

Beaufort View Limited

Beaufort View

Inspection report

1 Beaufort Road
Southbourne
Bournemouth
Dorset
BH6 5AJ

Tel: 01202418877

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22 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 20 and 22 July 2016. Beaufort View provides accommodation and support for up to eight adults diagnosed with a learning disability. At the time of the inspection eight people lived at the home.

Beaufort View had 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.

People were protected from harm. Staff understood about safeguarding adults and knew what action to take if they were concerned about someone. Robust recruitment ensured staff employed were suitable to work with vulnerable people and medicines were managed safely.

Staff told us they were well supported by the management team and people said that staff had the right skills and knowledge to support them. People's consent was sought and staff acted in accordance with the Mental Capacity Act. People were supported to maintain their physical and mental health and well-being because staff helped them promptly when they needed to see a GP or other health or social care professional.

People told us staff were very kind and caring. One person told us, "I am happy here and everything is happy for me". A staff member said, "It's a home from home".

People's needs were assessed and planned for and support was delivered in accordance with people's plans. People told us that staff responded quickly to their requests for help or support.

Staff sought feedback from people about their experiences to improve the quality of care provided at Beaufort View. Feedback was obtained through a variety of methods because some people did not communicate verbally. There were checks in place to ensure the service people received was safe, effective, caring and responsive.

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.

Staff recognised the potential signs of abuse and knew what action to take if they were concerned or worried about someone.

Risks to people were assessed and actions taken to make sure people could do what they wanted to do without the risk of avoidable harm.

Recruitment was robust to ensure staff employed were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff were confident they had the right skills to support people and told us their training was effective.

Consent was always sought and staff worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and menus were based around what people liked to eat.

Is the service caring?

Good ●

The service was caring.

There were positive caring relations between staff and people. People told us they liked the staff who worked at the home.

People were actively supported to express their views. Staff used a range of techniques to make sure they understood what people's views were, including the views of people who did not communicate verbally.

People's privacy and dignity was upheld.

Is the service responsive?

Good ●

The service was responsive.

People' received personalised care that met their needs. Care plans were written from the person's perspective and pictorial aids helped people and staff understand specific aspects of the plans.

There was an effective complaints system in place.

Is the service well-led?

Good ●

The service was well-led.

There was an open positive culture that empowered people and supported their independence.

The service had systems in place to make sure the care and support delivered was of a high quality.

Beaufort View

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 20 and 22 July 2016 and was unannounced. One inspector visited the home on both days of the inspection.

During the two day inspection we met most of the people living at the home and spoke with two of them. We also spoke with the manager and five members of staff.

We spent time observing how people were supported in the communal areas of the home and observed how staff interacted with people. We reviewed specific care records for six people who lived at Beaufort View. We also looked at records relating to the management of the service including staff recruitment, appraisal and training records, accident and incident records, staff meeting minutes and medicine administration records.

Before our inspection, we reviewed the information we held about the service and also looked at information about incidents the provider had notified us of.

Is the service safe?

Our findings

People told us they felt safe living at the home.

There was guidance for staff on safeguarding in the office and displayed in a communal area of the home. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff recognised signs of abuse and knew what action to take, including contacting external organisations to raise concerns, if they were worried about someone.

Risk to people were assessed and mitigated to ensure they could live full and active lives. For example, one person was developing skills of independence and they had a risk assessment about how they could safely use the kitchen. The assessment provided staff with information about the main areas of risk to the person and how these could be mitigated to help the person learn to prepare hot drinks and snacks. Another person had a risk assessment and care plan in place because their skin integrity was at risk and a third person's plan provided staff with detailed guidance in how to respond in a medical emergency. Where any accidents or incidents occurred the manager had implemented a system to make sure these were investigated and analysed for patterns or trends to reduce the risk of harm to people.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The manager told us that there had been a staffing problem earlier in the year because a number of staff had left in quick succession. This was backed up by concerns raised by people in response to a question about activities in their quality assurance questionnaire. The manager confirmed that recruitment had been undertaken and staff told us the situation had been resolved to make sure there was enough staff deployed to support people with the things they wanted to do.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There were safe medication administration systems in place and people received their medicines when required. Medicines were securely stored in lockable cabinets and the medication administration records (MAR) were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to periodically check their competence to administer medicines.

Is the service effective?

Our findings

People told us staff were skilled at helping and supporting them. One person said, "They have helped me build my confidence".

Staff told us they were well supported by informal day to day guidance and supervision meetings. One member of staff told us, "It verifies you are doing everything you can" and another commented on their supervision saying, "It's nice to hear positive things".

Staff told us they had received the right training to make sure they had appropriate knowledge and skills. Training covered a variety of areas including manual handling, food safety, health and safety and first aid, nutrition, record keeping and infection control. There was a system in place to make sure staff received further training or updates as and when these were required.

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.

Staff sought people's consent including offering choices before they helped or supported them. We heard staff asking people things like, "What would you like to do?", "What do you want for dinner?" and, "Where do you want to go?". People made their own decisions and we saw that staff acted on them. Staff told us about how they made sure people made their own decisions and that they acted upon them. One staff member said, "It's their home and their choice, they can do whatever they want to do". We asked one person who was in charge of their life and they replied, "Me".

