

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

We carried out an inspection of Southgate Beaumont DCA on 27 January 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

Southgate Beaumont DCA is a domiciliary care service for people who receive extra care in their own homes. At the time of our inspection there were three people who received personal care from the agency. People lived in flats, which were adjoined with a care home that was also managed by the provider.

An inspection on 12 March 2014 found the service was compliant and the regulations were met.

The service had a registered manager in place. 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.

People were protected from abuse and avoidable harm. People told us they were happy with the support received from the service. Staff member knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests.

Risk assessments were recorded and plans were in place to minimise risks. We found one person who had a specific health condition that required a balanced nutritious diet. A risk assessment on nutrition was not completed to demonstrate the appropriate management of this risk. The registered manager sent us the completed risk assessment after the inspection.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

Staff received regular one to one supervisions and had appraisals. Staff told us they were supported by their manager.

People who used the service were supported to plan their support and they received a service that was based on their personal needs and wishes. People were involved in the planning of their care and the care plan was then signed by people to confirm they were happy with the care and support listed on the care plan. Care plans were regularly reviewed.

Questionnaires were completed by people about the service, which we saw were positive. We were told by

the registered manager that spot checks were undertaken by management, this was confirmed by staff. However, we did not see detailed documentary evidence to support this. The registered manager assured us that systems will be in place to record spot checks and its findings.

People told us they did their own weekly shopping and were able to buy ingredients to prepare their meals. People who used the service received their meals from the service were given choices and enjoyed the food that was provided.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and told us permission was always sought when providing support. People confirmed staff asked for consent.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

People enjoyed a number of activities such playing games, singing and going outside that contributed to their physical and emotional wellbeing.

## 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.

Risk assessments were recorded and plans were in place to minimise risks. A risk assessment on nutrition was not completed for one person to demonstrate the appropriate management of this risk.

People told us they were happy with the support they received from the service.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and had the skills and knowledge to meet people's needs.

Staff received supervision and were supported to fulfil their role.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

People chose what they wanted to eat and drink and were supported to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and staff.

People were involved in the planning of their care and reviews were undertaken regularly. This meant people were able to make decisions on their care and their needs were reviewed to identify

if further support was required.

Staff had good knowledge and understanding of people's background and preferences to enable them to provide person centred care to people.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

Activities were arranged and people participated if they wished.

There was a complaint system in place. People knew how to make a complaint and staff responded appropriately to any concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Spot checks were carried out but not comprehensively recorded. The provider told us systems would be put in place to record spot checks and its findings.

Regular checks on health and safety and on people's welfare were carried out to ensure people were safe. Checks were also carried out against the CQC's five domains.

The service sought feedback from people and staff through meetings and surveys. This meant that the service can use the findings of the feedback to make continuous improvements in order to deliver high quality care.

# 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.

The inspection was carried out on 27 January 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications such as safeguarding or incidents affecting people's safety and wellbeing. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we visited people's home and spoke with three people, one staff member that was on duty and the registered manager. We also looked at three care records. We reviewed four staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the service such as quality assurance audits and risk assessments and staff meeting minutes.

After the inspection we spoke with two relatives and one staff member.

# Is the service safe?

## Our findings

People told us they were happy with the support they received from the service. All three people told us, "Yes" when we asked if they felt safe when receiving personal care by staff.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. Staff members were able to explain what abuse was and who to report any concerns to. Staff also understood how to whistle blow and knew they could report any concerns to their head office or outside organisations such as the Care Quality Commission (CQC) and the local authority.

We looked at the provider's safeguarding procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

People told us that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were happy before leaving. One relative commented, "They always come within the right timeframe." Staff we spoke with were able to tell us about people's needs and told us that the care plans reflected the care they provided. The registered manager told us that they had introduced a system for staff to alert them if they were going to be late or not able to come into work. This enabled alternative arrangements to be made quickly to ensure that the required support could be provided.

The registered manager told us that if emergency cover was needed, then staff could be requested from the care home. This meant that people did not go without the care and support they needed. Staff told us that this gave them confidence that if they were unable to come into work, arrangements would be made to make sure the person's care needs were met. People we spoke with felt that they had consistency with the staff that provided their care and support. One staff member delivered personal care to the three people during different intervals, which was scheduled in people's care plans. A staff member told us, "We have enough staff." The staffing rota confirmed that staff were always available to deliver personal care in people's homes and if the staff member was off duty then there was appropriate cover.

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. Each person had an assessment in relation to fall/slips, moving and handling, mobility, medicines, finance, health and safety and security. The risk assessments detailed how staff should manage these situations to ensure the safety of the person as well as staff and others. Assessments were regularly reviewed and updated to ensure they were current. Assessments involved people using the service and were signed by them to ensure they agreed with the contents.

