

DHCH14

# Beaufort Care Home

## 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

Beaufort Care Home is a residential care home providing personal and nursing care to up to 32 people. The service provides support to older people, people with a physical disability, people with sensory impairment and younger adults. At the time of our inspection there were 22 people using the service.

The care home is set over 2 floors and has large communal areas for people to use. The care home has a good-sized garden which people can use and participate in gardening activities.

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

People were kept safe by staff that had the right skills and experience. People were supported to take their medicines safely. Risks to people's health and safety were regularly assessed and monitored. The home was clean and comfortable, and people were protected from the risk of mistakes being repeated.

People's choices and preferences were taken account of. Staff received good inductions and were supported to keep their training up to date. People were supported to maintain healthy and nutritious diets. One person told us, "I choose to eat in my room. The food's good, I can't fault it." Staff made referrals to other agencies to support people's health and wellbeing. 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 supported by kind and caring staff who treated people with dignity and respect. One person said, "Staff are lovely, very caring."

People's communication needs were assessed and supported effectively. The provider recently employed an activities co-ordinator to support people to participate in activities and go into their local community. People and their relatives knew how to raise a complaint if needed and the manager actively responded to any concerns raised. People were cared for well when at the end of their lives.

There was a positive culture at the home, and people were cared for by staff that enjoyed their jobs. The manager was new in post and had made a positive contribution to the management of the home and engaged well with people and staff. Managers were clear about their roles and responsibilities and managed risk well. The manager had good links with other services and was committed to the continuous improvement of care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at the last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement (published on 29 April 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### 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?

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 

# Beaufort Care Home

## 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. 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 Health and Social Care Act 2008.

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 undertaken by an inspector 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

Beaufort Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beaufort Care 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had appointed a new manager 6 weeks prior to the inspection and the application to become registered was in progress. We have referred to them as 'the manager' in this report.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 7 people that used the service and 2 relatives. We spoke with 10 members of staff including the manager, nursing staff and care staff.

We looked at a range of documents including 3 care plans and risk assessments, and medicines records. We looked at health and safety documents and policies and procedures. We looked at audits, including medicine audits, staff rotas and 3 staff recruitment files.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines safely.
- We found that prescribed topical creams were being stored unlocked in people's bedrooms. Guidance states that such creams should be kept locked. We fed this back to the manager who immediately completed a risk assessment for each person this related to.
- Medicines policies were thorough and up to date to support safe medicines practices.
- The manager arranged medicines training for staff, which was up to date, and checked staff competencies around managing medicines.
- Staff used an electronic system to record what and when medicines were administered. The manager monitored this system which highlighted if any medicine had been missed for them to follow up.
- There was guidance in people's records about medicines which were prescribed 'as and when required' for staff to follow.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy which was in date, and the manager arranged safeguarding training for staff, also up to date.
- Staff could describe the actions they would take if they had any safeguarding concerns.
- People told us they felt safe. One person said, "I'm not going to come to any harm here. I feel safe."

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed effectively.
- The manager assessed risks to people's health and safety, and these were reviewed regularly.
- Staff could easily access information about people's care needs in the electronic records.
- Health and safety records including fire safety, and gas and electrical safety testing were complete and in date.
- There was a robust system to manage maintenance requirements and the maintenance manager completed regular checks of the environment.

### Staffing and recruitment

- People were supported by enough staff who had been recruited using safe processes.
- There were enough care staff to meet people's needs. The manager block booked nurses from the same nursing agency to make sure staffing was consistent.
- Relatives told us that sometimes the use of agency care staff meant that staff were not always consistent.

However, there was a core team of permanent staff, some of which had worked at the service for several years.

- Staff had been recruited safely. The manager obtained references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection; Visiting in care homes

- People were protected from the risk of the spread of infection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider supported visiting in line with guidance.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- There was a robust incident recording system, and the manager monitored incidents.
- Incidents were forwarded to senior managers who analysed them for themes and trends.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 and choices were assessed in line with guidance.
- There were clear support plans and risk assessments to guide staff. These were person centred and gave detail about how people liked their support to be provided.
- Staff supported people who used the service to exercise choice and preference regarding the care they received. Care plans outlined the individual needs of people who used the service

Staff support: induction, training, skills and experience

- People were supported by staff who had access to effective induction and training.
- Compliance with mandatory training was high and staff told us they undertook necessary training to enable them to carry out their roles effectively.
- The manager encouraged staff to develop their knowledge by gaining care qualifications.

