

Mrs Aunjali Johar & Mr Navneet Singh Johar

Beaufort Lodge

Inspection report

10-12 St Vincent's Road
Westcliff On Sea
Essex
SS0 7PR

Tel: 01702353640

Date of inspection visit:
14 June 2016
15 June 2016

Date of publication:
07 July 2016

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

The inspection took place on the 14 and 15 June 2016 and was unannounced.

Beaufort Lodge is registered to provide personal care and accommodation for up to twenty one older people who may need care due to living with some form of dementia. It does not provide nursing care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medication was well managed and people receive their medication as prescribed.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people were supported with every day risks. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty.

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker. They received regularly support and felt well supported by management.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus. People were supported to maintain good healthcare and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

Meetings had been held for the people living at the service, relatives and for the staff. People felt listened to and that their views and opinions had been sought and the service had made appropriate improvements.

People had agreed to their care and had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Detailed assessments had been carried out and care plans were developed around people's needs and preferences.

The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response.

The service was well managed and systems were in place to monitor the quality of the service being provided.

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.

The standard of medicines management in the home was good and people received their medicines safely and as prescribed.

The provider had systems in place to manage risks and safeguarding matters and this helped ensure people's safety. People and their relatives told us this was a very good service and that it was a safe place to live.

There were sufficient numbers of staff to meet the needs of the people who used the service.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Is the service caring?

Good ●

This service was caring.

Staff provided care and support that is tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Is the service responsive?

Good ●

This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Is the service well-led?

Good ●

This service was well-led.

Quality assurance systems were in place and these were effective.

Staff understood their role and were confident to question practice and report any concerns.

Beaufort Lodge

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 unannounced and took place on the 14 and 15 June 2016.

The inspection team consisted of one inspector.

As part of the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also viewed the Provider's Information Report (PIR) during the inspection. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements.

During our inspection we spoke with six people who used the service, two visiting relatives, the registered manager, and four members of the care staff. We also received feedback from three health care professionals and their comments have been added where appropriate.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records. We also looked at their staff support records.

We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and updates had been provided. Staff were able to explain how they would recognise abuse and who they would report any concerns to. They were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Guidance could also be found around the service and staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people living at the service. When speaking with relatives one added, "We are confident that [name of relative] is safe here. I do not worry when I am not here as I know they can gain help when needed."

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. Care plans included a variety of assessed risks to people and included falls and general risks related to people maintaining their independence. Where risks had been identified the care staff had where possible managed these without restricting people's choice and independence and people had been part of the risk assessment process where possible.

The staff were aware of good practice around the risks of pressure care and stated that any concerns they have would be referred to the district nurse for an assessment to be completed. Staff had completed pressure care awareness training and pressure relieving equipment training, which helped to ensure they were aware of good practice around pressure care. The registered manager had recently implemented systems to ensure pressure relieving equipment was regularly audited and at the correct setting for the person's weight.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in date. Maintenance of the premises had been regularly completed and the home was safe and well maintained. Since our last inspection both lounges and the dining room had been redecorated and they had replaced some of the carpets in the communal areas. New lights had also been fitted to help increase the brightness in the rooms for people.

The service had a system in place to assist the registered manager in monitoring people's dependency levels and ensure there were sufficient staffing levels to meet the needs of people living there. These were completed monthly on each individual person or when there was a change in care needs. The registered manager allocated staff to certain parts of the home so they were aware of their responsibilities and who they would be assisting during their shift. She added that this 'worked perfectly' as the staff knew the care needs of the specific people they assisted with care and it also provided continuity. People told us they thought there was enough staff and they received the care and support they needed. On both days of our visit people were observed being well supported and we saw good examples where people were provided with care quickly when requested. Staff spoken with stated they felt there were enough staff to provide the

care and support people needed.

Staff employed at the service had been through a thorough recruitment process before they started work. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. Staff who had recently been employed confirmed that relevant checks had been completed before they started working at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. Staff would also be provided with information about the service within the staff handbook, which all staff received when they were first employed by the service.

During our visit we found that the standard of medicines management in the service was good and people received their medicines safely and as prescribed. All staff had received training in administering medication and would be observed by the registered manager twice a year to check for competence. We observed staff administering medicines to people and these had been stored, administered and disposed of in line with current guidance and regulations. The registered manager had completed regular medication audits and the person who had been responsible for medication administration each day would complete a daily audit. Each person had their own medication profile with their photograph to assist staff with identification. No anomalies were seen on the medication record sheets and staff had dated bottles and packets to help assist with audits completed. There was also guidance for staff on when people may need 'as and when' medication, such as pain relief. The staff member administering the medicines was observed asking people if they needed pain relief before dispensing it. People confirmed that they received their medicines safely and as prescribed. Feedback from a health care professional included, "They are always punctual in preparing their returns and repeat medication orders and they are competent in asking for and handling advice from our staff and pharmacist."

Is the service effective?

