Boyack Enterprises Limited

Beaufort Hall Nursing Home

Inspection report

28-30 Birnbeck Road
Madeira Cove
Weston Super Mare
Somerset
BS23 2BT
Tel: 01934 620857
Website: www.beauforthallnursinghome.co.uk

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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

Overall summary

We carried out this inspection on 24 June 2015. The inspection was unannounced. Beaufort Hall nursing home provides accommodation for up to 33 people who require nursing care. There were 26 people using the service at the time of the inspection.

There was a registered manager at the service. 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.

There were systems in place to support staff in providing safe care for people who used the service.

People's needs were assessed and risk assessments when required were put in place to tell staff how they should provide care to people in a safe manner. Staff received

Summary of findings

training to help them fulfil their role including how to recognise report concerns if they suspected a person to be at risk of harm or actual abuse. This helped to keep people safe and people told us they felt safe.

There was sufficient skilled staff on duty to meet people's assessed needs. There were suitable arrangements for the safe storage, management and disposal of medicines which meant people received their medicines safely and according to their needs.

We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005. The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in pace to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who lived at Beaufort Hall nursing home.

The manager ensured staff were supported to develop their skills and knowledge to provide effective care and support for the people who used the service. People told us that the staff were caring and were complimentary about the care and support they received. People were supported to maintain good health and there was a varied menu so people could choose what to eat and drink and have enough for their needs.

People's privacy was respected and people were able to express their views and these were taking into account when providing them a service. This meant the service was responsive to people's needs. The care provided was needs led and individually focussed.

There was a complaints policy which enabled people and others to raise concerns and they knew what to expect once a concern was raised. The home was led by an effective management team who were committed to providing a good service which was responsive to people's individual needs and had quality assurance systems in place.

Summary of findings

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

Good

Qualified nurses had maintained their nursing registration and had the skills to administer prescribed medication.

The staff had received training about how to protect people should they suspect them to be at risk of harm or actual abuse. They understood who they should report concerns to.

Risks to people's safety were assessed and a plan of care was in place for staff to follow.

The service had sufficient numbers of staff to provide care to the people who lived at the service.

Is the service effective?
The service was effective

Good

Staff consistently demonstrated warmth, respect and empathy in their interactions with people and their relatives.

People had positive relationships with staff, who took time to get to know them and the things that were important to them.

People were involved in decisions about their care.

The service supported people's privacy, dignity and independence.

Staff allowed people to take the lead in their own care and decide what assistance they needed with each task.

The environment needs to be more dementia friendly.

Is the service caring?
The service was caring

Good

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff members respected their choices, needs and preferences.

Is the service responsive?
The service was responsive.

Good

People contributed to their assessments and their preferences had been recorded.

There was a complaints policy and procedure in place of which people were aware, so they could use if so required.

Is the service well-led?
The service was well-led.

Good

There was an open and inclusive culture and people were cared for within a homely atmosphere.

Summary of findings

People, staff and relatives felt that management was open and transparent.

People and their relatives were involved in developing the service. Their feedback was continually sought and used to drive improvement.

The provider encouraged staff to reflect on their practice and learn together as a team.

The provider had systems for assessing, monitoring and improving the quality of the service.

Beaufort Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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. The inspection team consisted of two inspectors and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

At this inspection we talked to nine people who used the service, five relatives, and two visiting professionals and interviewed the registered manager and five staff. We observed medication being administered, looked a ten medication records and reviewed three care plans. We carried out a Short Observations Framework Inspection (SOFI), over lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service and had trust in the staff that cared for them. One person said "Yes, I feel very safe here, it feels like home." Another person said "The days come and go, but I feel safe though. The ladies treat me very well, like a lady myself." Another person explained "I am happy and safe here, I am not aware of any bullying or anyone being treated unkindly in the 6 years I have lived here, I could not fault this place in any way. There are no restrictions placed on me, I please myself what I do and staff are supportive and allow me the freedom to make my own choices, they are very competent and have had a lot of training." The visitors we spoke with said that their relatives were safe living at the service and knew who to contact if they felt they had any concerns regarding their safety.