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

- People were supported to eat and drink to maintain a balanced diet.
- A meal delivery service was used which offered nutritious choices to people and could meet special dietary requirements.
- Fresh fruit, vegetables and other options were available to support people to have a balanced diet. One person said, "I like the food and if I fancy an omelette or something else, they'll just do it for me, they're very good."
- Staff knew people's individual nutritional needs and preferences and supported people as and when needed.
- Staff responded to risks linked to people's eating and drinking by making referrals to dieticians and other agencies if required.

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

- People had support with their health and staff worked with other professionals to ensure good care was delivered.
- People were supported to access a range of health care services. When needed, staff raised referrals and sought advice about people's health.

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

- The environment was suitable to meet people's needs.
- People could personalise their bedrooms and they were decorated and furnished to a high standard.
- The environment was clean and tidy and had comfortable spaces for people to use.

#### 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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have choice and control over their care and treatment.
- Staff worked within the principles of the MCA and we found that appropriate legal authorisations were in place.
- The manager provided training for staff in the MCA and we saw appropriate MCA assessments in people's care records.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 were treated with respect and equality.
- Care records were written in a caring and respectful way.
- Comments from relatives about the care at the service were positive. A relative told us, "Staff are absolutely lovely. They really care about my mum."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- The manager involved people and their relatives in planning of care if they chose to.
- People's care and support was reviewed regularly with them and their relatives' involvement.
- We observed staff treating people respectfully.
- Staff described talking to people throughout their caring tasks to put people at ease.
- Staff were patient and caring with people during tasks such as helping people to eat and drink.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were person centred and gave information about what was important to and for them.
- Staff knew the people who used the service well and how best to support them. Information about people's needs and preferences was easily accessible in the electronic records.
- Family members were involved in people's care and support planning. A relative told us, "I feel involved. We are family oriented and are here most days. I come through the door and staff update me about mum."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager assessed people's communication needs and could adapt information according to people's needs.
- There was an accessible information policy in place. The provider was able to supply documentation in alternative formats to people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager had recently recruited an activities co-ordinator to support people to develop and maintain relationships and follow their interests.
- People commented that they would like to do more than they had been, and we fed this back to the manager.
- The home had links with the local community and planned to use these to support people with their interests more in the near future.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place to support the provider in responding to people's concerns appropriately.
- People and their relatives knew how to raise concerns, and these were responded to timely.
- Senior managers monitored concerns and were committed to making changes to improve the service.

### End of life care and support

- People were cared for effectively when they were at the end of their lives.
- Care records indicated people's end of life care plans where appropriate and the manager arranged for relevant training. Some staff said they could benefit from more regular training.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefitted from a positive culture at the service.
- People enjoyed living at the home and spoke highly of the staff.
- Staff were committed to their jobs. One member of staff described working at the home as "fabulous". Staff said they felt better now there was a new manager in post.

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 manager understood their responsibilities regarding the duty of candour.
- The manager was open and honest about issues and concerns and communicated with people and their relatives where required.

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

- Managers were clear about their roles and had a good understanding of quality performance, risk and regulatory requirements.
- The manager monitored outcomes of care and there was a regular schedule of audits. This helped support the delivery of high quality care for people.
- The manager made the necessary statutory notifications to relevant agencies.

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

- The manager engaged well with people, their relatives and staff to involve them in the running of the service.
- There were regular residents meetings meaning people could give feedback and this was listened to.
- The manager arranged team meetings with a focus on a specific topic each month.
- The manager undertook clinical supervision with staff.

Continuous learning and improving care; working in partnership with others

- The manager was committed to continuous learning to improve care. They were signed up to different

programmes and forums to keep up to date with recent guidance and research.

- The manager and staff worked with external agencies including various health services, the local authority and commissioners.