Our findings

The staff spoken with confirmed that training was offered and they received regular updates. The service's mandatory training included, manual handling, food hygiene, first aid, infection control, dementia and health and safety. We observed staff delivering good care and following good practice. Comments from staff included, "There is a broad spectrum of training, we do both in-house and outside courses, we are well trained" and, "The training is very good. I have just started my NVQ 3." The service had been very pro-active in providing a variety of training to staff and they had a good knowledge base of conditions that can affect the people they care for.

Newly recruited staff had completed an induction which included information about the running of the home, guidance on how to meet the needs of the people using the service and shadowing another member of staff until they felt confident. The service had also implemented the new care certificate, which is a recognised induction in care. Those staff we spoke with said the induction was very good and had provided them with the knowledge they required.

Staff had received general support through one to one sessions, meetings and appraisals. Minutes of staff meetings were viewed and these had also been used as training sessions and covered topics such as confidentiality, medication and general good practice. Feedback from staff was very positive and comments included, "There is a lot of support for the staff" and, "[Manager's name] is very good. She is patient, nice, very supportive and lets you know nicely if there are things you have not done right. She is a people's person and I enjoy working with her."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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 told us that they had agreed to the service providing their care and support and we saw that staff sought people's consent before care and support was provided. Files contained documentation to assess people's capacity and identify what day to day decisions they may need help with. This showed that the service had up to date information about protecting people's rights and freedoms. The care plan documentation had a section on gaining consent for care had been completed by the person receiving the care or a relative.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, "The food here is good, you get plenty to eat." and, "Its lovely." Feedback from relatives included, "The food is good, [person's name] enjoys the food and they have the occasional fish and chips which they enjoy" and, "We are really happy and [person's name] eats well. They have put on 2 stone since they have been in the home." Staff stated that there was a good choice of food and if people did not like

what was on offer then the cook would do something that they did like.

The service had a four week menu and these showed that people were offered choice and a healthy balanced diet. The cook was aware of people's likes and dislikes and also any dietary or cultural needs of individual people. Jugs of juice were available and hot drinks and biscuits were made available throughout the day.

People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance. It was noted during the lunch time observation that the interaction between care staff and the people who needed assistance with eating was very good. People were able to take their time and staff did not rush them. It was clear that staff knew the people very well and provided appropriate care.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified the service had nutrition and weight charts in place which assisted staff in monitoring people's nutritional needs and ensured people received the support required. Where they required assistance from a nutritionist or health care professional this had been sought.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Regular visits had been made by the chiropodist and optician. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people's health whilst living at the service. One relative stated that the service was very good, "They get the doctor when needed and always keep me up to date with any changes, they are very good." Another one stated, "Communication is very good, I know they will ring me if there are any concerns. Mum has deteriorated over the last year but the home has been very good in ensuring she gets the help she needs." Feedback from one health care professional included, "Staff will contact the services when they feel they need more support and help and when the nurses visit the home they take on board advice and information that is given to them."

Is the service caring?

Our findings

People we spoke with were very happy with the care and support they received and said that they were treated with dignity and respect. They were complimentary about the staff and comments included, "We are very happy with the care. The home is clean, [person's name] is well looked after and we can come and go as we like" and, "Routines are in place, which is what [person's name] needs." Health care professional's comments included, "Very happy to visit, staff always helpful and seem to love all clients and treat them as family. I am very happy with the interaction provided by staff and manager. If I need to go in to a home I would be happy to come in here."

Staff interacted well with people and ensured that those who were unable to express their wishes were included in the conversations and activities where possible. Staff displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interaction observed between people and staff was friendly, kind and patient. People were referred to by their chosen names and people looked relaxed and at ease with the staff. Staff spoke with people in a friendly and attentive manner and showed patience and understanding. They knew the people they were supporting and cared for them well, and were able to explain how much assistance each person required. The service also had a key worker system in place which provided each individual person with a named member of staff who would liaise with relatives and the person around general care needs and communication. When asked if they were happy with their key worker and support staff in the service's annual survey, 15 stated they were. Comments included, "A very nice lot," and, "Everyone is friendly but appropriate and they are all very helpful."

Staff responded quickly to people's needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. It was also noticed that all staff ensured they were communicating with people at eye level and ensuring people understood what was being said. The service had received a number of compliments and these included, "They are very helpful, [person's name] is looked after very well, they are exceptionally well care for and she is happy" and, "We are very impressed how our mother is treated and cared for. We are very happy with the home and staff." One staff member said, "The staff and residents make it worthwhile, I adore it here, by far the best job I have ever had."

People had the opportunity to express their views about their care and support at the service. Regular meetings had taken place with people and relatives which helped to provide them with an opportunity to be able to discuss their likes and dislikes, activities and any concerns they may have. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received and also the running of the service with regard to food, activities, staffing and the environment. Feedback from people regarding communication within the service was positive and included, "The day and night staff are nice. The manager always listens and tries to help, they are lovely" and "We do speak to the staff on a regular basis and have great communications with both them and [manager's name]."