Staff told us as part of their mandatory training they had received training on how to keep people safe. They told us how they recognised signs of abuse and the action they would take if they identified a concern.

A visiting healthcare professional told us, "They keep (the person) safe here." Care plans identified risks to people such as falls, allergies, malnutrition and swallowing difficulties. Other risk assessments were in place for the use of bedrails, medicines and personal care. Risk assessments were personalised and identified the support people needed to be able to reduce or eliminate the risk of harm.

Risks assessments were reviewed monthly or when required and appropriate actions taken to address changes that were identified. Risk assessments had been completed in areas such as skin integrity,' mobility, nutrition and financial management. We saw evidence of referrals to specialist health care professionals, for example dieticians and speech and language therapists. The provider had created appropriate action plans which were effective and where necessary, modified care support plans. This meant people with complex needs were kept safe.

We observed staff moving one person from a wheelchair to a lounge chair using a stand aid. Staff used the equipment safely and explained what they were doing to the person throughout.

We saw articles such as rolls of aprons, boxes of gloves and air freshener stored on top of handrails. We raised this with the manager who agreed they would be moved so people could use the handrails safely.

We saw access to the sluice on the top floor was difficult because mattresses were stored in the hallway. The manager assured us there were plans to convert the disused bathroom next door into a store room, and the mattresses would be moved but this did not have an impact on the people who lived there.

Personal emergency evacuation plans were in place. These provided guidance for staff about the best way to support someone if there was a need to evacuate the premises.

People's needs and risks had been assessed and detailed care plans had been developed to support the person. For example care plans identified the number of staff needed to support each person's care needs in the home and when they went out. One care worker told us, "There is always enough staff and the numbers are about to be increased." Staff rotas confirmed the home had 26 people who were supported by four care staff, a nurse, the registered manager and a kitchen assistant. At night there were two waking care staff and a nurse on duty. However, a registered nurse commented that it was sometimes difficult to cover a shift when a registered nurse went off sick at short notice and found that sometimes there was not enough time to provide the level of care they would like to give as they had to split the shifts between themselves. We discussed this with the registered manager, they assured us that that a registered nurse was always on duty and available. Other staff confirmed this was the case. We were shown a list of authorised agency staff but said they were seldom used.

There was a robust recruitment processes in place that ensured all necessary safety checks were completed to ensure a prospective staff member was suitable before they were appointed to post. People who lived in the home explained that they had been involved with the recruitment of new staff by being part of the interview panel. One person stated "We really get to know who is coming into care for us and get to choose who that is".

People and their relatives told us staff answered their call bells promptly and responded to their needs. One person said "Usually staff come fairly soon when I press the bell, unless they are busy of course." A relative told us that their

Good

Is the service safe?

parent's call bell was within reach and said "The call bell is always accessible to them." We saw evidence of this when we spoke with someone in their room. They also felt call bell response times were acceptable, and were usually answered in less than 10 minutes, although often sooner. During the inspection we saw this was the case.

We looked at the medicine administration records (MAR) for eight people. At lunchtime we observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw the medicine trolley was always locked when unattended. Nurses administered medicines. People told us that they received their medicines regularly. Medicines were stored appropriately in the clinical room. Medicines that required refrigeration were stored in a locked fridge and the fridge temperature was recorded daily and noted to be within acceptable limits. Staff who supported with the administration of medicines were undertaking initial medicine management training and their competency was going to be assessed prior to them solely administering medicines. Most staff had their competencies reassessed in the last three years. There was an up to date medicines policy which included guidance on the safe storage and administration of medicines, action to be taken in relation to medication errors and how to administer medicines covertly. Two people were self-administering their medicine and this was clearly risk assessed within their care plans. One person explained "I have a dosset box delivered weekly; I also have 'homely remedy' painkillers provided by the home, which I take when I need to".

