

Norse Care (Services) Limited

Beauchamp House

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

About the service

Beauchamp House is a residential care home, providing personal care to up to 45 older people, some of whom are living with dementia care needs. At the time of inspection, 42 people were living at the service.

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

Care plans reflected people's likes, dislikes and preferences. There were multiple examples of personalised care where staff had taken the time to provide meaningful activities for people, which met their individual needs.

Staff worked hard to support people's aims and wishes, and took a dedicated and innovative approach to ensure people did not feel socially isolated. People and their family were involved in their own care planning as much as was possible.

People received safe care and felt safe within the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up. Risk assessments were in place to manage risks associated with people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing levels were sufficient within the home, and people felt they could get the support they needed from staff promptly.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles. Staff felt able to contact management and senior staff for support at any time.

People were supported to have a varied diet, and food and fluid intake was monitored as required. Healthcare needs were met, and people had access to health professionals as required.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them. We observed positive interactions between people and staff, and feedback from people about staff was good.

A complaints system was in place and was used effectively. The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed and any issues found were addressed promptly. Staff felt well supported

by the manager, and were motivated to provide good care to people.

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

Rating at last inspection

The last rating for this service was Good (published 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beauchamp House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Beauchamp House 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.

The service did not have a manager registered with the Care Quality Commission. They did have a manager who was going through the registration process with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. We also spoke with two visiting health professionals, three members of staff, a team leader, the manager, and the regional manager.

We reviewed a range of records. This included four people's care records, medication records, staff recruitment information, and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, there were concerns that staffing levels were low, and people's needs could not be met promptly. At this inspection, we found staffing levels had increased, and there were enough staff on shift to safely support people. People we spoke with said that staffing numbers were consistent, and they usually got the support they required promptly. One person said, "I don't have any problems, the staff come and see me quickly if I ask them."
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Everyone we spoke with felt safe within the home and with the staff.
- Staff were trained on how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were associated with people's lives, and enabled staff to work safely with people. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and wellbeing.
- Risks were regularly reviewed, and staff understood and followed risk assessments appropriately.

Using medicines safely

- People received their medicines safely and on time. Medicines were kept securely and at the right temperature. Medicines records were accurately kept. People's medicines were kept within their own rooms, and only trained staff supported them with administration of medicines.
- People told us they were happy with the way they were supported with medicines, and regular checks took place to ensure records were accurate.

Preventing and controlling infection

- The service was clean and tidy. People continued to be protected against the spread of infection. We saw that regular cleaning took place, and the staff understood how to prevent the spread of infection, by using the appropriate personal protective equipment such as gloves and aprons when required. Staff confirmed

they had the equipment they required to manage the spread of infection.

- The kitchen had been rated as '5 star' by the local authority for food hygiene practices.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported where necessary to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed by senior staff before they moved to the service, to ensure that effective care could be delivered to them.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs so staff understood what it meant to them.

Staff support: induction, training, skills and experience

- Staff felt well trained, and all went through an induction process before starting work. One staff member said, "There is lots of training. I shadowed more experienced staff when I started, I was offered more if I needed it."
- Staff were skilled and knowledgeable about the people they supported. All the staff we spoke with said they felt confident in the tasks that were asked of them, and they never had to undertake tasks they were not trained to do.

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

- People mostly told us the food was good, and they always had a choice. We observed people being served hot food at lunch time, and choices of different meals were on offer.
- Staff understood any dietary requirements people had, and ensured that support was given to anyone that needed it whilst eating
- The manager had an improvement programme in place which was looking at improving the overall mealtime experience. This included encouraging people to use the dining areas, by improving the décor and table settings in these areas.

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

- The building had several communal areas where time and attention had been taken to decorate and theme them for people to enjoy. This included different pictures on the wall and items from people's past.
- People's rooms were personalised to their own tastes and contained pictures and items of their own. There were several outside garden areas for people to access and enjoy.

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

- People received the healthcare they required from staff and visiting health care staff. One visiting healthcare professional told us, "Staff are very responsive when I arrive. They know the residents very well. It can be busy, but usually well staffed. The team leaders and manager muck in and are flexible."

- People's health care needs were documented within their care plans, and we saw evidence that people regularly had access to a variety of healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

- Records were clear when decisions had been made in people's best interests and consent had been signed for when possible. People we spoke with said they were always offered choice, and staff checked for consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt cared for by staff. One resident we spoke with told us, "The girls [staff] are so lovely, so caring, you can't ask for more. Sometimes staff come and go which is sad, but most of them stay and they are all very good."
- Staff all spoke to people in a warm and friendly manner, and all had a positive attitude towards people. One staff member told us, "My heart is here, it always will be. I always try and promote a positive attitude with all the other staff."
- We observed staff interact with people throughout the day, and saw staff were kind and caring in their approach to people, and gave them the time they required to communicate.