Where people lacked capacity to make a specific decision, mental capacity assessments and best interests decisions were in place. At the time of the inspection the manager was investigating other best interest tools that would enable these decisions to be recorded in a more person centred way.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required. Where there were conditions attached to an authorisation the manager had ensured these were acted upon. This showed that people's rights were protected.

People told us they liked the food they ate and the pictorial menu board in the lounge showed people had a number of daily mealtime options. One member of staff took responsibility for making sure people had a well-balanced diet and had choice over what they preferred to eat. They used a variety of techniques to

discover people's dietary likes and dislikes including observations and daily feedback. Mealtimes had also been evaluated as part of the homes quality assurance to make sure staff understood what meals people had enjoyed and how mealtimes could be further improved.

People were supported to see a range of health and social care professionals when they needed to. Records showed that people had seen their GP, nurse, optician and dentist on a regular basis. People had also been supported to access more specialist services such as Speech and Language, Physio and Occupational therapists, and hospital consultants where they needed to.

Is the service caring?

Our findings

People told us staff were caring, respectful and kind. Our observations showed people appeared happy and contented. They freely approached staff to spend time with them or ask for assistance.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. For example, staff used visual guides to support people to make choices and observation techniques to assess what people had enjoyed. They reviewed these regularly and this also formed part of the home's quality assurance to make sure staff had a good understanding of what people were saying about their lives.

Staff knowledge was backed up with detailed guidance in people's care plans. These described people's likes, preferences and dislikes. They provided guidance on people's communication, such as 'when I do this, it might mean this'.

People's dignity was respected by staff. People had responded to a quality assurance question about dignity and privacy positively. Staff described the ways they upheld people's dignity and privacy for example, knocking on people's bedroom door, and ensuring curtains were closed when people were supported with personal care. We saw that this happened during the inspection. The manager told us that dignity and privacy formed part of staff training and was an important aspect of their initial induction to the service.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, one person had a particular faith. Attending their church was one of their goals. Their goals were pictorially displayed next to their bed so they could easily see what they wanted to achieve. Staff told us about how they had supported the person to attend their church.

People's bedrooms were personalised and decorated to their taste. For example, one person liked music and when we met them in their room they were listening to the music they enjoyed. Their bedroom had posters of their favourite bands and staff told us about a festival they were attending to listen to live music.

People and their relatives were given support when making decisions about their preferences for end of life care. We looked at one person's end of life care plan. This had been developed sensitively with family members and the staff's knowledge of the individual. It detailed important things about how and where the person wanted to be cared for should they become very poorly.

Is the service responsive?

Our findings

People told us staff readily and quickly helped them when they requested support. Observations confirmed this, with staff quickly and sensitively responding to people's request for assistance.

People's needs were assessed before they moved into Beaufort View. This ensured staff understood what help or support an individual needed and were confident they had the right knowledge and skills.

From these assessments detailed care plans were drawn up. These were written from the person's perspective and provided staff with in-depth guidance about people's routines and their health, well-being and social needs. For example, some people had specialist dietary requirements. Staff had worked with Speech and Language Therapists to produce guidance that identified risk, safe food and drink and techniques to ensure people remained safe whilst promoting their independence.

People were supported to do the things they wanted to do. A member of staff said, "We try our best to get them out into the community doing the things they want to do". During the week of the inspection one person was attending a music festival and other people had been on picnics, out to the pub and to local visitor attractions. At home we found people had spent time in the garden and some people had had pampering sessions.

Handovers between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. The manager told us, "It's all about having good communication".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The complaints policy was displayed in a communal area of the home. People told us they were confident they could raise a concern and that they would be listened to. Staff knew what to do if someone wanted to make a complaint. We reviewed the complaints received by the home in 2016 and found these had been investigated and resolved promptly.

Is the service well-led?

Our findings

People told us staff listened to them about things that were important and staff told us the home was well led. The manager commented on the open, inclusive culture of the home saying, "It's all about learning from people".

People, their relatives and staff had opportunities to feedback their views about the home and quality of the service they received. We reviewed the feedback given by people and found it was generally positive. Where people had said an area needed to improve the manager had taken action to address their concern. The questionnaire findings fed into an annual service development plan. We saw that this was used to make sure improvements happened. For example the environment had been improved through a new kitchen and the refurbishment of the lounge.

People and staff told us the manager was effective and responsive. Staff added the manager was a positive role model and promoted a positive culture. The manager told us, "I am a 'hands on' manager and work on the floor; it's more of a proactive approach". Staff confirmed this telling us the manager was, "Flexible", "Helpful and a 'hands on' manager", "Approachable" and, "The best manager we have had".

People's records were up to date and organised in a way that made information easy to access.

There were a variety of checks and audits in place so that the home knew the service they offered was safe, effective, caring and responsive. Where changes were required as a result of audit findings these happened to ensure the service continually improved the quality of service people received. This ensured people were being cared for safely, effectively and in a responsive way.