

Barchester Healthcare Homes Limited

The Epsom Beaumont

Inspection report

20-22 Church Street
Epsom
Surrey
KT17 4QB

Tel: 01372747999
Website: www.barchester.com

Date of inspection visit:
17 May 2017

Date of publication:
02 August 2017

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The Epsom Beaumont provides residential and nursing care home for a maximum of 55 people some of whom are living with dementia.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe Their care records contained up to date risk assessments to keep them safe and retain their independence. People were protected against the risks of potential abuse because the provider followed safe recruitment practices and staff knew how to safeguard people. People were supported by sufficient staff to meet their individual needs and medicines were administered safely.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). 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 received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People's nutrition and hydration needs and preferences were met, and people's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, community mental health team, or other health care professionals.

Staff were caring and knew people well. People were encouraged to be independent. Staff promoted people's privacy and dignity, and people and their relatives were able to have a say in the running of the home.

Care plans were detailed and contained information on people's lifestyles and preferences. They included details on people's routines and what support people liked to receive. People's needs were assessed and their care regularly reviewed. People had activity plans and were able to choose what activities they took part in. People and their relatives knew how to complain and had their complaints responded to.

There was a registered manager in place who promoted a positive culture and supported their staff. Staff were involved in the running of the home, and people were empowered to contribute to improve the service. Audits were completed frequently, were thorough, and their use made improvements to the service people received. People and those important to them had opportunities to feedback their views about the home and quality of the service they received.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Epsom Beaumont

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 was a comprehensive inspection that took place on 17 May 2016 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 used this information to see if there were any areas we needed to focus on.

Prior to the inspection we spoke to the local authority safeguarding team.

As part of our inspection we spoke with seven people, six relatives, eight staff, a GP and the registered manager. We also reviewed a variety of documents which included the care plans for five people, five staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel safe it's the people around you." A second person said, "Yes I feel safe. I have a call bell but I've only used it once, and they came quickly." A relative said, Yes [name of person] is safe, so much safer than when they lived on their own. And [name of person] now has a crash mat by their bed." This is a device that alerts staff when someone leaves their bed so they can go and offer assistance to try to prevent the person falling. A second relative said, "What makes it safe is the doors are locked and if you are a stranger they ask who you are." We found that external doors were locked for safety and there was a signing in book to identify any visitors.

Care records contained up to date risk assessments to keep people safe and to retain their independence. Risk assessments were in place for mobility, falls, skin integrity, bathing, nutrition and hydration, choking, mental health, diabetes and continence. Risks to people were managed and staff followed guidance in relation to risk by offering care to people that met their needs and reduced the risk of harm.

The provider had followed safe recruitment practices to ensure new staff were suitable to work with the people. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

People were protected against the risks of potential abuse. Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. Staff members told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to the manager straight away. One staff member said, "If a resident's behaviour changed I would try to talk to them. If I felt something was wrong I would report it to my manager. We can also report to safeguarding or the police." A second staff member said, "I would report abuse to the manager or clinical lead. They inform the local authority." A safeguarding policy and whistleblowing policy were available to staff. Staff had received safeguarding training and referrals had been made appropriately.

People were supported by sufficient numbers of staff to meet their individual needs. One staff member said, "We have three carers up here [in the dementia unit] and that's enough. Every day is different but we definitely manage well." A second staff member said, "I never feel that I am alone. Other staff are always here to support." We observed people's needs were met in good time, staff were not rushed, and call bells were answered quickly. Staff were able to sit with people and engage with them.

Medicines were administered safely and on time. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines, and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from the pharmacist. Regular medicines audits were completed to ensure safe systems were being followed.

Is the service effective?

Our findings

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The 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 had their mental capacity assessed for specific decisions. These included going out, receiving care, the use of bed rails and administration of medicines. Where the MCA assessment identified that the person lacked capacity to make the decision a best interest decision was made, and the least restrictive option was chosen. Relatives were involved in these decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made a number of DoLS applications for people who were unable to go out on their own safely. They kept a record of these so that people were only restricted in accordance with the submitted DoLS.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said, "The staff are excellent." One staff member said, "I am starting my NVQ 2 soon. We have training like dementia training, fire and skin care. We travel to other care homes for training which is interesting." A second staff member said, "I had induction. I have also done catheterisation, medicines and wound management training." Training records confirmed staff were receiving training to meet the needs of people. Staff told us they received regular one to one meetings (called supervision) and records confirmed this. Registered nurses received clinical supervision from the regional manager to keep them up to date with current best practice, and enable them to keep their registration with the Nursing and Midwifery Council.

People's nutrition and hydration needs and preferences were met. One person said, "The food on the whole is very good. If I get hungry at night, I can always have a biscuit and I am always being told I should drink more water." One relative said, "The food is very good. Its sometimes too much." A second relative said, "The food must be good as her weight has come back and has levelled out now. They are always coming around with tea and cakes in the afternoon and the cakes are homemade." The chef was aware of peoples dietary needs and their likes and dislikes. If someone's weight changed their nutrition plan was reviewed. We observed people being given a choice of food and drinks. Food was served on plates which were dementia friendly (bright yellow with lipped edges) and designed to make eating easier.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, tissue viability nurse, community mental health team, or other health care professionals. Records demonstrated this and the GP confirmed this.

