

# Ideal Carehomes (Number One) Limited

# Beaumont Hall

## Inspection report

120 Beaumont Leys Lane  
Leicester  
Leicestershire  
LE4 2BD

Tel: 01162323291

Website: [www.idealcarehomes.co.uk](http://www.idealcarehomes.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Beaumont Hall is a care home that provides residential care for up to 60 people. The service specialises in caring for older people including those with physical disabilities and people living with dementia. The service is purpose built and provides accommodation over three floors. All the bedrooms have an en-suite facility.

We previously carried out an unannounced comprehensive inspection of this service on 4 and 5 May 2016. We found that the provider was not meeting the standards we expected and there were breaches of legal requirements. This was because people did not receive their medicines as prescribed and systems to assess and monitor the quality of the service continued to be ineffective. Following this inspection we served warning notices which informed the provider of the date in which they were to required to improve.

We carried out an unannounced focused inspection of Beaumont Hall on 21 September 2016. This inspection was carried out to check that the provider had made the required improvements in order to meet legal requirements. At the time of our inspection there were 52 people in residence. We found that some improvements had been made.

We inspected the service against two of the five questions we ask about services. Is the service safe and is the service well-led. This is because the service was not meeting some legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Beaumont Hall' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

A registered manager was not in post. 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 service has been without a registered manager since January 2016. This meant the provider's condition of registration was not met. The regional director who facilitated this inspection told us that the service was being managed by a registered manager from another of the provider's care services. They also told us that a new manager had been appointed at Beaumont Hall.

Some improvements had been made in relation to how the provider checked the quality and safety of service provided, however these systems were not yet established. We saw that some actions had been taken as a result of checks however further action was needed to demonstrate that people's views influenced the development of the service and that staff received the training and support to carry out their roles. This was in order to drive improvement at the service.

Improvements had been made so that people received their medicines at the right times, as prescribed. We found there was clear guidance for staff to follow and the systems to store, manage and administer medicines safely were in place.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received their medicines at the right time as prescribed. The management, storage and recording of medicines were safe. The service should ensure the systems for the management and administration of medicines were established and improvements sustained in order for people to maintain their health.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

There was no registered manager in post, however a new manager had recently been appointed at the service.

The provider has a quality assurance system in place to monitor the service provided. Some aspects of people's care and safety, management of medicines and supporting staff were monitored and improvements made. However, further action was needed to ensure monitoring systems were established and people who used the service were involved in the process. This was in order to sustain improvements made and to drive further improvements.

**Requires Improvement** ●

# Beaumont Hall

## 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.

We carried out an unannounced focused inspection of Beaumont Hall on 21 September 2016. The inspection was carried out by one inspector. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 4 and 5 May 2016 had been made. We inspected the service against two of the five questions we ask about services. Is the service safe and is the service well-led. This is because the service was not meeting some legal requirements at the time of our last inspection. This report only covers our findings in relation to those requirements.

Before the inspection we looked at the information we had about the service and notifications about any changes, events or incidents that affect people's health and safety that provider's must tell us about. We contacted commissioners responsible for the funding of some people's care that used the service and asked them for their views.

We spoke with regional director and a registered manager from another of the provider's care services who was currently managing Beaumont Hall. We spoke with the deputy manager, two senior carer workers and two care staff.

We spoke with three people who used the service and two relatives.

We looked at two people's care records, the medicines and medication records for 14 people and the medicine management systems and records. We looked at staff training information and a range of the provider's quality assurance audits and records to see how they monitored the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection on 4 and 5 May 2016 we found people's medicines were not managed, administered, or stored safely. People did not always receive their medicines at the right time and adequate supply was not always ordered in time. Medication administration records were not completed accurately and errors in recording were not reported. Staff did not always follow the provider's medication procedure because the changes made to the medication administration records were not checked and signed by two staff. No information was found about where to apply topical creams. This meant people's health was put at risk.

On 16 June 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 12 (2)(g) by 29 July 2016.

At this inspection we found the provider had made improvements. The provider had changed to a new medicine administration system that they had assessed to be safer. All the medicines were stored securely. People's medication administration records included a photograph, GP contact details and any known allergies. Protocols were in place for medicines administered as and when required such as pain relief. Staff had clear information about where the prescribed topical creams should be applied.

The deputy manager and a senior care worker told us they found the new administration system was safer and any issues or errors identified were addressed promptly. Protocols for medicines administered as required' such as pain relief were in place with clear instructions for staff to follow. The deputy manager told us that additional information about the side effects of some medication would be added to the protocols to help staff monitor people's health. Care staff told us they found the information was clear and supported with a body map for where topical creams should be applied.

Staff told us that their competency to administer medicines had been assessed by a member of the management team. Records showed that staff were trained and their competency to administer medicines had been assessed frequently.

People told us they received their medicine at the right times. One person said, "It's much better, I have my medicine on time. I'm also glad to see they [staff] keep that trolley outside [medicine trolley in the corridor], it is unsightly."

