Wentworth Healthcare Limited

Beaumont Court

Inspection report

North Petherwin
Launceston
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Date of inspection visit:
22 October 2018

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19 November 2018

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

We carried out an unannounced inspection of Beaumont Court on 22 October 2018. Beaumont Court is a care home which provides care and support for up to 40 predominantly older people. People living at Beaumont Court had physical health needs and mental frailty due to a diagnosis of dementia. At the time of this inspection there were 38 people living at the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The services registration and regulated activities had changed since the previous comprehensive inspection in July 2016. The service was no longer registered to provide the regulated activity nursing care.

Beaumont Court is an extended historic building in its own extensive grounds close to the town of Launceston. The service is divided into three separate households. The main house is on two floors with the upper floor accessed by a stair lift. The other two households are single storey with patio doors leading onto the landscaped gardens. All rooms had en-suite facilities and there were shared bathrooms, shower facilities and toilets. Each household had its own lounge and dining areas. Hawthorne Avenue was waiting for the construction of a conservatory to extend and improve the living area of this facility.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

The service had registered onto the Butterfly Project. A model of care specifically designed to promote quality of life outcomes for people living with dementia by educating staff in delivering person centred and relationship focused dementia care. The butterfly system aims to improve people's safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. A staff member said, "It's all very new but I am loving the changes and the difference its making for residents and staff." It was anticipated the service would receive accreditation for this project by the end of the year. A family member told us the type of care their relative received meant, "[Relative name] is safe and content here. I feel I have got my dad back."

Risks to people were assessed and actions were identified and implemented to keep people safe. Staff understood people's psychological and emotional needs and appropriate support was provided to meet them. People had regular access to healthcare professionals and staff worked collaboratively with them.

People's medicines were managed and administered in line with best practice and staff had received

medicines training and their competency had been assessed.

Where people had capacity they and their relatives told us they were happy with the care they received and believed it was a safe environment.

The design of the service meant people living with dementia conditions lived in the various households depending on the level and effect of dementia they were experiencing. For example, Cherry Tree Lane was designed for people with lower physical and mental dependency levels, Hawthorn Avenue was designed and staffed to accommodate and support people going through mid-stage dementia. Willow Walk supported people with a higher level of needs for their physical and mental health.

In general, the atmosphere was generally calm and relaxed. People were not restricted in respect of their movement around their area of the home were living in. People were observed to be spending their time in communal areas, their own rooms or in the garden with support from staff. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

The service used an electronic care planning system with essential information in paper format, used in case of emergency. Care plans contained information about the person and what their individual needs were and how they would be met. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff responsible for people's care.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the necessary skills for their role. Formal systems for supporting care staff were in place.

Staff understood their roles in safeguarding people from abuse and records showed staff responded appropriately to incidents. The registered manager monitored accidents and incidents. These were reflected upon and where necessary lessons were learnt to mitigate those risks. There were a variety of checks and audits undertaken at the service to identify and respond to any issues.

People were regularly asked for their feedback and regular meetings took place to involve people in the running of the home. There was a complaints policy in place and records showed complaints were responded to in line with this policy.

Staff supported people to eat food that matched their preferences and met their dietary needs. Relatives told us they were made to feel welcome and staff knew what was important to people.

The environment supported people living with dementia. For example, signage throughout the service showed pictorial images to indicate the rooms function. Some people had 'This is me' information to support staff to get to know the person, their likes and dislikes, hobbies and interests. In addition, there were 'This is me' information and photos of staff members working at the service. This helped people and family members to get to know staff who supported them or their relative. Throughout the communal and dining areas there were 'tactile' items which people could pick up, feel and talk about. This was based upon good practice in dementia care. We observed people touching items and discussing them with staff. It was clearly successful through the observations made throughout the inspection.

The provider had systems in place to monitor the quality and safety of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Beaumont Court

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 unannounced inspection took place on 22 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Prior to this unannounced inspection we reviewed the information we held about Beaumont Court. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. A notification is information about important events which the service is required to send us by law. We checked safeguarding alerts, comments and concerns received about the home.

