

Boyack Enterprises Limited

Beaufort Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beaufort Hall Nursing Home provides accommodation, nursing and personal care for up to 33 people, some of whom are living with dementia. It is also registered to provide the regulated activity of treatment of disease, disorder and injury. At the time of this inspection there were 26 people living in the service.

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

People and relatives spoke positively about the care and support that was in place. People told us they felt safe and staff were attentive to their needs.

There had been workforce pressures within the service when on occasions the home was staffed below expected numbers due to staff absence. The registered manager and the team had tried to cover the shortfalls including contacting staff agencies.

Staff received training on how to keep people safe and what to do if they had concerns. Medicines were administered safely. Since the last inspection, the provider had made improvements to their recruitment processes to ensure appropriate checks had been carried out before staff were employed.

The provider was following government guidance to prevent people and visitors to the home spreading COVID-19 infection. The provider kept in touch with relatives through regular emails, telephone calls and newsletters. Visits to the home were promoted and in line with government guidance. We observed good infection control measures were in place. The home was clean and free from odour. Staff were wearing appropriate personal protective equipment (PPE).

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. People were involved in their care and consulted on how they wanted to be supported. Regular meetings were held with people to gain their views on the service and make improvements. People were consulted about what they wanted to eat.

There were systems in place to monitor the quality of the care and support. The provider regularly visited the service to drive improvements and support the registered manager and the staff. Improvements had been made to ensure incidents, accidents and allegations of abuse were reported in a timely manner in response to a breach of regulation found at the last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 August 2020) and there were breaches of regulation in respect of ensuring robust recruitment processes were followed and failure to notify the Commission of safeguarding concerns.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a direct monitoring review we held about this service, concerns were raised about staffing, risk management, accuracy of records and governance arrangements. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaufort Hall Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beaufort Hall Nursing Home

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Beaufort Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Beaufort Hall Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of our monitoring activity that took place on 22 March 2022 to help plan our inspection. We also reviewed information we had received about the service since the last

inspection, including the provider's action plan.

We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, facility manager, two care staff and five people that lived in the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We reviewed a range of records relating to the management of the home, staff recruitment records, three people's care and a sample of medicine records.

We continued to seek clarification from the registered manager to validate evidence found after the site visit. We looked at training data and quality assurance records. We spoke with four relatives and about their experience of the care and support and contacted a health professional who regularly visited the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure two references were obtained before new staff started working in the home. This was a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager told us there was ongoing recruitment to ensure suitable numbers of staff were working in the home. There were two vacancies for nurses and the plan was to over recruit to care staff to help with workforce pressures being experienced due to the pandemic.
- People told us there was enough staff, although at times they said there had been shortages. Comments included, "I never have to wait long, when I press my call bell", another person said, "Staff frequently pop their head round the door to check on me and spend time chatting with me. They are very kind". A further person said, "Cannot fault it here, a lot better than other homes I have been too. The staff are all very good".
- Staff acknowledged at times it had been difficult due to the recent outbreak, which had impacted on both staff and people they supported. Shortfalls were covered by agency and staff working additional hours. In addition, the registered manager had also worked alongside staff to ensure people received safe care, which was responsive to their needs.
- Staffing had fallen below the minimum staffing numbers on occasions in the last couple of months due to staff being unwell. The registered manager said they had also experienced difficulties when agencies were unable to provide staff. The registered manager said no one had come to harm and all staff had pulled together to ensure care was delivered safely. A member of staff said, "It has been difficult, but we are coming through and it is a lot better now".
- The provider was introducing a new staffing dependency tool to help plan and ensure suitable numbers of staff were working in the home. This was based on people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training on safeguarding and understood their responsibility to report to the shift leader/nurse and the registered manager.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Measures were put in place to ensure any further risks were mitigated.
- People told us they felt safe. Comments included, "I feel very safe, staff are kind, I have no concerns", another person said, "Yes, I am safe here, the staff check on me regularly".
- Relatives felt the care and support was safe. One relative said, "I know if there are any concerns, they will ring me. The staff I have met are all kind and caring".

Assessing risk, safety monitoring and management

- Relatives and people felt the service was safe. People had risks assessments in relation to moving and handling, managing skin integrity, falls and managing weight loss.
- Clinical governance meetings were held with senior staff, nurses and the registered manager to discuss risks and ensure people's care needs were being met.
- Checks were completed on equipment such as hoists, fire equipment, electrical and gas appliances. Staff participated in fire drills and received training in fire, health and safety and moving and handling.
- Call bells were monitored by the registered manager. The registered manager said there was an expectation that all call bells would be answered within five minutes. This was reinforced in staff meetings.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager had a system to monitor when applications had been submitted and when they were due for renewal. Not all staff were aware of who had an authorisation in place. The registered manager said this would be discussed during handovers, so staff had this awareness.