We observed the deputy manager and a senior care worker whilst administering medicines. We saw they supported people individually to take their medicines and signed the medication records to confirm medicines were taken. The medicine trolley was kept locked in the corridor when left unattended. That helped to ensure medicines remained secure. Staff had followed the correct procedure for medicines administered when required, otherwise known as 'PRN' and knew when those medicines were to be given and recorded the amount administered.

The sample of medication administration records we checked were completed correctly. However, we

found handwritten medicines were not always checked and booked in by two staff. We raised this with the regional manager. They assured us action was taken immediately with the relevant staff and further training was planned to ensure staff followed the procedure. The management team also conducted weekly audits as part of the quality assurance systems to ensure the management of medicines was safe.

## Is the service well-led?

### Our findings

At our previous inspection on 4 and 5 May 2016 we found the provider continued to have systems to assess and monitor the quality of service which were ineffective and fragmented. Audits to monitor the service were not always completed. Some audits were partly completed for instance, the medicine audit, but the same errors continued to be identified, which meant the action was not taken or was ineffective. We found the provider did not follow the complaint procedure because some historical complaints had still not been addressed. People's health and care needs were not always monitored, reviewed and where required their care plan updated. That meant staff did not have clear information to support people safely. People's views about the service were not taken into account to influence the service. This was a continued breach of the legal requirement.

On 16 June 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) by 29 July 2016.

At this inspection we found that some improvements had been made.

A registered manager had not been in post at this service since January 2016. The regional director who assisted us on this inspection told us that the service was currently being managed by a registered manager from another of the provider's care services, with support from a deputy manager. They also confirmed that a new manager had been appointed.

The regional director told us about improvements made in relation to how the quality and safety of the service was monitored and assessed. They told us that they had recognised the provider's quality assurance system to monitor the service over a period of a month was not effective because improvements were not timely. For example, the trends or patterns of incidents such as falls were not analysed until the end of that month and thereafter an action plan was put in place. The time lapsed for the adequate measures to be put in place was not well managed. That meant people's safety could not be always assured. Therefore, the frequency of audits had increased and in June 2016 weekly audits on the quality and management of care were put in place since June 2016.

The weekly audits covered key aspects of the service in order to identify any trends of issues and check actions taken were effective. For example audits of incident and accident reports, the management of medicines, checks on the equipment, premises and cleanliness within the service were undertaken. A sample of people's care records were also checked to ensure people's care and support needs had been reviewed so that care provided met people's needs.

The regional director monitored the action plans from the weekly audits to ensure issues identified had been addressed. There had been some improvements for example; a decrease in the number of medication administration and recording errors and a reduction in falls. The number of complaints received about the service had reduced, and most of the complaints had been addressed.

The regional director showed us the new policy and procedure for managing incidents, accidents and 'near misses', including falls. They told us this was due to be implemented in October 2016. The deputy manager and senior staff were undertaking training on how to complete these records. This would help the provider ensure that people's safety was managed and monitored effectively.

The quality of information included in some people's care records had improved. Staff kept a record any incidents and the action taken when someone's health was of concern. Short term care plans provided staff with clear information about how to monitor and support people's wellbeing, for example, the details of the safety checks at night. Records showed staff sought advice from health care professionals and monitored people's health, for example people's weight was monitored. However, further action was needed to ensure that audits identified when other people's risk assessments and care plans were due for review, in order to ensure that information recorded was up to date. The regional director acknowledged work was ongoing to ensure the quality assurance systems were established.

People who used the service and a relative we spoke with told us they were happy with the quality of care. Another relative told us they supported their family member at a care plan review meeting. They told us they felt that any risks associated with the person's care and how the care was to be provided was explained to them. Another relative said "As a family we have no concerns how they service is managed. We know she's safe and well cared for. If we did have any problems I know one of the seniors would sort it out."

It was unclear whether people and their relatives continued to have the opportunity to share their views about the service and influence the service development. The regional director told us people were involved in the review of their care needs. However, because there was a change in the management of the service the 'residents meetings' had not taken place. They assured us that a meeting would be organised to ensure people were introduced to the new manager.

Staff told us that they were being supported and kept up to date about changes to people's needs. The handover notes had a summary of any changes to people's needs, planned health appointments and checks to be carried out such as checks of bedroom floor sensors used to alert staff when someone at risk of falling had got out of bed. Staff told us they felt supported on a daily basis and were confident to approach the deputy manager if they had any concerns about people's safety or to make a suggestion about how to improve the service. The regional director told us that staff training was planned to ensure staff skills and training was up to date. They acknowledged that further action was needed to ensure the staff training information was kept up to date.

The regional director assured us that they would continue to visit Beaumont Hall on a weekly basis. The purpose of their visit was to support the interim management team, staff and also monitor improvement made and to provide support where required. The regional director told us they would send us regular action plans to demonstrate the improvements made to the service and that the provider's quality assurance systems were being established.

We found people's confidential information was maintained and kept secure. Staff told us they spoke with people's health care professionals such as the GP or the community nurse in private and we observed this to be the case on the day.