Barchester Healthcare Homes Limited

# Southgate Beaumont DCA

## 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

Southgate Beaumont DCA provides care and support, also known as 'assisted living', to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. For this service, people's flats are within the same building as a care home that is also managed by the provider. The accommodation is bought, and is the occupant's own home. People's care (if needed) and housing are provided under separate contractual agreements.

CQC does not regulate premises used for extra care housing. Additionally, not everyone using Southgate Beaumont DCA receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were two people using this service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service spoke positively about it, telling us they were "very satisfied" and that "everything's alright." They said they would recommend it to friends and family.

The service ensured that people were treated with kindness, respect and compassion. This included providing people with the same capable staff so that trusting relationships developed. The service also had ways of promoting social inclusion.

The service supported people to express their views wherever possible and be actively involved in making decisions about their care and support. Individualised care plans were in place, and so people received care which was responsive to their needs. Within these processes, safety assessments took place, although records of taking action as a result of these were not clear.

The service had processes that aimed to safeguard people from abuse, and ensure staff recruitment procedures kept people safe. There were also systems to prevent the spread of infection, and to learn lessons and make improvements when things went wrong.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support, and worked to promote people's human rights. There were good support structures for staff.

The service generally assessed people's needs and preferences so that care and support was delivered in line with standards to achieve effective outcomes. However, we have recommended reviewing how this works for anyone returning to the service following a period in hospital.

Where part of their care package, people were supported to maintain good health and nutrition, and access appropriate healthcare services.

Systems at the service enabled sustainability and supported continuous learning and improvement. This included expanding the scope of what this service could safely and effectively provide people with, to better meet wider care needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | Good |
| **Is the service effective?**<br>The service remains effective. | Good |
| **Is the service caring?**<br>The service remains caring. | Good |
| **Is the service responsive?**<br>The service remains responsive. | Good |
| **Is the service well-led?**<br>The service remains well-led. | Good |

# Southgate Beaumont DCA

**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 was an unannounced inspection that took place on 18 October 2018. It was carried out by one adult social care inspector.

The provider completed a Provider Information Return in advance of the inspection. 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.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

There were two people receiving a regulated activity from the service. During the inspection, we received feedback about the service from both people. We also spoke with two staff members and the registered manager.

During our visit to the office we looked at the care files of both people receiving a personal care service along with the file for someone who used to use the service. We checked the personnel files of three staff members, and other records relating to the care delivery and management of the service such as visit planning records. The registered manager provided us with copies of other documents such as policies following our visit.

Good

# Is the service safe?

## Our findings

People told us the support they received from the service was safe. One person said, "They check every day; I'm not forgotten!"

The service recorded a safety assessment for each person's care provision. This covered falls, moving and handling, medicines, finances, and environmental safety. The assessments involved the person using the service and were signed by them to ensure they understood the contents. However, where risks were identified, there was no recorded plan of how to minimise the risk. There was therefore no audit trail to show that the service had taken action to minimise the risk. Staff could tell us of the action taken, for example, in discussing the risk with the person, or of informing the maintenance worker where something needed repairing. The registered manager agreed to ensure there was a further record of the action taken to minimise significant risks.

The service had systems to prevent the spread of infection. People told us staff provided support with personal and flat cleanliness as part of the care package, for example, "They clean the bathroom." Staff told us of training on infection control, and there being enough disposable gloves for when helping people with personal care. People's care plans guided staff on upholding infection control standards.

The service ensured sufficient numbers of suitable staff to support people to stay safe and meet their needs. Whilst different staff visiting routines could be accommodated, at the time of the inspection the service was only providing a small amount of support for people's personal care needs on some mornings. People told us that staff turned up on time, stayed for the expected time and made sure that they were happy before leaving. "It's good support," one person said.

People we spoke with said it was generally the same staff that provided their care and support. The staffing rota confirmed this was ordinarily the case. The registered manager told us that if emergency or leave cover was needed, staff from the care home could be provided. This meant that people were always provided with the care and support they needed.

People told us they had call-bells by which to request staff support at any time in an emergency. Staff and the registered manager confirmed these were linked to the care home and staff from there would attend if used. This provided an additional safety assurance for people using the service.

Records showed there were safe recruitment arrangements in place. Among the checks in place, the service collected references from previous employers, proof of identity, and a Disclosure and Barring Scheme (DBS) disclosure. These are checks of police records and a list of people legally recorded as unsafe to provide care to adults. The registered manager demonstrated that DBS checks were updated for long-standing employees, to help ensure staff remained suitable.

The service had systems and processes that aimed to safeguard people from abuse. Records showed staff had undertaken training in understanding and preventing abuse. Staff could explain what abuse could be

and who to report any concerns to. They also told us of the provider's dedicated phone line for whistleblowing, which means reporting a concern about a risk, wrongdoing or illegality at work.