Using medicines safely

- Medicines were managed safely. Staff used an electronic medication system. This alerted staff when medicines were due and promptly identified if any medications were missed. A member of staff said this had helped to reduce errors.
- Medicines were ordered, stored, administered and disposed of safely. Only staff that had been assessed as competent were able to administer medicines to people. Care Practitioners (trained care staff) supported the nurses in this area when needed.
- Medication audits were completed monthly along with regular stock checks to ensure that people received their medicines when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- End of life visits continued when the home was in outbreak. Relatives said they had been supported to keep in touch but at times due to the restrictions it had been difficult when they were unable to visit. However, during those times people were able to keep in touch via telephone, emails and kept updated via newsletters. The registered manager told us there were no restrictions on visits to the home now the outbreak was over.

Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. People's records were updated to reflect any changes required to their care to help reduce similar incidents. Policies and procedures were reviewed in light of incidents. For example, improvements had been made to the management of controlled medicines as not all agency staff were following the procedures to ensure two staff countersigned the controlled medicine book. Agency nurses were shown the policy as part of their induction and reminded of the policy during handover. A nurse told us this area had improved.
- Any learning from incidents was shared with staff through team meetings and handovers.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to ensure that we had been notified of all incidents, in line with their legal responsibilities. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had put in systems to monitor accidents, incidents and safeguarding and kept a log of what action had been taken, who had been notified and the outcome.
- Robust governance arrangements were in place, which enabled the provider and the registered manager to monitor the service. The audits showed improvements were being made. In January 2022 not all care plans had been reviewed. Subsequent audits showed improvement, with the most recent one in April 2022 confirming all care plans had now been reviewed and updated. The registered manager said this had been due to an outbreak in the home and the focus was providing care to the people living in Beaufort Hall.
- The registered manager was open and honest in relation to workforce pressures. They, along with the provider were exploring ongoing recruitment to the team with an action plan being implemented. This included working with a local college and advertising further afield to capture a wider audience. The registered manager said this was improving. A twilight shift had also been introduced and an additional member of staff supported the care staff with making suppers and taking teas and coffees to people. This enabled the care staff to focus on providing care and support to people.

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

- Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff talked about people in a person-centred way. A member of staff said, "It's people's home and we are like one big family". They said they were supported by the registered manager and the nurses.
- One person told us there was an activity coordinator that worked in the home and organised activities for people. They went on to tell us they also organised arts and crafts, bingo sessions and played board games with people. It was evident they were empowered to do this with people. Another person told us they had recently done some artwork and they were proud that this was displayed in the home.
- People told us they were consulted about how they wanted to be supported. People were consulted each morning on what they wanted to eat. Choice was very much promoted in this area. One person had a side

salad and fruit on most days as this was important to them.

- Beaufort Hall Nursing home is a family business. The provider regularly visited the service spending time with people, staff and the registered manager. This enabled them to monitor the quality of care and ensure people's needs were being met. They had also taken an active role during the pandemic such as organising testing so that staff could be freed up to provide support and care to people.

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

- The registered manager was aware of the duty of candour. They understood that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- Staff spoke positively about the team and the leadership in the home. They described the registered manager and the deputy manager as being approachable. The registered manager said they had an open door approach and worked alongside staff.
- From discussions with staff and people, care was planned with people and individualised, which respected people's equality characteristics. The registered manager was liaising with local churches so people's spiritual needs could be met. They recognised at times during the pandemic this had been difficult.
- Relatives were happy with the level of communication and confirmed they were regularly contacted via emails, telephone and a regular newsletter. A relative said, "No matter when I phone, staff are always helpful". They continued by saying the staff care about them as much as their relative living in Beaufort Hall. Another relative told us, "We get weekly updates and updated guidance in respect of COVID".
- A relative said, they would give the registered manager 10 out of 10. They said the manager was approachable, listened and took action when needed. Another relative said that the new manager was much more approachable and felt improvements had been made since being in post.

Continuous learning and improving care

- The registered manager had a system to monitor ongoing training for staff. Recent training had included moving and handling. A nurse told us they were attending training on wound care management along with their colleagues the week of the inspection. Another member of staff said, "I am up together with most of my training".
- Daily handovers were taking place to keep staff up to date with any changes to people's care and updates in respect of changing government guidance. Weekly clinical meetings were held to discuss any changes in people's presentation and wellbeing. The registered manager said they were planning to introduce a resident of the day which they said would improve care for individuals.
- The provider had an action plan to improve the service. During a tour of the home, some areas were dated and would benefit from refurbishment. Relatives and people also raised this area for improvement.
- We noted there was a storage area that had flaking paint. The facility manager told us this would be addressed. Photographic evidence was sent confirming this improvement after the inspection. The facility manager also identified when we were walking around that a sluice area had an old mattress and other items being stored. This was addressed immediately. There was a willingness to make improvements to both the environment and to care.

Working in partnership with others

- One person told us they were only temporarily staying in the home. They praised the support they had been given by the administrator and the registered manager on how they were supporting them to liaise with professionals and others on their journey enabling them to return home. Another person told us they had an advocate to help them with the move back home.
- The registered manager and the staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans and conversations with staff showed evidence of professionals working together.
- A health professional told us, "I have no concerns at all in relation to the care I have seen these individuals (staff) provide. They promote individualised care, which respects people's equality characteristics".