

Beaumont Nursing Home Limited

Beaumont Nursing Home

Inspection report

8 Gipsy Lane
Kettering
Northamptonshire
NN16 8TY

Tel: 01536416817

Date of inspection visit:
06 January 2016
08 January 2016

Date of publication:
22 February 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

This inspection took place on the 6 and 8 January 2016 and was unannounced.

The service is registered to provide accommodation for up to 28 older people who may require nursing care. The people living in the home have a range of needs including physical disabilities. The service provides both respite and long term care. At the time of our inspection there were 15 people living there.

The service has a registered manager. 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 appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people living at the home; staffing levels were kept under review. At the time of the inspection the home was undergoing refurbishment which was needed to improve the environment for the people living there.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and person centred care plans were in place and were kept under review. Staff had taken care to understand people's likes, dislikes and past life's and enabled people to participate in activities either within groups or on an individual basis.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service. The completion of the current refurbishment programme will benefit the well-being of the people living in the home.

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.

People said they felt safe and staff understood their roles and responsibilities to safeguard people.

There were sufficient staff ;staffing levels were reviewed regularly to ensure that the home met people's needs.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People were supported to access a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People received their support from staff who treated them with kindness, compassion and respect and who engaged in conversation with them.

People were treated as individuals and staff respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision.

Staff spent time with people and responded quickly if people needed any support.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

Quality Audits were carried out and action taken to address any shortfalls; although timescales needed to be tightened to complete the refurbishment programme to benefit everyone living in the home.

Beaumont 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.

This inspection took place on 6 and 8 January 2016 and was unannounced and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with eight people who used the service, ten staff including nursing, care, housekeeping, kitchen and maintenance staff, the registered manager and the provider. We were also able to speak to three relatives and a health professional who were visiting at the time.

We looked at records and charts relating to five people living in the home and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

During our visit we observed that people were relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us "I feel safe; the staff are all very good."

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and all knew how to report any concerns they may have. We saw from staff training records that all the staff had undertaken training in safeguarding and that this had been recently refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. One member of staff told us that if they had any concerns they would speak to the registered manager and if they were not satisfied with what happened they would not hesitate to report the incident outside of the home. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to continually develop their practice.

We had received information that suggested there were not always sufficient staff on duty. People who used the service told us they thought there were sufficient staff on duty. One person said, "Sometimes the staff take a little time to respond if I call for assistance, but this is not very often." The staff we spoke to said that they felt at the time of the inspection the staffing levels were alright. One member of staff commented that they only had to ask for assistance and the registered manager would ensure more staff were available. The registered manager was also a registered nurse and led at least one shift each week which gave them additional insight into the needs of the people. The registered manager explained that staffing levels were kept under constant review and would be increased if either the level of needs of people changed and/or there were more people to care for. Taking in to consideration the information available about the people living in the home at the time of the inspection and observing the support given throughout the day we felt that staffing levels were sufficient to meet those needs.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for tissue viability concerns had charts in place to monitor their intake of food and fluids. They also had repositioning charts in place which ensured people were regularly supported to move positions to ensure their skin was not put under additional pressure. We saw that the information recorded for each person was kept up to date and that the nursing staff collated the information each day which helped them to monitor people's general health and well-being and keep them safe.

People were able to call staff to assist them by using the call bell system in the home with bells in each room. We observed that staff had ensured for those people who were nursed in bed and had limited mobility that the call bell was placed in a position which they could use. One person told us "I can't use my finger but I can push the buzzer with my fist."

There were regular Health and Safety audits in place and fire alarm tests were carried out each week. We had received information that suggested that there may not be window restrictors on windows above the

ground level. We checked the windows and found that there were restrictors on all windows. The registered manager explained that when the windows were being cleaned or any maintenance work was being undertaken the restrictors were taken off but this was only during the time when work was being carried out and care was taken to ensure no person living in the home was put at risk. The home had an up to date Health and Safety certificate displayed in its main reception area. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained. Those people who needed to use a hoist had individual slings to meet their needs which were regularly washed after use. The home was clean and we saw that cleaning schedules were in place which were signed by staff and checked by the registered manager. Staff wore disposable gloves when they were undertaking personal care and there was a supply of disposable gloves in each person's room.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were safe systems in place for the management of medicines. One person told us "I get my medicines regularly and I always have plenty of water to take them with."

Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what the medicine was that they were supporting the person with. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed. A recent external audit by a pharmacy had raised no specific issues but had given guidance on the storage of medicines which the home had implemented.

Is the service effective?

