

Barchester Healthcare Homes Limited

Chorleywood Beaumont

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: Chorleywood Beaumont is a nursing home that was providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. There is a specialist unit called 'memory lane' which provides care to people living with dementia. Some people were living with complex healthcare needs.

People's experience of using this service:
Staff knew how to recognise and respond to abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use. The service was clean and there were systems and processes in place to prevent the spread of infection.

There was enough staff to keep people safe. Staff were checked to ensure they were safe to work with people, before they started working at the service.

Medicines were managed safely.

People and their relatives said that staff were kind and caring. Staff knew people well and their likes and dislikes. People were treated with dignity and respect. People received compassionate support at the end of their lives.

People were encouraged to be as independent as possible. Staff encouraged people to do as much as they could for themselves.

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.

Detailed assessments were completed before people moved into the service. People's care plans were updated regularly when their needs changed. People took part in a variety of activities within the service.

Staff told us they felt supported by the registered manager and received the regular supervision and appropriate training to complete their roles effectively.

People told us that they thought the registered manager was approachable and people knew how to complain if necessary.

The registered manager, senior staff and representatives of the provider carried out regular checks and

audits to ensure people received consistent, high quality care. There were regular meetings of staff, people and their relatives to gather their views.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 7 July 2016)

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up:

We will continue to monitor the service and will re-inspect in line with our return schedule.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Chorleywood Beaumont

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector, a specialist nurse advisor 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.

Service and service type: Chorleywood Beaumont 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.

Chorleywood Beaumont accommodates up to 55 older people, across three separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

The service had a manager registered with the Care Quality Commission. 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 was an unannounced inspection.

What we did:

Before the inspection we reviewed the Provider Information Return completed by the provider. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager the deputy manager and a divisional clinical lead nurse from the provider. We spoke with two nurses, one senior care staff, three care staff, the head chef and a visiting professional. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys.

During our inspection we spent time with the people using the service. We spoke with 10 people and five relatives. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experiences of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were managed and stored safely, although there were some areas of improvement needed regarding the management of creams.
- Some people had creams stored in their bedrooms. Although these were stored safely staff had not always recorded the date the creams had been opened, which meant there was no way of knowing how long a cream had been opened for. Creams only work effectively for set period of time once opened, so it is important to record the date they are opened.
- We discussed the management of creams with the registered manager and deputy manager, and they agreed staff should record the date creams are opened. Any creams that were not dated were disposed of.
- People received their medicines from staff who were trained to do so and who had regular assessments to ensure they remained competent to administer medicines. During the lunch time medicine round, we saw that staff were friendly and patient and gave people the time they needed to take their medicines.
- People's medicines records were well organised, complete and up to date. They included important information such as allergies and an up to date photograph of each person.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and respond to abuse and spoke confidently about the action they would take to keep people safe. One staff member told us they would, "Speak to my line manager and if I feel person was being abused or neglected, ensure that they were safe and then follow the procedure. If it was urgent then I would call the police."
- The registered manager reported any safeguarding concerns promptly to the local authority safeguarding team and worked with them during any investigation.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed and mitigated where possible. There were risk assessments in place regarding risks to people, such as not being able to use the call bell, falls, moving and handling, tissue viability and choking. When risks had been identified, people's care plans contained clear guidance for staff on how to manage these.
- People's risk assessments had been reviewed monthly, and the plans had been changed as people's needs changed.
- Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use.
- People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has, to

ensure that they can be safely evacuated from the service in the event of an emergency.

Staffing and recruitment

- There were enough staff to keep people safe. Throughout the inspection we observed that staff were not rushed and had time to spend with people. One person told us, "There seems to always be someone around if you need them...I was just looking for someone to ask where I go for lunch...I found someone straight away just now."
- Staff were recruited safely. Appropriate recruitment checks were completed before staff started working with people, including gaining a full work history and appropriate references. The registered manager ensured that nurses registrations had been checked and were up to date.
- Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- The service was clean and there were systems and processes in place to prevent the spread of infection.
- Staff had received training in infection and control, and throughout the inspection staff wore appropriate protective clothing, such as gloves and aprons when required.

Learning lessons when things go wrong

- There were systems and processes in place to ensure that lessons were learnt when things went wrong.
- Staff recorded accidents and incidents when they occurred and the registered manager reviewed these regularly.
- When areas for improvement had been identified, the registered manager took action to reduce the chances of them occurring again. For example, changes had been made to the process for receiving information from the local authority, to ensure nothing important was missed.