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

- People and their relatives were involved in their care. One relative we spoke with said, "It's great here, they always let us know what is going on with [name]. They have involved us from the start. They have really helped us and taken some responsibilities on that we used to take care of, but still keep us in the loop."
- People told us they felt involved in and in control of their own care, and could make changes as and when they wanted. Care plans were regularly reviewed with people and changes made as required.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Relatives of a person told us, "This place is fantastic, [name] has been in care for a while, but this has been the best place. [Name] is very independent and goes out and about by themselves, and the staff support them with everything they need. [Name] usually goes away on holiday at Christmas, but didn't this year didn't want to, [name] says they didn't miss going away at all, as they had a great time at Beauchamp instead."
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care from staff who were passionate and enthusiastic about giving good, flexible care that met their needs. One resident said, "The staff listen to me, I never feel neglected or uncared for. They surprised me with a cake for my birthday, they really care about me."
- A 'Wish tree' was set up, to identify different aims and wishes of people. Wishes were written down, and displayed on the tree. Staff then worked with people to achieve the things they were aiming for. One person had a keen interest in gardening, so staff enabled them to take on a role as gardener, with access to their own tools. We saw the person proudly talking about their recent gardening efforts with staff. Other examples of people's wishes being supported by staff, were a person who wanted to own a gold pen and gold notepad, a husband and wife who wanted dinner together, a person who wanted to visit their late husband's grave, and a person who wanted to play the piano. Photos of these achievements showed that staff regularly supported people to achieve their aims, and were flexible and innovative with their approach to care.
- A resident of the month scheme was in place, which placed a focus on a particular resident and their care. The manager told us the point of this scheme was to, "Focus on the person and make them feel special for the day."
- The service engaged with a 'postcards of kindness' scheme, which aimed to combat loneliness and isolation within care homes. The scheme enabled people from all over the world to send postcards to people living in the care home. We saw that multiple postcards had been sent to people in the home, enabling them to receive post from people, and have stories and greetings from others worldwide.
- People enjoyed caring for and spending time with animals within the service. There was a resident rabbit, budgie and fish for people to enjoy within the service. The manager told us the benefit that caring for pets had for many people in the service, particularly those with dementia.
- People were supported to be engaged with the wider community. A 'Friends indeed' session had been setup, where local parents and their children of varying ages visited the service and spent time with people. One person said, "I love it when the children come." People told us, and showed photos of how people benefitted from spending time with children and doing activities together. Staff and management also acknowledged the benefit to the children, of spending time with the older people within the home who they felt had so much to offer also.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care within the service, but people had received this type of care in the past. We saw written compliments from family members which included 'I think being at Beauchamp house gave us 10 months with [name] we may otherwise not have had.' And

'[Name] final days went beyond expectations, it was clear to us they were much loved by so many staff.'

- We saw some people had care plans which included end of life planning. This included advance care decisions, questions asked about future preferences for care, including funeral arrangements and care options.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the requirement to provide information to people in an accessible format. We saw examples of this including pictorial activity planners, which were delivered to individual people as they requested.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff we spoke with acknowledged the service had some problems in the past with staffing, and changing management, but now felt the service was well run. One person said, "The new manager is very good, they are very outgoing and understand my needs."
- One staff member said, "I am very proud of the team. [Managers name] is in place now and so passionate about the home. They embrace the role and they are improving the service." Another staff member told us, "The new manager is turning things around already."

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

- The manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the manager was and staff told us they felt well supported by the manager.
- The manager in post was going through the registration process to become registered with the CQC. It was clear they fully understood their responsibilities, and felt well supported by the regional manager and the provider's wider management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A feedback board was made available for people to record their feedback and leave comments on. Different questions were placed on the board for people to look at and answer with a note or using a smiley face rating system. People we spoke with felt able to feedback their thoughts to staff and management.
- Staff felt motivated in their roles. One staff member said, "It's really good team work here, our residents are cared for in the best way, we do our utmost to give good care."
- We saw a team meeting took place on the day of our inspection. Staff felt positive about the teamwork within the service, and that communication was good across the team.

Continuous learning and improving care

- Regular quality checks and audits took place throughout the service. This included a wellbeing audit, which looked at all areas of the home via a regular walkaround from management. Other checks included quarterly quality audits, equipment checks and care plan audits. Medicines audits shows a few recording errors, and what action has been taken to address this.

Working in partnership with others

- We spoke with visiting professionals who all told us the service was of good quality, people were well cared for, and they received the information they required to do their jobs when visiting people at the service. One professional said, "It's a much better place than it had been before in the past. It's a brilliant environment compared to other places we visit."