

Beaumont Care (Aldershot) Ltd

Beaumont Village

Inspection report

Beaumont Village Office
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Tel: 01252346777

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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 inspection took place on 18 October 2017 and was announced. It was the first inspection of the service since it registered with the Care Quality Commission on 30 September 2016. Beaumont Village is an extra care service providing support to people living in apartments and bungalows within the grounds of the village complex. The service operates from an office within the village. At the time of the inspection they provided personal care to 21 people.

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

Recruitment procedures helped to ensure suitable staff were employed at the service. Appropriate recruitment checks were carried out. However, the provider had not gained a full employment history for all staff and was therefore unable to identify and check for gaps in employment history. This had not had an impact on people and the registered manager took immediate action to rectify this when it was pointed out to them.

People were safe and well cared for. They were involved in planning and reviewing their care. Staff sought consent before they provided care and support. People felt staff treated them with respect and dignity. Staff had received training in safeguarding people and understood their responsibilities to protect people and report any concerns. They were confident any issues reported regarding people's safety were dealt with promptly by the registered manager.

Medicines were managed safely and people received their medicines when they required them. Communication in the service was efficient and staff were promptly provided with up to date information concerning people's care. When necessary staff contacted healthcare professionals to seek advice regarding people's well-being.

Staff received an effective induction and ongoing training. They received support through one to one supervision meetings and annual appraisals were planned. The registered manager was praised for their support and staff acknowledged there was an open door policy. People too, commented on how the registered manager's door was always open if they wished to speak with her.

People were treated with kindness and compassion. We were told staff were caring and respectful and they preserved dignity and privacy when supporting people. People were helped to remain as independent as they wished to be and the service aimed to enable people to stay in their own home for as long as they wanted. People were able to discuss their wishes regarding the care they would like to receive at the end of their lives.

Attention was paid to people's diversity and they were assisted to meet their cultural and spiritual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People's views on the service were sought, they felt they were listened to and acted upon. Complaints were investigated and responded to in accordance with the provider's policy.

Regular monitoring of the service helped to maintain and improve the quality of the service. Links with the local community were fostered and people were helped to avoid the negative effects of social isolation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had a recruitment system to ensure staff were suitable to care for vulnerable people. However, a full employment history was not available for all staff. This was addressed immediately at the inspection.

Medicines were managed safely and people received the support they required to take their medicines.

People felt safe when supported by the staff. They were protected by staff who understood safeguarding policies, procedures and reporting requirements.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before staff provided support and their rights were respected.

Staff received effective induction, training and ongoing support through regular one to one supervision and staff meetings.

Staff sought professional advice with regard to people's health and well-being when necessary.

Is the service caring?

Good ●

The service was caring.

People's choices were respected. They felt listened to and involved in their care.

People were supported by regular care staff who knew them well.

People felt they were treated with kindness and respect. Staff encouraged people to be as independent as they wished to be.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and kept under review. They and when appropriate their families, were involved in planning their care.

People felt the service was flexible and responded well to their needs.

People's feedback and views about the service were sought. People knew how to make a complaint or raise a concern if necessary. They were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. Staff felt supported by the registered manager.

The registered manager provided clear expectations to staff with regard to the values of the service and led by example.

The quality of the service was monitored and the registered manager and provider sought to improve and develop the service.

Beaumont Village

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 18 October 2017 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available to assist us. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of important events relating to the service which they must tell us about by law. A Provider Information Return (PIR) had been completed. 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. We used this information to help us plan the inspection.

We also considered the responses given to the questionnaires completed by three people and a relative of a person who uses the service as well as six staff. We contacted five community professionals including service commissioners and received feedback from three. We contacted the local authority safeguarding team who told us there were no current concerns with the service.

During the inspection we spoke with five people who use the service and three relatives of people using the service. We spoke with the registered manager and three members of care staff. We received written feedback from a further 12 staff. We looked at records relating to the management of the service including four people's care plans and associated records including those for medicines administration. Four staff files and recruitment records were reviewed as well as a selection of records relating to the management of the service including, policies and procedures, the complaints log, training records, quality assurance audits and accident/incident records.

Is the service safe?