During the inspection we spoke with the registered manager, deputy manager, nine staff members, including the cook and administrator, seven people living at the service and four visiting relatives. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We used the Short Observational Framework Inspection (SOFI) during the morning and afternoon periods. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

Some people using the service had limited verbal communication. For this reason, we also spoke with relatives and staff to see how they felt people were supported to be safe. People told us they felt they or their relatives were safe when being supported with their care. Observations made during the inspection visit showed people were very comfortable in the company of staff supporting them. Family members told us they visited unannounced at various times and felt there were always enough staff supporting their relatives. They told us, "I visit at different times and I am always made to feel welcome. The staff know [relatives name] very well and I know she is safe here," and "[My relative] is as safe as anywhere here. Safer than they are with me at home"." People using the service told us, "I feel safe here. No reason not to be" and "I feel safe. Absolutely."

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition, hydration, and personal care. Where a risk had been clearly identified there was guidance for staff on how to support the person. This was to minimise hazards and keep the person safe, while maintaining as much independence as possible. For example, how to manage a person's fluctuating moods. Staff were very aware of the person's needs and triggers. The person's life history was extensive and supported staff to safely manage the persons behaviours in the least restrictive way. We observed a staff member supporting the person on a one to one basis to keep them safe. They were observed to spend time in close proximity but not in a way which was overbearing. Where people required equipment to support them when moving, records clearly instructed staff as to how to do this safely. Staff were seen to be safely operating equipment during the inspection. Staff could tell us about people's individual risks and how they were being managed.

Where people required mattresses to support their risk of skin damage they were being regularly checked to ensure they were safe to use for the specific needs of that person.

Accidents, incidents and near misses were recorded, tracked and monitored by the management team. These records were regularly reviewed and audited to identify possible trends or patterns and to help minimise the risk of repeat occurrences. For example, there had been an incident where a person had fallen from a sling during personal care. The registered manager and deputy manager had reflected on this incident, supported the staff through personal supervision as part of reflective practice and reviewed current procedures and training for staff.

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of, or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered manager or deputy manager. Staff were updated in safeguarding issues during personal supervision so their knowledge reflected current good practice.

We observed the service was being staffed in numbers which met people's individual needs. Staff told us they felt staffing levels on the individual households were good. Comments included, "It's such a different way of working, but I think it's better because we have more time to spend with residents and in smaller groups" and "It's important we work as a team and as you can see it seems to run very smoothly some of the time." As well as having fixed call bells people had pendant call bells which meant they could summon staff support when they were mobile. We observed call bells were responded to quickly. The staffing rota showed there was a skills mix on each shift so that senior staff worked alongside care, domestic housekeeping and catering staff.

The way medicines were dispensed had been reviewed and changes made to reflect the objectives of the 'Butterfly Project'. This meant people received medicines safely but at a time that suited them. For example, if a person had a disturbed night they were left to sleep and would not be disturbed to take their medicine. There was an exception to this if specific medicines were required at certain times. We checked to see if medicines which were prescribed to be taken only if required [PRN], were being managed safely. Records showed staff were diligent in recording the times these medicines had been administered to ensure there were suitable gaps between doses. This was in line with current pharmaceutical guidance.

Medicines were being administered as prescribed. There were individual wall mounted locked medicine storage cupboards in people's rooms. Staff told us this system was more person-centred. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the temperature was consistently monitored. The service was holding medicines that required stricter controls. The controlled drug records were accurately maintained. When checking two people's records the balance of this type of medicine was accurate. Records showed the administration of controlled medicines were always checked by two appropriately trained staff.

We found staff had been recruited safely and had checks in place to ensure suitable staff were employed. Those we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position.

The environment was clean and well maintained. There was a system of health and safety risk assessments. There were current service certificates for the gas supply, electric, water supply and fir systems had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. One person told us, "They check them every Thursday; they warn us and then the doors close and they test the alarms." There was a record of regular fire drills. There were Personal Emergency Evacuation Plans (PEEPs) in place. These informed first responders to an emergency to enable them to support an evacuation if necessary.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Comments received from people who lived at the service included, "There are always two staff helping [my relative]. They [staff] do it well. No problem" and "I have every confidence with the staff here. They all know what they are doing and are good at it."