We found one person had a specific health condition that required a balanced nutritious diet. The service provided regular meals to the person and although the meal was nutritious, a risk assessment on nutrition was not completed to demonstrate the appropriate management of this risk in order to minimise the likelihood of serious health complications. We fed this back to the registered manager, who acknowledged the findings and sent us the completed risk assessment after the inspection.

Records showed there were safe recruitment arrangements in place. Among the checks in place, the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members did not commence employment until pre-employment checks had been completed. This corresponded with the start dates recorded on the staff files.

The registered manager told us as people's flats were adjoined with the providers care home, therefore fire and evacuation drills were arranged for both the people who lived at the care home and for the people who lived in flats. Records confirmed drills were carried out regularly. Staff had completed training in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy. Risk assessments and fire safety checks regarding the safety and security of the premises were completed.

The service did not manage people's medicines and the people we spoke with confirmed they managed their own medicines. There were risk assessments in place, which showed people were able to manage medicines themselves and included details of the pharmacist, how medicines were supplied and where they were stored.



## Is the service effective?

### Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One relative said, "[Staff] understands her needs [family member]." One person told us, "Staff know how to support."

Staff told us that they received induction training when they started working at the service and records confirmed this. Staff confirmed that the induction training was useful and covered important aspects in fire safety, moving and handling and health and safety.

Records showed that staff had undertaken mandatory training, which included first aid, fire safety, health and safety, Mental Capacity Act (MCA 2005) and food safety. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. One staff member told us, "We have lots of training and support." The registered manager told us that the service was putting systems in place to ensure that staff received training towards the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life.

Records showed that the home maintained a system of appraisals and supervision. Staff confirmed that they received supervision and support from management and records confirmed this. A staff member told us, "She [registered manager] is very supportive." Individual one-to-one supervisions were provided recently, which addressed current issues, training needs and follow up actions. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff members had a good understanding of the Mental Capacity Act (MCA) and understood the principles of the act. One staff member commented, "If resident cannot make a decision then get their family involve and make good decision on their behalf." We saw evidence that capacity assessments were completed to ascertain if people had capacity to make a specific decision such as if people were able to make certain decisions on the care and support they received. People confirmed that staff asked for consent before proceeding with care and support. For example, a staff member asked whether people were happy to talk to the CQC inspector and gained their consent before agreeing the inspector could speak with them. A staff member told us, "We ask for their consent before giving support."

People told us that they mostly did their own food shopping and made their own food. Records showed two people received meals as part of their care package from the provider. The meals were prepared by cooks working in the care home and delivered to people in their home. People who received these meals enjoyed the food and were given choices. One person said, "Food on the whole is good" and another person commented, "We have choices." Records showed that people were given different meals during meal times based on their preferences. One relative commented, "They can choose what they like. Quality of food is very good." People were also invited to resident meetings held in the care home to discuss food. Food was also discussed with people and records listed what types of food people liked and disliked.

People were independent and needed minimum support with their healthcare needs. Both staff and people confirmed this. A doctor visited the care home every Wednesday to assess people's health and people that received a service from the agency were able to see the doctor should they need to. Visits were also made by the district nurse to monitor people's conditions and health. People confirmed this and told us they were able to make and attend appointments by themselves. One person told us, "Doctor comes here every Wednesday." People's care plans listed details of health professionals such as their GP and Chiropodist and also included their current health condition.

## Is the service caring?

### Our findings

The people and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and kind and treated people as individuals, taking time to have meaningful conversations. One person told us, "Staff are good" and another person commented, "They [staff] look after me well." A relative told us "Whoever you talk to, they are always polite, sociable, interested, enthusiastic and that goes all the way through to management." The staff we talked with spoke fondly of the people that they provided support for. We observed a staff member showed respect for people by addressing them using their chosen name.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of the people and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us, "People are independent." People told us they went out on their own and lived independently. One person told us, "They let me be independent." Care plans described daily routines in detail including information on what people could do for themselves and what they would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plan. People told us they were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. We observed staff knocked on people's doors before entering. One person told us, "They will knock" and another person told us, "Privacy is respected." Staff told us that when providing particular care and support, it was done in private. Our observations confirmed this. One staff member commented, "We make sure people are covered before washing them." People told us that staff treated them with respect and with dignity particularly when helping them with showering. When we were introduced to people by a staff member, we observed that staff treated people with respect such as talking to people respectfully and in a polite way.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others.

The service had an equality and diversity policy and staff members were trained on equality and diversity. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans. Records showed that people were able to attend religious institutions with staff if they wanted to and the service accommodated this.