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.

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 needs were assessed before moving into the service.
- Assessments included a range of recognised tools including waterlow assessments (to assess the risk of people's skin breaking down) and the malnutrition universal screening tool (MUST), to assess people's risk of malnutrition.
- Staff used the assessments to write detailed and accurate care plans, guiding staff on how to offer people support safely.

Staff support: induction, training, skills and experience

- Staff received the support they needed to carry out their roles effectively. During the inspection the provider's regional training lead was working at the service. Staff had received training in topics essential to their role and specific to people's needs.
- Staff told us they met regularly with senior members of staff to reflect on their practice and discuss their development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their role.

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

- People received the support they needed to eat and drink safely.
- The chef had been nominated for a national award, recognising their work. On the second day of the inspection we were advised that they had won, and a ceremony was held at the service to celebrate.
- A representative of people living at the service presented the trophy to the Chef and gave a speech, "You are a superb chef and now the whole world knows. You are so accommodating, you treat us all as individuals, this is your restaurant and we are your regular customers and regular customers want their personal care and attention which you give to us. My tummy and the tummy of everyone else benefits."
- The chef showed us records of regular meetings to discuss the food available and ensure that people's preferences were included wherever possible.
- Food appeared appetising and well-presented. The chef had attended a course in food presentation and ensured individual parts of texture modified meals were piped, to ensure they looked as attractive as possible.

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

- Clinical staff had a good understanding of people's healthcare needs and spoke with confidence and

knowledge about a range of areas including safe swallowing management, pressure area care and pain management.

- Staff had made referrals to specialist health care professionals as needed. One person had been referred to receive support with their mental health needs. Any advice received was clearly recorded in people's care plans so all staff knew how to support people in a consistent manner.
- One visiting professional told us they found staff helpful and knowledgeable, and there was always someone available to assist them when they visited.

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

- The service had been adapted to meet people's needs. There were wide corridors, which people could pass through easily, and lifts to take them between floors, as needed.
- People had their own bathrooms, and these were adapted to ensure they were accessible and safe.
- There was a specialist dementia unit which was decorated with tactile objects on the wall. This unit was secure, ensuring people remained safe, and there was additional staff available to offer people support as needed.
- The service was surrounded by attractive, well-kept grounds which people told us they enjoyed walking and sitting in when the weather was nice.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA and told us they tried to encourage people to make decisions for themselves. One staff member said, "We should assume that people can make decisions. We support them with visual choices...we should work with the family and be as person centred as possible."
- The registered manager understood their responsibilities under the MCA and had applied for DoLS if people were unable to consent to staying at the service. Where these had been authorised, any conditions, such as regularly reviewing people's care plans, were adhered to.

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

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 had built up strong relationships with the staff that supported them. Staff knew people well and spoke to us with knowledge and understanding about people's diverse needs and preferences.
- People's care plans contained information about what had been important to them before they moved into the service. This included information about people's family, jobs and hobbies.
- One person told us, 'They [staff] are delightful...they bring me my coffee and newspaper in the morning... they always stop for a chat with me...they are very nice.' Another person said, "They are kind...if I'm upset about something they ask me what's the matter...they try to calm everything."
- Staff treated people with compassion and kindness, and we witnessed many natural, empathetic interactions between staff and people.
- After the inspection we were sent feedback from a social care professional which described an individual staff member as, 'a credit to their organisation.'
- The service had been successful in receiving internal accreditation from the provider for dementia care. This had led to increased staff awareness regarding people's needs and an improvement in people's wellbeing.

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

- People were involved in making decisions about their care. One person said, "I make the decisions about my care...that is important for me."
- A visiting professional told us they had noted that a person's relative had been consulted when drawing up their care plan and was fully involved in the planning of their loved one's care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff told us they encouraged people to do things for themselves whenever possible. One person said, "They [staff] are always asking if I need any help with anything... if they see I'm stuck getting up, they ask if I need any assistance."
- People's privacy and dignity was respected. One person told us, "Privacy has not been a problem for me here...when I'm washing or dressing we close the door...no-one can see in."
- Throughout the inspection staff knocked on people's doors and waited to be invited in before entering.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed before moving into the service, with as much involvement from people, their relatives and any relevant health and social care professionals. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person. Plans were reviewed regularly and updated as staff got to know people better.
- People's diverse cultural and spiritual needs were identified and met. Other needs such as disability, physical and mental health or sexuality was recorded where needed. Staff had organised 'a what makes a good marriage' event, which had celebrated love in its different forms.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, including information being available in alternative formats such as large print or different languages.
- The registered manager spoke passionately about events that had been held at the service. We were shown photographs of birthdays that people had celebrated, and they showed people smiling and enjoying themselves.
- One person had been unable to attend their loved one's wedding, so staff arranged to bring the wedding to them. They person was supported to wear their finest clothes, and the bride and groom arrived in their wedding outfits.
- People told us they enjoyed regular activities, such as a weekly choir session, film club, gardening groups and art classes. The activities co-ordinator had arranged for children from a local school to visit and spend time with people.
- The activities co-ordinator had introduced personalised activity plans for people, which meant staff could record what activities people enjoyed, and if people were not taking part in group activities, staff knew to spend more time with them on a one to one basis.