Good

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such

restrictions were necessary, what action they took to ensure people's rights were protected. The registered manager told us they had assessed the capacity of all individuals who used the service to consent to their care and treatment; care records we looked at confirmed this to be the case. We saw that best interest decisions had been made involving family members, the person and appropriate health care professionals and this was in line with the requirements of the Mental Capacity Act 2005. This meant that the registered manager had followed the correct procedure to ensure any restrictions to people's rights were legally authorised. However the manager had not made any DoLs applications and all people were free to leave if they wished. The manager also explained that she was going to re-assess some people as their needs had changed since the last assessments. Care files showed consent had been obtained for on-going care and treatment. Daily notes recorded when people had refused any care or treatment. All the care files contained Mental Capacity Assessments.

All staff spoken with were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care.

We saw a note in one person's room reminding staff to obtain consent before assisting people and to offer people choices. Staff we spoke with explained that this note was in all rooms and they always asked the consent of the person before supporting them with any personal care.

Staff told us they received regular supervision and appraisal by meeting with the manager and discussing their performance. They told us they found this beneficial as it enabled them to gain further qualifications relevant to their role. For example all the staff we spoke with told us they had been supported to obtain a vocational qualification. Supervision and appraisal records demonstrated the home reviewed the learning and performance of staff. Newly appointed staff received an induction which included practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and fire safety. We viewed a range of certificates and also viewed a training matrix which confirmed this was the case. All the staff we spoke with confirmed they were supported to update their knowledge by attending refresher training regularly. Staff spoken with told us they felt supported by the management of the home and felt well trained to do their job. Records we looked showed this training included moving and handling, safeguarding vulnerable adults, first aid and infection control. One member of staff told us "They are very good with the training and encourage all staff to do as much as possible I couldn't do my job without it. " Another member of staff said "The manager and owner are really good at incentives for completing extra non mandatory training. All the staff have the opportunity to have any relevant training they want and earn rewards for completing and passing it." The manager ensured that staff whose first language was not English understood and felt confident with the training by holding one to one sessions with them. This was evidenced within the staff training records.

Meals were provided by a company specialising in nutritionally balanced meals. People told us the food was very good. One person sad "You sit down and know you're going to have a good meal." Another person told us "They ask you the day before what you want." There was a tray of drinks available for people. One person said "There's always a tray full of drinks, and you can have whatever you want." Another told us "The food is generally good, I don't have any complaints" and "If I wanted to ask for more it wouldn't be a problem."

We observed the lunchtime meal being served to people. The food was attractively presented and drinks were available throughout the meal. People were asked where they wanted to eat their meal and if they chose to remain in their armchair, or eat their meal in their room, this was respected. During lunch we saw staff were calm and unhurried and we observed the atmosphere to be relaxed with an emphasis on social interaction. Staff encouraged people to converse and relax with hot drinks after eating their meal.

Relatives told us they were kept informed of any changes in their relative's healthcare needs. One person told us "If

Good

Is the service effective?

there's anything wrong they are so quick at dealing with things health-wise. I have no complaints on that score and they keep me informed". A second family member told us how their relative had been ill before they had come to live at the home. They explained how well their relative had been looked after and told us the manager contacted them to keep them informed. They said "I couldn't criticise them for anything". The registered manager told us how they worked with hospice nurses to make sure people received appropriate care during their final days. As Information about people's wishes and preferences had been recorded in their plan of care.

A visiting healthcare professional told us "My patient has an annual check with a GP and the GP is called out if necessary." We saw people were supported to access their GP, the chiropodist, optician and dentist. District Nurses visited on a regular basis. We saw that where guidance was provided by District Nurses this was followed through.