Families had been involved in their relative's care and it was confirmed that they were kept informed of any

changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance. The registered manager advised that they have one person who has regular visits from an advocate as they did not have any family support and the person had found these very useful.

People were treated with kindness and staff ensured people's privacy was respected when they needed assistance with personal care. Examples of this included people being offered protection for their clothing whilst eating and drinking and staff were seen knocking on people's doors before entering and always closing the door when personal care was being provided. They were also heard explaining to people what care they were about to assist with, which helped to ensure people were involved in their care. Comments the home had received from people receiving care and support included, "Very pleased with the way life has improved since being at Beaufort Lodge" and "I can't think of a more caring environment for [person's name] to spend her final days."

Is the service responsive?

Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. People's care needs had been fully assessed before moving in, which helped to ensure the service were able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files identified each person's needs and would assist the staff to identify what support was needed. Any care needs due to the person's diversity had also been recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs and people received the care they needed. Care plans had been reviewed regularly and updated when changes had occurred.

Systems were in place to encourage people to be involved in the care planning process where possible. People had been involved in producing their care plans, which included information about the individual's past and included their hobbies and some history about them and their families. This identified subjects that may be important to each person and provided staff with important information about each individual and assisted staff in providing people with person centred care.

The service organises activities for people and during the month of June these consisted of bingo, singing and dancing, chair exercises, cocktail afternoon and pampering. On the first day of our visit people were having their nails painted and their legs and hands massaged. They were seen enjoying the experience and involved the registered manager and staff in showing them their painted nails. The second day had chair exercises in the afternoon, but the morning was mainly watching television and it was a very quiet environment. The registered manager advised that they had arranged for the cook to do two afternoons a week when they would participate in bigger activities such as cooking cakes, making pizzas, arts and crafts and floral decorations. Staff were seen asking one person who was very good at maths their time tables or division sums, which they responded to with the correct answers and the staff member replied "You beat me any day." There were also many photographs around the service of parties, entertainment and general outings the people had taken part in.

The atmosphere within the service was friendly and laughter and chatting could be heard throughout the day. People we spoke with told us they could join in with the organised activities if they wished, but some preferred to watch the television or stay in their room, which showed that people's individual choices and preferences were respected. One relative spoken with stated that although some activities were organised they felt it 'Sometimes lacked activities.' They had a regular monthly church services and the registered manager advised that they could also arrange for someone to visit and read the bible to people if they requested.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. The service had received limited complaints, but those that had been received had been fully investigated and appropriate action taken. The registered manager advised that they take complaints very seriously and ensure these are acted on as soon as they are

raised, so that lessons can be learned and action taken to help prevent them from reoccurring. Details on how to make a complaint could be found in the foyer of the home and also in the residents guide. The service also had a pictorial complaints process for those who needed the information in this format. The registered manager also had an open door policy for both staff, relatives and people who lived within the service to use as and when needed.

Visitors were welcome and people were seen coming and going throughout the day. People found the staff and management approachable and felt they were able to raise any concerns they may have. Visitors also knew who to complain to and added if they had had any concerns these had always been listened to and acted upon. There were a number of ways the service encouraged relatives, friends and people who lived at the service to be part of managing the service. Meetings had taken place and these provided people with an opportunity to discuss the running of the service and also any issues they may have. One person stated, "We are very very happy, we have no complaints."

Is the service well-led?

Our findings

The service has a registered manager and they had been managing the service for a number of years. They stated they had an 'Open Door' policy and people who lived at the service and their relatives told us that they could approach the registered manager at any time and had always found them very accommodating. One health care professional added, "The home is well run and professional. All is well and up to standard. Lovely home, caring staff and very helpful." Another said, "The manager is always on the floor. I have no issues; the staff here are very good."

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager had carried out a range of regular audits to assess the quality of the service and advised that they were looking at their present systems to see if they can be improved, so the service can continue to develop and improve. Where audits had raised areas of improvement the manager was working to rectify these. The service has also been awarded the Investors in People, which is a recognised qualification in quality assurance.

Staff had received supervision and attended regular staff meetings and staff morale was very good. Some staff spoken with had worked at the service for a number of years and were very positive about the management of the home. Management had systems in place to help ensure staff were kept up to date with information about the service and the people who lived there and this included staff handover meetings between each shift. The manager had completed a staff survey and comments received included, "I feel I am valued part of the team," "The manager takes up suggestions or concerns seriously and gives you feedback, you feel valued" and, "The manager is very good, she has been very supportive."

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People who lived at the service and their representatives were provided with regular opportunities to provide their views about the care and quality of the service. Annual quality assurance questionnaires were sent to relatives and people who used the service to gather their views and opinions. Staff were also given the opportunity to feed back about the service via an annual questionnaire and health care professionals were also approached. The manager collated the feedback and produced an annual plan for the service.