Staff were supported in their roles by the registered manager to reflect on their practice and professional development. Staff appraisal records included reflection on person centred care. The registered manager told us this supported staff to reflect on the importance of person centred care especially with the development of the Butterfly Project.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Beaumont Court. We observed staff positively engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff were observed to stop and speak with the person to ask if they were comfortable or wanted something. Where a person required one to one support this was being carried out in a dignified and sensitive way, so that the rights of the person was respected by the care worker who gave them the space to move around unrestricted. During the SOFI observations we found staff were continuously engaging with people effectively and people appeared comfortable in the presence of staff members.

People's needs and choices were assessed prior to moving to Beaumont Court. The registered manager or deputy manager visited the person either at home or hospital, to carry out an assessment which took account of their physical and emotional needs. The registered manager told us it helped them assess whether Beaumont Court would be the right place for the person. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

Staff received training in equality and diversity which focused on current Equality Act legislation and ensured staff understood what discrimination meant and how to protect people from any type of discrimination.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were restrictions in place including locked entrance and exit doors

with key pad codes and pressure mats to monitor movement. In all instances 'best interest meeting's' had taken place and authorisations were being monitored and reviewed as required.

Staff were aware of the importance that people who lived at Beaumont Court were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Family members told us they were satisfied with the way they were informed about their relatives change in health and wellbeing. Care records showed visits from health professionals including General Practitioners (GP's) and a range of other health professionals were involved with people when necessary. They included social workers, physiotherapists and dieticians amongst others. The service worked closely with the Dementia Liaison Team who supported people with dementia conditions through specialist input and assessment to measure progress of the disease and to provide the service with any specific advice to enable them to effectively respond to peoples changing needs. A relative told us, "Each Wednesday there is a regular visit from a GP and my [relative] can see the doctor if necessary. They will also call an out of hours doctor when required."

The service used a range of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment. The care planning system was electronic and staff were familiar with it. They told us information was updated constantly so there were no delays in reporting any changes.

Meals and mealtimes were an important part of the day for people to get together and share the experience. To support this staff sat at the tables with people and ate their own meals. This encouraged communication between people. For example, we observed staff talking with two people about lunch and what they were enjoying most about it. The approach to the dining experience was seen to be a positive and inclusive time for people. Staff told us it had made mealtimes less stressful and challenging. If people wanted to get up and move around they were not restricted in any way. People told us they liked the meals and said, "I can't fault it, there is enough choice," "If I don't like it, chef gets me something else I do like."

Lunch involved staff bringing a range of prepared food to each dining room table and serving it to people individually. People were also encouraged to serve themselves food where they were able. This supported people to make choices and have control over the portions. Soft diets were not plated up separately but served along with other food so meals were inclusive. Staff conversations included, "Mealtimes are much less stressful the way we do it now" and "Lunch time can sometimes go on for a long time but we are driven by the residents and every day can be different." There were drinks and snacks available to people throughout the day and night. A staff member said, "It's like this all the time. If residents are up in the night and want a snack they can do. Just like they would at home."

The service was divided into three individual areas with key codes to move between them. In general, the service was designed to support people's individual needs. However, the middle household Hawthorn Avenue, had been adapted from a previous layout when it was a nursing home. Being the central household, it did not have a lounge area or a conservatory which the other two households did. The effect of this was that the lounge and living area in Hawthorn Avenue was busy with people moving around throughout the day. We discussed this with the registered manager who told us plans were in place to add a conservatory to the middle household so people had more space to use. It was planned this would be actioned very soon.

All bedrooms were provided with en-suite facilities. There were bathroom/shower rooms and toilets on each floor. Each room had a nurse call system to enable people to request support if needed as well as mobile alarms. Aids and hoists were in place which me the assessed needs of people who lived at the home.

Good

Is the service caring?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Beaumont Court. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "There has been a total change to our approach to care. It's much better because it gives people individual time and we do things in their 'real' time which is important for people with dementia." A person using the service told us, "They [staff] have been very good at sorting things out for us [family]. They really have been very good."