Records and feedback from people showed us the service was not currently managing anyone's medicines as people could manage these themselves where needed. The registered manager told us the provider was reviewing arrangements here, which included additional staff training to manage people's medicines where needed in the future.

The service had systems to learn lessons and make improvements when things went wrong. A staff member told us, "If anything happens, we discuss it with registered manager." There were procedures in place to ensure any accidents or incidents involving people whilst using the service were recorded and action taken to minimise the risk of reoccurrence.

Good

# Is the service effective?

## Our findings

People spoke positively of the service and told us they would recommend it to friends and family. One person said, for example, "It's very good, I'm pleased with it."

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they received the training they needed. One told us of ongoing attendance at the provider's 'care practitioner' training that enables senior care staff to take on basic nursing tasks. They said, "This will help if people's packages change, for example, if they need medicines support as we're not trained for that." Records showed that staff were provided with refresher training on important aspects of their care roles. There were management systems in place to keep track of what training staff had completed and future training needs.

Records showed staff received annual appraisal and quarterly individual supervision meetings. Staff confirmed these meetings supported them in their roles and helped them develop.

The whole service worked in co-operation to deliver effective care and support. A daily care progress sheet and a staff handover document ensured that key information was recorded about people's daily routines such as events attended and the support provided by staff. Staff told us that the information was used to communicate on the care people received during each shift, as the nature of the service meant face-to-face handover opportunities were limited.

The service generally assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. People's records showed that a needs assessment was completed before they started using the service. The assessment looked at the person's medical history, their current and on-going care needs, and holistic matters such as their background, family and emotional wellbeing. This helped to create a basis for the person's individual care plan.

However, where one person who used to use the service had two periods in hospital, their records did not demonstrate that their needs had been reviewed when they returned to using the care service. The date of their last care review preceded the hospital admissions, and hospital discharge records indicated their needs had increased. This put the service at risk of failing to identify and address the person's changed health and welfare needs. The person's care records did indicate increased amounts of care being provided, and concern being shown for the person's welfare. The registered manager told us there was no specific return-from-hospital policy for the service.

We recommend the service develop a specific policy for formally reviewing people's care needs following periods in hospital, to help ensure any changed needs are identified and agreed on as to how they will be met and by whom.

Where part of their care package, people were supported to maintain good health and access appropriate healthcare services. People told us they received enough support from the service for health matters. For

example, one person explained that staff helped them make appointments by phone. Staff knew of people's individual health needs and how this might impact on their care and welfare.

People's care plans listed details of health professionals such as their GP and chiropodist, and stated their current health conditions. Where someone had a specific health need that staff had to be aware of when providing care such as for symptoms of the health matter, a care plan had been set up for that. Records were kept of people's appointments and outcomes where known.

Where part of their care package, the service supported people to eat and drink enough and maintain a balanced diet. People could do their own food shopping and make their own meals, receive support from care staff for this purpose, or receive home-cooked meals delivered from the care home to either their flat or to eat in the care home's dining area. People's care plans clarified this and noted what types of food people liked and disliked. Staff knew people's nutritional needs and preferences.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the service was working within the principles of the MCA. Staff and the registered manager had an appropriate understanding of MCA principles. They all explained how they encouraged people on safety and welfare issues but that people using the service currently had capacity for their own decisions. People confirmed that staff asked for consent before proceeding with care and support. The provider had systems in place to assess people's capacity for specific care decisions, but these had not been needed in practice.

Good

# Is the service caring?

## Our findings

The service ensured that people were treated with kindness, respect and compassion, and given emotional support when needed. People described staff as "very helpful" and "very nice." Staff emphasised the importance of talking with the person and putting them at ease. As one staff member put it, "I ask them if they want a cup of tea first, then we might sit and discuss the weather." They also told us of always checking what the person wanted and giving "extra help" if needed.

One person told us of staff going to local shops on their behalf. Staff confirmed this occasionally occurred on request, for small items the person had run out of. This showed a caring and helpful approach. Staff told us they gave the person a receipt for the shopping, and informed the registered manager of the errand. However, we found that no record of this support was being kept. This could result in misunderstandings or allegations being made that could be difficult to investigate. We discussed this with the registered manager who assured us records would now be kept, which a staff member subsequently told us had started.

People told us that staff treated them with respect and with dignity, particularly when helping them with personal care. Staff told us of encouraging people with their appearance where appropriate, for example, by suggesting different clothes for going out in. "It's all about the approach," one staff member said. We observed staff knocking on people's doors before entering, which people told us was standard practice. We also saw people and visitors were warmly greeted throughout our visit.