Some parts of the service were more homely than others. The walls of the building had pictures and ornaments on display. There was no signage or different colour schemes to guide people to their rooms easily. Some people living at the service had dementia and recognised dementia care research recommends that environments should support people's well-being with appropriate signage and colour schemes.

We recommend that the provider seeks guidance and advice about best practice in ensuring the environment supports people living with dementia.

Good

Is the service caring?

Our findings

People and relatives were complimentary about staff and the way they were cared for. One person described their care as being: “Absolutely wonderful, I could not have had more care”. Another person said "It is wonderful, I have nothing but good to say about it” and “Very good, the best I could have”. We saw that people were treated with kindness and compassion by caring staff. There was a good rapport between people and staff and people were treated with dignity and respect and made to feel that they mattered. One person told us, “They are very good.” Another person said, “It’s altogether a good place to be.”

The manager assured us that all people were offered the opportunity to be involved in their care planning and she gave them the choice whether to participate or not. Only one person out of the nine we spoke with could say positively that they had been involved in their care plan, but others thought they probably had. In all cases people were happy that they were receiving care in the way they wished. One person said “I was involved in my care plan and staff follow it as far as I know, it used to be reviewed monthly but has not been done for some time”. Another person said “They know how I like things to be done so I think they must have discussed these things with me and my family when I came here” and “I cannot remember doing it, but have heard it mentioned”.

Most residents had a member of family to act as an advocate for them and one resident had a Court of Protection Order. This was clearly documented in the care plans we looked at.

People told us that staff treated them well. One person said “Staff generally treat me well and handle me carefully and treat me with respect.” Another person said “They care so much about you and treat you with the highest respect.” Our observations during our inspection supported their comments as we saw that staff treated people with dignity and respect.

We found that dignity and privacy was woven through people’s care files. For example, one person’s care plan recorded the need to respect the person’s privacy and dignity when they became upset or emotional. Where people required end of life support, we saw an end of life pathway was used. This provided a standardised step by step framework for all health and social care professionals working with people who were nearing the end of their lives. We saw care plans recorded people’s last wishes about how they would like to be cared for at the end of their life.

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people’s dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room; they linked arms with the member of staff and went with them to find their room. This person’s mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people’s doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We saw that staff spoke with people while they moved around the home and when approaching people, staff would say ‘hello’ and inform people of their intentions. We heard staff saying words of encouragement to people.

During our observations we saw positive interactions between staff and people who used the service. The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations; we saw that people chose how to spend their time.

Care plans included information about people’s needs around age, disability, gender, race, religion and belief and sexual orientation. Care plans included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night and whether they preferred a shower or a bath. Staff were able to tell us about people’s preferences and routines. We saw staff offered people choices about activities and what to eat and waited to give people the opportunity to make a choice. For example, at lunchtime staff reminded people of the choices of food on the menu and the drinks that were available.

Good

Is the service caring?

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Good

Is the service responsive?

Our findings

A visiting healthcare professional told us "Staff are responsive to my patients' needs." A visitor told us "They're very good with her and if they've got any doubts they'll phone an ambulance and whip her to hospital" and "She's well looked after, they take very good care of her". One person told us, "I can choose when I get up" and "We always have choices of meals." Visitors confirmed their relatives were able to choose what was important to them and said, "They can choose what time to get up and go to bed" and "Good choices of food, always something else if they don't like it."

Where people were living with a dementia, care plans identified the impact of this and what people were able to do for themselves. The assistance people needed was also identified, together with the outcomes the support was intended to achieve. Staff we spoke with understood that people needed to maintain independence and try and retain skills they had such as choosing clothes, dressing and doing personal care.

Families regularly received phone calls from the home to update them about their relatives.

Care plans were in place for a range of health and care needs, including mobility, medicines and personal care. If people needed to be checked regularly this was highlighted for staff. Other care plans gave staff information such as people's spiritual and cultural needs and likes and dislikes.