Is the service caring?

Our findings

Staff were caring. One relative said, "They really treated my family member really well. Nothing was too much trouble. All the staff from the cleaners to the kitchen staff, carers and managers have been brilliant, they really have." A second relative said, "There are two staff in particular who are very good with [name of person], they make him smile and speak to him "beautifully". A staff member said, [persons name] daughter gets married next weekend. [Name of person] is going with one of us supporting him."

We observed positive caring interactions. In the morning on the dementia unit, one person had become confused and was asking after someone. It was an unfamiliar name so the staff member sat and talked through with them to establish who the person was. This lessened their anxiety. We heard staff asking how people were and one lady was told she looked very nice. She had just had her hair done. People were asked where they would like to sit and what they would like to do. At lunchtime when someone complained staff were kind and apologetic.

Staff knew people well. They were knowledgeable about people's needs and backgrounds. Care plans had detailed life histories. Staff used these when talking with people. For example one staff member knew a person was a Chelsea fan so he spoke to him about football when providing care. Another person had been a costume designer and made their own clothes. Staff knew about this and spoke to the person about their clothes each morning. For another person living with dementia their life history had been used to understand their behaviour.

People were encouraged to be independent. A staff member said, "I try not to be people's mother. I give people time to do things for themselves as its very important. If they struggle, then I help them. I show people different clothes to give them choice. I always think about how I would want to be treated if it was me." Peoples care plans clearly stated what people were able to do.

Staff promoted people's privacy and dignity. One person said, "The staff always knock on the door before they come into my room and the always look out for my privacy and dignity." One staff member said, "First I ask if they want personal care. I ask if they want a shower or a bath. I make sure curtains and doors are shut. While I am washing one half of their body I give them a towel to cover the other half."

Is the service responsive?

Our findings

Care plans were detailed and contained information on people's lifestyles and preferences. They included details on people's routines and what support people liked to receive. One staff member said, "You have to know the residents. You have to know the care plans and get to know them." We asked staff about people's care plans and were told about people's life histories, their likes and dislikes, their interests, their daily routines and how people preferred their care needs to be attended to. People received the care needed to meet their needs. Pre-assessments were completed prior to people moving in so it could be ensured the service was able to meet their needs. People's needs were then regularly assessed and the care they received regularly reviewed.

People had activity plans and were able to choose what activities they took part in. There was a range of activities available which included sewing, shopping, reading, music, quizzes, painting and drawing, baking, bowling and going to restaurants. People celebrated their birthdays. One person who had a birthday the previous week said, "I had a birthday party, my children made a birthday cake for me, and the staff made food for me." A second person said, "I was out yesterday at Bourne Hall. I used to go there. Yesterday was like going home. You can always find something to do. There are plenty of nice people to do things with."

People and their relatives knew how to complain. One person said, "I have never made a complaint but if I did it would be to [name of registered manager]." A relative said, "I had one concern about a dado rail left on the floor and it was put back up straight away." The complaints procedure was available to people and visitors. There had been nine complaints in the last year. All had been responded to in accordance with the provider's policy.

Is the service well-led?

Our findings

There was 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.

The registered manager promoted a positive culture. One person said, "I think he [the manager] is doing a good job." A second person said, "[name of manager] has really worked hard here, it really wasn't so good until he came here. I think he is very good." A third person said, "[name of manager] is kind and helpful. He's always where you want him."

People were empowered to contribute to improve the service. One person who helps with staff interviews told us they thought their contribution was valued. They said, "An extra hand/thought on things is very good. I have done it before." Regular residents meetings took place. Items discussed in recent meetings included lack of activities for men, outings, staff changes and food. A bar night had been introduced in response to the men's feedback. Relatives meetings take place twice a year. The last one was held in May 2017. The items discussed included recruiting a deputy manager, maintaining the garden and lift maintenance.

The quality of care and support given to people was regularly reviewed. Audits were completed frequently and were thorough. They included medicines and care plans. Everyone's care plans had been audited within the last three months. An external comprehensive audit was completed regularly. The last one in February 2017 involved auditing the environment and records, and observing interactions between staff and people. It was thorough and identified issues such as the tables on one unit not being well laid and two people needing their DoLS reviewing. There were 16 actions in total. We saw evidence that the actions had been completed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Surveys are sent out annually by head office who compile the results and analyse them. The 2016 survey had 73 responses. The results were positive and showed an improvement in the satisfaction with staff, care and food. There were no major concerns raised.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. Staff told us they had monthly staff meetings where they discussed the quality of care they provided to people, and they could make suggestions about how the home was run. Records demonstrated they discussed care planning, accidents, training, security, the CQC action plan, call bell response and handovers. The manager facilitated a meeting each morning with key staff to give updates and report on the well being of people.

Staff told us they felt supported by the management. One staff member said, "[name of manager] is supportive all the time. He is lovely. If we have a problem we can talk with him. He's very friendly. The atmosphere is good." We heard the manager thanking and complimenting staff, and him giving staff a

reward so they could hold a summer barbecue.