Care plans were personalised to the person and gave clear details about each person's specific needs and how they liked to be supported. For example, when a person's emotional and behaviour needs had increased, additional welfare checks had been put in place to support them. The care plans included information about people's care needs as well as their emotional and social support needs and how they would be met. For example, end of life care and what activities they enjoyed. Where necessary this information was shared with other relevant health professionals, to ensure they had information about people's individual needs.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. Monitoring records were completed appropriately. This meant staff could monitor and respond to changes in people's health effectively.

Daily handovers provided staff with clear information about people's needs and kept staff informed as those needs changed. Daily records maintained by staff on duty detailed the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people.

The registered manager told us the approach to activities and events had changed since the previous inspection. This was due to the service promoting person centred care. They told us, "We have come away from a lot of group activities to focus on what residents want to do and what is meaningful to them personally." Staff were seen throughout each of the households to be spending time with people individually or in small groups. For example, during the morning a member of staff was sitting with a group of three people. There was a box of costume jewellery being shared. It generated a lot of discussion, laughter and reflection on personal times for people. A family member told us their relative enjoyed activities available to them. They said, "They have bingo, quizzes, board games, cooking classes and crafts and can go on walks."

The service was investigating ways of using technology when providing activities. For example, the service had links with Exeter university and had trialled the use of virtual reality headsets [computer generated images or stimulation that can be interacted with in a seemingly real or physical way]. The service had found it to be a positive way to support people living with dementia, because of the potential visual experiences it could offer. The registered manager told us they were looking at ways the technology could be beneficial for

people. For example, if people had been involved in farming they might be able to experience driving a tractor again. Work to develop this was continuing.

There were end of life procedures in place to take account of people wishes wherever possible, as well as ensuring the service could access any specific medical needs for people at these times. This helped the service to contact and liaise with the end of life service ensuring peoples urgent care needs were supported. The service worked closely with families and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

Good

Is the service responsive?

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People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Beaumont Court. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "There has been a total change to our approach to care. It's much better because it gives people individual time and we do things in their 'real' time which is important for people with dementia." A person using the service told us, "They [staff] have been very good at sorting things out for us [family]. They really have been very good."

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Good

Is the service well-led?

Our findings

People told us they were very happy with the service and how it was led. Comments included, "The managers are very good. They ask if everything is ok" and "I have been to two resident's meetings – they keep me informed." A relative said, "They [managers] keep us up to date and if there is something important they always call my other sister" and "Whenever I call in I usually meet with [managers names]. I think [relatives name] has thrived and the changes have been positive."

There were clear lines of accountability and responsibility within the service. The registered manager worked closely with the deputy manager and administration team. People told us that the registered provider communicated with the service regularly. Family members told us they had every confidence in the management team. They felt that there was a strong sense of community and staff teams worked well together. They felt that the changes in the approach to care had been, and were frequently discussed with them through informal discussions.

The management team and staff were following the 'Butterfly project' and 'Dementia Care Matters' models of care. These initiatives had been introduced ten months before the inspection. Staff told us they felt it was a very different approach to care but one they felt was the best way forward. They told us they had received ongoing training to help them understand the concept and delivery of care using this approach. The registered manager and deputy manager told us they were very pleased so far with the integration of this approach to care and how it had benefitted people living at Beaumont Court. They said, "It really is the best thing we've done" and "We've got everybody on board and I use my meetings and regular updates to support staff and families."

Staff felt supported by management team. A staff member said, "We [staff] are made to feel we can go to the managers if we are not sure about something or just need that bit of extra support. We all work well together and communicate as a team." Staff told us the support of the registered manager and deputy manager was good and they had regular contact with them. Daily handover meetings took place between shifts and where possible the managers attended. There were monthly staff meetings and staff told us they were encouraged to make suggestions.

The registered manager regularly checked and monitored the quality of the care that people received. A variety of audits were carried out that checked areas such as health and safety, documentation, medicines and infection control. Records showed these audits were robust and identified any areas for improvement. For example, where medicines audits picked up any errors such as missed medicines the deputy manager supported staff through supervision and updating training.

People's views were considered through annual surveys. The most recent survey showed people were satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. However, there were no specific issues found during the most recent survey and comments were overall positive.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. There were policies and procedures to support the management team in this.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including GP's and district nurses.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it.