We saw care plans for nutrition and hydration which informed staff about people's preferred diet and the support they needed. If supplements or any special utensils were needed, these were also identified. The home used a nationally recognised tool to estimate people's risk of developing pressure ulcers. We saw where people were at high risk of this, care plans identified the type of mattress and cushions they needed to reduce the risk of pressure ulcers. We saw that one person who was unable to get out of bed was being regularly turned to prevent the formation of pressure sores. Staff we spoke with explained why turning was important and what to look for if they suspected a sore was forming, "We use the body map to note the position and inform the nurse straight away".

Where people had limited verbal communication, we saw their care plans described how they might communicate with staff. We saw evidence of this during our inspection.

Everyone we spoke with told us there were organised activities for them to do. One person said, "There are things going on but I'm quite happy as I am", "I like to go out every day" and "The atmosphere here is always very friendly; the girls come and have a chat." Staff told us that they sometimes take people out to the seafront to have an ice-cream or a cream tea. However there was very little organised activity at the home, although many of the residents said they were content to stay in their rooms, doing a variety of things from reading newspapers, and books, doing puzzles, jigsaws listening to music or watching television. Several, however, said they wished they could be taken out more. There was an entertainer who provided music and reminiscence in the lounge, once a month and all residents were encouraged to attend. When we discussed this with the manager, they acknowledged this was an area that needs further improvement and they assured us that it was part of her yearly plan to provide more diverse activities.

We saw care plans recorded people's awareness of the complaints procedure. Details of advocates were available if appropriate. Everyone we spoke with told us they would be able to make a complaint if necessary. One person said, "I would make a complaint if anything was wrong" and another person stated "I've not got any complaints."

Staff told us they would report any complaints to the registered manager or owner using the on-call system if necessary. We viewed the complaint log and looked at two completed complaints. These had been investigated and responded to within agreed timescales. We saw that all complaints were responded responsively to complaints in accordance with the policy in place at Beaufort Hall Nursing Home.

People's diversity, values and human rights were respected and care records included information about their needs. The manager took these needs into account when planning and provider care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this. All the staff we spoke with knew how to respond to people's individual needs and gave examples of meeting these such as giving residents the opportunity

Good

Is the service responsive?

to say if they only want to have a carer of the same gender; only one person spoken to had chosen this. Others said they were not bothered and were happy to be cared for by staff of any gender.

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Good

Is the service well-led?

Our findings

A visiting healthcare professional told us “They’re open and willing to answer any questions.” Everyone we spoke with said the manager was approachable. People said “We can speak to the manager if necessary” and “We see her on the floor, she very often comes and has a chat for a few minutes.”

Staff told us that they enjoyed working at the home as said they all worked together as a team. Staff said that the registered manager and the owner were approachable if they wished to discuss issues and they found the manager supportive.

Staff were aware of the whistle blowing policy and knew how to raise concerns about the care people received. We saw the policy provided staff with the direct telephone number for the registered provider. There were regular staff meetings and staff told us they were able to express their views and raise issues at these meetings. We looked at the minutes from these meetings and found that a wide range of relevant topics were discussed at meetings, including medicine ordering and administration.

We looked at the last residents, staff and relatives survey that had been completed earlier in the year. It was clear that the owner had answered all complaints and queries and had a clear 12 month plan for actions promised, such as improving the dining experience for people and providing better more nutrious food.

We saw the values statement for staff on display. It focussed on five key areas including empowering individuals and respecting each other. A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. We looked at the medicine audits for the previous three months and found that there was evidence of on going improvements.

We observed the interactions between the registered manager and the staff. They also told us the registered manager routinely attended daily ‘handover’ meetings when staff had completed their duties and the next staff shift was starting. The registered manager played an active role. Staff told us they did this to ensure they knew the needs of people who lived at Beaufort Hall Nursing Home. They also told us this helped ensure staff were supported by a manager who was accessible to them and was a positive role model. This demonstrated to us the service was well led.