Our findings

The provider had a clear recruitment procedure which included carrying out a Disclosure and Barring Service (DBS) check for each prospective member of staff. This ensured they did not have a criminal conviction that prevented them from working with vulnerable adults. References were requested to establish character and behaviour in previous employment. Employees signed a health declaration stating they were fit to carry out their role and this was checked by the registered manager. All relevant recruitment documentation was on each staff file however, a full employment history had not always been recorded. Therefore we could not be certain that all gaps in employment had been noted and explored. We discussed this with the registered manager who took immediate action and agreed to capture this information and ensure it was included in the recruitment process in the future. There had been no impact on people using the service due to this omission. The registered manager told us they had changed the recruitment process to include the views of people who use the service. Part of the interview now involved candidates being involved in what was known as a working interview. This involved candidates spending time with people who use the service. The registered manager ensured people had given their consent and candidates were always under the supervision of a member of the management team during this process. Candidates were then observed in the way they interacted with people. People's views on how comfortable they felt with a candidate and their impressions helped to make the recruitment decision.

Risks relating to people's individual needs were assessed. For example, when people were at risk of falls or required assistance with mobility. If risks were identified, guidelines to minimise them were written. These were available in people's care plans and helped staff to keep people safe. However, there was some repetition within the care plans and the information was not always easy to find or detailed. The registered manager had begun to look at a clearer method of recording to help ensure staff had clear and sufficient detail. They agreed they would prioritise this action following the inspection and commented, "Safety is the key." Then explained how the risk assessments were "dynamic and on-going" in order to adapt to people's changing needs. It was evident that people's risks were mitigated through this ongoing process and the effective communication between the staff team. People's home environment was also assessed and identified risks were highlighted to care staff. Staff were aware of the importance of monitoring and reporting risks. They noted changes in people which may increase risk and reported these to the registered manager.

People told us they felt safe using the service. They said the care staff helped them stay safe and commented they were happy with the service they received. One person said "I'm safe here. Absolutely and totally," while another was emphatic when they told us, "Oh yes, completely safe." A relative commented, "Their response to the emergency button is very quick, I'm very impressed." People told us they knew who to speak to if they ever felt unsafe. It was clear from our observations during the inspection they felt able to approach the registered manager about any worries.

Staff had received training in safeguarding vulnerable adults and additionally this was a topic discussed at staff meetings to remind staff of their responsibilities. They told us they were confident in being able to identify what signs may indicate a person had been abused and gave examples. Staff were aware of the

reporting process for safeguarding and whistleblowing concerns. They told us they would have no hesitation in reporting anything at all that concerned them. Small laminated cue cards had been prepared with important contact numbers for reporting concerns. This meant staff had instant access to this information should it be necessary. They were confident that action would be taken about any concerns raised but knew which authorities outside their own organisation they could report to if necessary.

People told us staff generally arrived on time to visit them and if there were any delays it was usually because another person was ill or needed extra help. On these occasions the registered manager or deputy would let them know or step in and carry out their care. An on-call system was operated outside office hours and staff told us they could contact the person on-call when necessary. The registered manager told us the staff who were part of the on-call rota lived locally and could be at the service in a short amount of time.

Staff had received training in the safe management of medicines. Their practice was observed by the management team prior to them being able to support people with medicines independently. People who required assistance with medicines had a medicines profile in their care plan. This contained important information as well as a photograph to help staff manage their medicines safely. The administration of medicines was recorded on a medicines administration record (MAR). Medicines and MARs were audited by the management team on a monthly basis and when an error was identified action was taken promptly. For example, a change had been noted in one person's medicines received from the pharmacy but the service had not been made aware of this change. The registered manager contacted and wrote to all pharmacies they work with and the GP surgery to request that changes are made clear. People told us they received their medicines when they required them and staff gave them appropriate support.

Accidents and incidents were recorded and monitored. For example, following a fall an investigation revealed the possible cause to be the person's slippers. It was recommended a new pair be purchased in order to try to prevent a further fall. Staff took action in the event of an emergency. For example, calling the emergency services if a person had fallen or was unwell. Emergency procedures such as the fire procedure were practised and the provider had business continuity policies for dealing with emergencies such as fire, flood and loss of information technology.

Is the service effective?

Our findings

People and their relatives thought the staff who visited them were well trained and had the skills and knowledge to care for them. One person said, "They are wonderful, they know exactly what they're doing and (are) always willing to go the extra mile." A relative remarked on how staff were confident in what they did and thought they had been trained well.

Staff received an induction when they started work at the service. Staff new to care work completed the care certificate standards. These are an identified set of 15 standards that health and social care workers adhere to in their daily working life. Those who already held nationally recognised qualifications were assessed to check their competency. In addition to this, all staff completed a period of shadowing during which they worked with more experienced staff who knew people well. One experienced staff member told us, "Even though I have lots of experience I had two weeks shadowing so I could get to know people, it was very good."