Improving care quality in response to complaints or concerns

- All complaints had been responded to in line with the provider's policy, and fully investigated.
- People told us they knew how to complain and would feel confident raising any concerns with the management team.

End of life care and support

- There were procedures in place to ensure people were cared for in a culturally sensitive and dignified way at the end of their lives. Details about what people wanted to happen, such as if they wanted to be buried or cremated were recorded in their care plans.
- Some people had chosen not to be resuscitated, and records regarding this were up to date and accurate.

- When people were at the end of their life they were encouraged to remain in the care home and nursing staff were trained to use specialist equipment such as syringe drivers, to administer continual pain relief if required.
- Staff told us they were well supported from local specialist palliative care teams if necessary.
- Staff worked to ensure people's wishes at the end of their life were fulfilled. They told us about one person who had wanted to try a live lobster, and this was arranged.
- The service worked with people's relatives to offer them emotional support when their loved ones were at the end of their lives.

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

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.

- The registered manager had not notified us about one Deprivation of Liberty Safeguards (DoLS) authorisation, as required by our regulations. We discussed this with them and they recognised that this was an oversight on their part and it was submitted immediately. All other notifications about important events that had happened at the service had been submitted as required.
- The service and staff team had won a number of awards since our last inspection. Some of these included an internal provider award for the best grounds and 'best chef' at the Great British Care Awards. The staff team and manager had also been nominated for 'best care team' and 'best care home manager.' In 2016 the service had been awarded 'best palliative care home' at the Great British Care Awards.
- The registered manager had ensured that the rating for the service was displayed in the office and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us their vision for the service was to, "Have a fantastic caring team without a doubt. I want to be fully occupied, no complaints, no safeguarding's and staff to be fully trained. I don't want much to change."
- Staff believed and shared this vision, and told us they wanted to provide, "The best quality of care."
- There were a system of 'champions' within the service, each with an area of specialism, to encourage and raise awareness within the staff team. Types of champion included, tissue viability, infection control, nutrition, falls prevention and palliative care.
- The provider and registered manager supported staff holistically. If things happened to staff outside of work then they were offered support as necessary.

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

- The registered manager had arranged for their own, local survey to be sent out to people and their relatives, as the provider was changing their process to gather people's views. They recognised that the response rate had only been small, so planned to repeat the survey soon.
- Everyone who responded to the survey said that staff treated them with dignity and respect. Where areas of improvement were noted, such as staff's ability to speak fluent English or a desire to have more activities, then an action plan had been developed.
- Regular meetings were held with staff, people and their relatives. This gave everyone the opportunity to

discuss what was happening in the service, and feedback directly. Any suggestions made were listened to and implemented where possible.

- A resident ambassador, who was a relative of someone living at the service acted as an advocate for people living at the service and their loved ones. Staff valued this role and told us it allowed them to gain feedback on a variety of topics.

Continuous learning and improving care

- The provider, registered manager and senior staff completed a range of checks and audits on the service. Checks on areas such as medicines, documentation, infection control and nutrition and people's dining experience were completed regularly.
- When areas of improvement were identified (such as the management of creams, which we also identified during this inspection) an action plan had been drawn up, to ensure increased oversight going forward.
- The provider had completed a 'compliance audit' on the service, which looked at areas in line with our inspection methodology. The findings of this audit had been positive, and the service had been praised for their health and safety systems.
- The registered manager held weekly lessons learnt meetings with staff to discuss incidents, and how things could be improved to prevent the chances of them occurring in the future.

Working in partnership with others

- The registered manager and staff worked in partnership with a range of other professionals, including the local safeguarding and commissioning teams.