, approachable, no problem at all," "Very good, very informative when we first came here." One relative said, "Absolutely spot on, would be more beneficial to be more visible on all floors though."

Staff gave us positive feedback about the registered manager. They told us they felt the registered manager and deputy manager were always supportive and helped where possible. One staff member said, "I find them approachable, at another home I worked at I wasn't able to say anything, they work with you here." Another staff member commented, "I love it here it's a good home and I've worked here over 12 years."

We witnessed the deputy manager dealing with a road traffic accident that had occurred outside the home and involved a staff member's vehicle. They dealt with the situation calmly and professionally speaking with police and the local council and provided support to the staff member concerned.

People told us the home had a positive and friendly atmosphere. Comments included, "Very good, friendly," Everybody is quite happy", "Pretty good, homely and friendly" and "Generally happy and content." Relatives we spoke with said they felt the service was open and honest with them. One person said, "Yes they don't hide anything from you. If she has a fall they ring even if it is not serious."

Staff were regularly consulted and kept up to date with information about the home and the provider via monthly staff meetings and an annual staff survey. The results of which were analysed and fed back to staff.

Regular meetings took place for people and their relatives. Minutes showed areas discussed included menus, activities and laundry. People told us they felt involved in the running of the service. One person said, "I very often go to meetings when they are held and have helped [Name] the activities co-ordinator get entertainment from time to time." Another person told us, "My daughter goes to meetings." Only one person we spoke to thought they had done a survey but they said it was a long time ago. We saw that surveys were undertaken in June 2017 and information from this was available for people to read to show what the service had done in response to comments.

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance called 'Cornerstone'. The provider carried out a bi-monthly audit of the service that included an audit of care records, staff files, staff morale, safety, equipment, training and supervisions, and quality of care. Any areas for improvement were recorded in the

action plan. In addition, a monthly home review was carried out that included catering, laundry, maintenance and the environment by the registered manager.

In addition to this management carried out a twice daily walk around of the home and daily flash meetings with the chef, senior care staff and head housekeeper. The 'resident of the day' system was in place at the service. This involved a full review of one person's care including reviews of care plans and assessments. In addition the person's views were recorded and the person had the opportunity to discuss their needs with other staff such as the chef and for their bedroom to have a 'deep clean'.

The service had good links with the local community. The service had developed links with the supported housing complex next door and coffee mornings at each site were shared so people had opportunities to meet regularly. The home also welcomed local school children twice weekly to chat with people and also attended other local groups such as "Singing for the brain" and dementia cafes that took place in the local area. We saw there were visitors to the home during the day who told us they felt welcomed by the service.