People told us that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained things clearly before going ahead and carrying out any care tasks. People were supported to use their preferred style of communication and these together with any communication needs were recorded on care plans for staff to understand how people communicated.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One person told us, "Staff do listen to me" and another person told us, "Staff are very responsive if residents want to do something."

All care plans had a personal profile outlining the person's communication methods, diets, support needs, identity and religious beliefs. There was a weekly timetable, which consisted of daily activities and support needs for each person during the day. There was a 'Personal Life History' for each person providing information on people's background and how they lived their lives and also included what people enjoyed doing and key memories they held that were significant to them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. For example, one person preferred to have showers in the morning and this was catered for and if they refused this was respected. Staff told us they get time to provide person centred care. One staff commented, "We make time for them always." Care plans were signed by people to confirm they agreed with the information in their care plan.

Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. Records showed that the provider included people in reviews. One staff member told us, "We do six month reviews but if there are any changes, we do a review as well."

People's needs were assessed before being offered a service in order to ensure the provider could cater for their needs. Pre-admission sheets confirmed people's needs were assessed and information was sought about important aspects such as their background history, medication history, past and present situation. The registered manager told us they speak to people and their relatives in order to ensure people get the right support.

There was a daily log sheet and staff handover record, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

People were involved in the activities programme provided by the neighbouring care home and were able to spend time with the people living at the care home and play scrabble and cards with them. People confirmed they participated in these activities. One person said, "I do music movement, keep fit, play cards, sing-a-longs groups." Another person commented, "We do quizzes and entertainers come." A staff member told us, "They all join in activities." Records listed the types of activities people enjoyed such as singing or playing games.

Records showed no complaints were made by people or their family members since the last inspection. People told us that they did not have any complaints about the service and felt they could raise concerns if

they needed to. People told us if they had concerns they will raise with either the staff member or directly to the manager. Complaints were discussed in residents meetings, which also included how to raise complaints. One person told us "I have no concerns" and a relative commented "I have no complaints, they do a good job." When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the registered manager and deal with the complaint as much as possible.

## Is the service well-led?

### Our findings

People told us they were happy with the support provided by the service and staff told us they were happy working with the organisation and were enthusiastic about the way they were working with people. One person told us, "Past 12 months has been the best 12 months of my life." A relative commented, "It is very good [service]." The service's values were to deliver quality care to people receiving a service, which included quality staff. Staff told us that vision and values were communicated in staff meetings and supervisions.

The management team and 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 in medicines should the need arise to safely manage medicines and introducing the care certificate to staff training. Staff were up to date with their responsibilities regarding the CQC's duty of candour regulation and staff had to sign to ensure they were aware of their responsibilities.

Health and safety records kept in the service showed that the service was safe and regular checks were undertaken, for example on potential hazards in people's flats such as torn carpets, slippery mats and fire safety. Welfare checks were carried out daily on people's flats to ensure people were safe. We saw that an audit was undertaken by the provider's regulation team under the CQC's five domains, which provided a rating under each domain, the overall rating was good. The systems in place enabled the registered manager to identify and address shortfalls and continually improve the service for people if required.

The registered manager was on site and was able to undertake spot checks regularly. The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they were providing a good quality service and the results were communicated to staff. This was confirmed by staff. Spot checks were recorded briefly on people's daily notes that a visit had been made. However, there was no documentary evidence detailing these spot checks and the outcomes such as areas for improvements or areas staff were doing well in and if the findings were communicated to staff. We did not see information on what percentage of spot checks had been done and what was still outstanding. We fed this back to the registered manager who assured us that systems would be put in place immediately to record spot checks in detail and communicate the findings to staff.

The service had recently introduced a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing, decision making and punctuality. The overall feedback was positive. The registered manager told us that systems will be introduced to analyse the result of the survey for continuous improvements.

Staff members were positive about the registered manager. One staff member told us, "She [registered manager] is very helpful and is always there for you." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were committed to providing a good quality service and were aware of the aims

of the service. They could speak with the registered manager when they needed to and felt that their comments were listened to. We observed the interactions between staff and the registered manager were professional and respectful.

We saw people who received a service from the agency were involved in the residents meetings that were carried out in the neighbouring care home and were able to raise any issues or improvements regarding the service directly to the registered manager at those meetings. One person told us, "We have a meeting to talk about problems." Topics included food, heating on floor and Wi-Fi. Staff meeting records showed staff discussed people's current needs, health and safety and staffing.

There were policies and procedures to ensure staff had the appropriate guidance and staff confirmed they could access this information. Policies and procedures were reviewed regularly. The registered manager told us the policies and procedures were reviewed and up to date to ensure the information was current and appropriate.