Staff understood the principle that personal information about people should not be shared with others. We saw that people's recorded information was held in a locked room within the care home that was only accessible to the registered manager and staff involved in the care and support of people using the service. Staff meeting minutes reminded staff of the need to look after people's personal information.

Staff spoke fondly of the people they provided support for. They demonstrated a good knowledge of people as individuals. They knew what people's preferences were and the support they required. One staff member said, "I enjoy the work. It's nice to sit and listen to the person, it forms a relationship. So then if they're not well or got a headache, they trust you to say so." These staff approaches helped ensure a respectful service was provided.

The service supported people to express their views and be actively involved in making decisions about their care and support. People told us they made their own choices about the support they wanted. We saw evidence of people's involvement in signing review meeting records and other relevant documents within their care files. A staff member told us, "At reviews, I bring the folders for people to read and sign." This showed good involvement of people in making decisions about their care.

Good

# Is the service responsive?

## Our findings

People told us they received personalised care which was responsive to their needs. One person said, "Whatever I want, they do it for me or tell me if it's not possible." Staff knew people's support needs and preferences. This was in line with individualised care plans for each person that included information on most aspects of their physical and welfare support needs and preferences, and what support staff were to provide. The plans were signed by people to confirm they agreed with the information in them. This helped to provide a responsive service.

Reviews of people's care packages were undertaken with them on a six-monthly basis. These checked that the person's care plan accurately reflected the service required, and provided people with the opportunity to comment on service quality. Both praise and concerns were recorded, which helped to show that the service paid attention to any shortfalls that people perceived.

The service supported the communication needs of people with a disability or sensory impairment. Good communication is key to reducing feelings of frustration from not being understood. Care plans gave staff information on each person's communication needs, and how they should best support the person. Staff told us how they helped people's communication, for example, through patience or making phone calls on their behalf. People told us that staff enabled good communication. One person said, "Once they know me, we can work it out." They appreciated having the same staff attend to them, as that made communication easier.

People could take part in activities provided by the care home. People showed us they received the week's timetable of activities. One person said, "I go if I want to." People were welcome to use the care home's facilities such as for drinks, newspapers and company in the entrance hall. The service was therefore helping to promote people's social inclusion.

Needs assessments showed that people's cultural and religious beliefs were discussed. Their preferences were recorded in care plans, so that staff were aware of how this may impact on the support they were to provide.

The service had systems for listening and responding to people's concerns and complaints. People told us that they did not have any complaints about the service but felt they could raise concerns if they needed to, and staff or the registered manager would address matters. Staff were aware of how to manage complaints through specific training that all staff attended. The registered manager informed us of no complaints by people or their representatives since the last inspection, which complaint records confirmed.

Good

# Is the service well-led?

## Our findings

The service had a registered manager, which 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 had been in that role for over four years. Their registration indicated they had appropriate capability, qualifications and experience. People provided positive feedback about the service's management, including, "The manager visits if I want her to."

The service promoted a positive and inclusive culture that achieved good outcomes for people. We observed professional and respectful interactions between the registered manager and staff. Staff told us the registered manager was approachable and supportive, and that they recommended the service as a good place to work. One staff member said, "The manager looks into any concerns I have straight away." Another told us the registered manager "questions us on what think of the service" as a means of helping to develop it. They added that the registered manager "finds time for you even if she's busy."

Records showed staff supporting people in this service attended staff meetings for the care home as they all worked in that service too. However, they also attended a daily Head of Departments meeting as the representative of the assisted living service. This helped communicate key messages from that service such as if anyone was unwell, and to ensure key messages from the provider and the care home that affected the assisted living service were received.

Records showed staff were trained on equality and diversity. The registered manager told us of providing further informal guidance and discussion opportunities to staff on supporting people with protected characteristics such as race and sexual orientation, to help avoid discrimination. This meant the provider had taken measures to ensure all staff worked to promote people's human rights.

Systems at the service enabled sustainability and supported continuous learning and improvement. There were policies and procedures to ensure staff had appropriate guidance. The staff we spoke with had a clear understanding of how to provide a good quality service. The registered manager had a clear vision for ongoing improvements such as training staff on more health matters and medicines should the need arise to provide that service to anyone in the assisted living flats. This was part of the provider's combined service improvement plan for this service and the care home.

People using the service told us they were involved in meetings for people in the assisted living scheme. The registered manager said these meetings were organised entirely by those people. A representative would then discuss key points with her, from which service improvements could be made. Minutes of these meeting were also produced for circulation to relevant people.

The provider's governance framework was designed to ensure that quality performance, risks and regulatory requirements were understood and managed. Audits took place at the care home that included some

consideration of the assisted living service. However, the registered manager told us of ongoing project work with the provider's similar local services on how to develop those services. This would include audits. Due to the small size of the current service, individual review meetings and informal checks were helping to ensure the service's quality.