Our findings

People received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to classroom based training they shadowed more experienced staff over a period of time, the length of time depended upon their skills and experience. One member of staff who had no previous experience of working in care before they came to work at the home told us "The induction was fine and I shadowed [Name of experienced member of staff] for almost a month before I started working with people myself." One of the lead nurses commented that they always ensured that any new members of staff were confident before they worked a shift.

Staff had supervision every six months and an annual performance appraisal. In addition to this the registered manager worked at least one shift a week and supported staff as and when they needed to. The registered manager said that working alongside staff helped them to address any issues and gave them a better insight to the work people were undertaking. Staff said they found this helpful. We saw that staff had undertaken all mandatory training which included manual handling, safeguarding and infection control. There was a system in place to ensure that training was up to date and staff said they were given opportunities to undertake training which could lead to further qualifications such as a certificate in care. One health professional we spoke to said that they felt, particularly the lead nurses, were competent and confident in their abilities to deliver care and recognised when people's health was deteriorating. They went on to comment that they were confident that if the home contacted the surgery that the information they shared would be correct and that any visits made to the home were necessary. One of the people told us "[Nurse] would not leave me until they had been able to sort out the problem I was experiencing even though they were due to finish their shift."

People were involved in decisions about the way their support was delivered. We observed staff asking people where they wished to sit for dinner and when people were being given personal care we could hear the member of staff explaining to the person what they were doing and asking them if they were alright. Their care was regularly reviewed and people and their families were fully involved in this process. We observed when relatives were visiting there was an open dialogue between staff and relatives. One relative said "Staff know [Name] well and always come when called."

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. We saw a daily record kept in each person's room which included information about what they had drunk and ate each day. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian seeking advice and guidance. One person told us " There is always a drink on offer."

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. People told us the food was good and there was enough of it, one person commented "The food is excellent, there is always plenty of choice and the staff bend over backwards to give you what you want."; another person said "The cook always comes to tell us what is on the menu and if I don't want what is offered they will cook me my favourite, chips, eggs and beans." During the inspection the majority of people either chose to eat in their rooms or were not well enough to eat in the communal area. The people we observed were able to eat their meals at their own pace and staff checked with everyone if they had had enough or wanted more. There appeared to be enough staff to support those who needed some assistance with their meals. People who were unable to chew food or had difficulties with swallowing had their food pureed; food that needed to be pureed was kept separated to enable people to experience the different flavours of the food they were having. Staff said it was important to ensure that although pureed food may not be the most visibly appetising keeping the different flavours and textures separate was important to enhance the persons' experience of their meal. The cook was regularly updated on any special dietary requirements, need for fortified foods and any specific likes or dislikes for people.

We saw from the care files that a variety of health professionals supported the home, this included physiotherapists, chiropodist and speech and language therapists. The nursing staff had the appropriate training and updates to perform nursing tasks on those people with nursing needs. We spoke to one of the local GP's who visited the home and they felt the home contacted them appropriately when needed.

Where people assessed needs indicated that they needed specific equipment this was provided. For example, a person who was assessed as being at risk of developing pressure ulcers had been provided with pressure relieving equipment and these were being used correctly. Those people who used a hoist had their own slings. The registered manager told us that before anyone came to live at the home they ensured that any specialist equipment they needed would be got before they came.

Is the service caring?

Our findings

People received their support from staff who treated them with kindness, compassion and respect and who engaged in conversation with them. We observed staff spending time with people either in their own rooms or in the lounge chatting. One person said "The staff look after me very well in deed. Their attitude is beautiful and they always come if I call." Another person said "I like it here; everyone is very cheerful and friendly." Relatives we spoke to all commented on how good the care was. One relative said "The care is very good; everyone knows [Name of relative] and comes into see them." (this person was nursed in their room)

Staff respected people's dignity and right to privacy; we saw that when people were supported with personal care doors were closed and we could hear staff explaining what they were doing. People had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. We heard one member of staff say "Is it ok if I come into clean. How are you today?"

People's individuality was respected by staff; responding to people by their chosen name and talking to people about their interests. It was clear from the interactions we witnessed that the staff knew people very well and made time to spend with people. One person commented "This is a good home I know all the staff by their first name and they all help me if I need help."

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "I can get up when I want and the staff always ask me how I want things." Another person said "If I prefer to have a day in bed I can do." One person told us that they preferred their own company and stayed in their room and that staff came in throughout the day to check they needed anything. We read in people's care plans that discussions had taken place with people about what their wishes were in relation to if or when their health deteriorates. We read a note sent in from a family of a person who had recently passed away "I would just like to say a huge thank you to you all for the help and support you gave me looking after [relative]. You certainly made their last few weeks of life the best they could possibly be."

There was information available about an advocacy service. The registered manager said they knew they could contact the advocacy service if they needed to but at present the people living in the home were able to speak up for themselves or had families who could support them.

The atmosphere in the home was friendly. Visitors were welcomed at any time with a smile and staff took time to speak to people as they came in. One member of staff commented "Sometimes we help the relative just as much as the people we care for." One relative told us "Everyone is very approachable." Another relative commented "I come and go whenever I want to." We read a comment from one family "Everyone is very cheerful towards residents, staff are caring and competent."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess what equipment may be needed to support them, for example, a hoist or air mattress for those people with mobility difficulties. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw the information gathered which was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences. There was a four week period after admission which allowed people time to see whether the home was right for them and for the home to ensure they could meet the individual's needs. The registered manager explained that the four week period enabled them to seek further advice and support to ensure they could meet people's needs and expectations; if the service was unsuitable for people the registered manager sought support to help move people to a more appropriate place.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person; this included information on moving and repositioning people, what people had drunk and what personal care needs had been undertaken. Each person had their own slide sheet and appropriate hoist sling. Care plans were reviewed on a regular basis and people had a care plan agreement in place which relatives also had signed to say they agreed with the planned care required where people did not have the capacity to consent to their care.

We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. People were encouraged to follow their interests; for example staff told us about one person who loved to play cards, we observed the person playing a game of cards with a member of staff. Another person had an interest in World War II, the staff had introduced the person to another person in the home to enable them to reminisce and share their experiences. One of the staff had also taken on the responsibility of organising social activities such as a summer fete, Halloween party and had organised a singer to come in at Christmas in the absence of the activities co-ordinator. One person told us "There are plenty of activities if you want to join in." Another person said that there was not always a lot to do but that was often because a lot of the people preferred to stay in their rooms watching television, reading or doing jigsaw puzzles.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family

member. The registered manager told us that they tried to resolve any concerns as quickly as possible and we saw that where complaints had been raised the registered manager had responded promptly and sought the relevant advice and support to resolve things. One person said "I have no complaints but I would talk to the manager if I did."

There was a 'Feedback tree' in the hallway asking people, their families and visitors to the home 'how can we get it even better?' and 'What are we doing well'. Everyone was encouraged to add a leaf to the tree with their comments. Some of the comments we read were "relative comfortable and content", "staff cheerful."

Is the service well-led?

Our findings

Everyone we spoke to spoke positively about the registered manager and lead nurses. The people living in the home said they were approachable and took time to listen to them. The staff said the management were supportive, fair and listened to them. Health professionals said they had confidence in the registered manager and lead nurses.

Communication between people, their families and the service was encouraged in an open way. We saw visitors to the home talking with staff that offered feedback or had a general discussion about how they felt the person they were visiting was on that day. Both the registered manager and lead nurse actively engaged with visitors and demonstrated knowledge of all the people living in the home.

We could see that staff worked well together and were supportive to each other and the people living in the home. The registered manager regularly worked alongside the staff and encouraged all the staff to take time with people. People commented that they got to speak to the cook and the maintenance person each day. Team meetings took place on a regular basis and minutes of these meetings were available for everyone to read. The meetings enabled staff to give feedback on current practices in the home and an opportunity to share good practice. There was a culture of openness and a desire to do better to provide the best possible person centred care and experience for people and their families.

The registered manager had taken part in the 'My Home Life' initiative, which is an initiative that promotes quality of life and delivers positive change in care homes for older people. As a result of taking part in the initiative the registered manager had introduced the 'feedback tree'. They had developed a detailed hand over brief which was particularly useful for any new or relief staff as we saw it gave detailed information at a glance of what care and support people needed and their likes and dislikes; people had been allocated a keyworker which meant each member of staff was given more time to gain a more in depth knowledge of a person living in the home.

People were encouraged to feedback and share their experiences. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content with the care they received however the environment was not as people wanted. Prior to the inspection we had received comments from people who were unhappy with the room their relative had stayed in and felt the home did not consider the overall well-being of people living in such a poor environment. We could see that areas of the home had been redecorated and carpets and flooring replaced. The provider explained that there was a refurbishment programme in place but they were experiencing some difficulties in one area of the home due to planning regulations. If the refurbishment could be concluded more quickly this would benefit all the people living in the home. A health professional told us " The clinical care of people is good, but the owner needs to invest more to improve the overall environment for people."