Training was provided in core subjects such as moving and handling, safeguarding of vulnerable adults, managing medicines, infection control and health and safety. The registered manager told us this training would be refreshed periodically. Now the service had been operating for a year some training was due to be refreshed. The registered manager was planning this for those staff who required it. In order to improve and enhance the training provision the registered manager told us she would be attending some train the trainer courses. This meant she would be able to deliver face to face training specifically designed around the needs of the service. Staff also received training in topics related to the people they cared for such as dementia and Parkinson's Disease.

Assessments of learning and practical skills were carried out during routine visits to people. The registered manager and the deputy both spent time observing staff in their work and discussed issues around practice with staff during one to one supervision meetings. However, we noted there were no detailed records made of these observations. The registered manager had identified this and said, "I plan to introduce robust evidence of observational checks for all staff." One to one meetings contributed to the staff feeling well supported. They all told us the management team were very approachable and they could seek advice at any time. Annual appraisals were planned for the coming month for those staff who had worked for the service from when it opened in October 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA. People's right to make their own decisions was promoted and staff

worked with the principles of the act providing information and encouraging people to make decisions. Staff told us and people confirmed they sought consent before they offered care. Whenever possible people had signed their care plan to indicate their understanding and consent. Some people had given power of attorney to representatives to make decisions on their behalf. Where this was the case appropriate paperwork had been verified and a copy was on file.

Staff assisted people with nutrition if this was part of their care needs and when necessary careful monitoring of people's dietary intake was undertaken. When required people were supported to seek and follow advice from appropriate professionals, for example, speech and language therapists and epilepsy specialist nurses. Although people were encouraged to manage health appointments independently or with the assistance of their relatives support was provided if that was what people wanted. People told us staff would call a doctor or other health professionals if necessary.

Is the service caring?

Our findings

People told us they felt the staff knew them well and their care and support was delivered by a consistent team. They described the care staff as "warm," "caring and kind" and "like angels". One person told us, "They don't get enough credit for what they do, nothing is ever too much trouble." Care and support was provided in a sensitive manner, taking people's wishes and preferences into account. The registered manager knew the staff team well and recognised their particular strengths. They used this knowledge to plan the most appropriate staff to support people.

People praised the service and the support they received. One said, "I feel like I've come home at last, I've no complaints whatsoever." They went on to praise the kindness and compassion shown by the staff. A relative was equally complimentary and said, "They are all wonderful, I couldn't manage without them." People spoke about having a laugh with the care team when they visited, one said, "[Name] makes me happy, we have such a laugh."

People confirmed care staff were introduced to them before they worked with them independently. The registered manager told us she felt it was important that staff were introduced to people. She liked to observe interactions between them to help ensure compatibility and also to check staff understood people's personal preferences.

Staff supported people to maintain their independence and care plans directed staff as to what people required support with and what they could do for themselves. One person said, "I can do a lot and they let me but if I need them to do something I only have to say and it's done." People's privacy and dignity were protected. We observed staff knocking or ringing door bells, waiting to be answered or calling to ask if it was alright to enter people's homes. A relative told us, "They handle privacy and dignity very well." People told us staff were, "Very respectful" and "Extremely respectful and they always protect my dignity."

People's diverse needs were considered as part of their care. For example, the registered manager was seeking support for one person to help them maintain a connection with their religion so they could continue to practice their faith. The registered manager described how the service embraced people from "all walks of life". They told us there was a resident's committee at Beaumont Village and through this they had been able to introduce sharing of different cultures. As a result a series of events celebrating culture was planned, the first being a Thai evening.

The registered manager indicated in the provider information return that the service wished to work toward the gold standards framework in providing end of life care. We were told this training was planned for next year. The registered manager explained that as part of a return to nursing course undertaken in preparation to manage the service, they had undertaken a placement at a hospice. This had inspired an holistic approach to the care they wished to provide at Beaumont Village. This was in order to be able to offer end of life care to people in their own home if that is what they wished. She said, "We are privileged to be able to assist people to have a good death and if people want to stay here we want to be able to help them but we want to do it well." People were given the opportunity to discuss their wishes for end of life care and where

they had made advanced decisions these were recorded so that staff were aware of their wishes.

Is the service responsive?

Our findings

People described the service as being flexible and responsive to their needs. They told us they were happy with the service they received and commented on the willingness of staff to "go the extra mile" and "go over and above what's expected".

Before using the service, people's needs were assessed. People and families were encouraged to write or provide information about their past lives so that staff could learn about them. The assessments and information were then used to plan the care and support required. The resulting care plans provided information to enable staff to deliver personalised care for each individual. However, we noted it was not always easy to locate information and some information was duplicated within care plans. The registered manager had identified this as an issue and had begun to work on developing alternative recording. Care plans were explained to people and whenever possible they had signed to indicate their agreement. Staff told us any changes to a person's care plan were communicated to them promptly either through the daily care notes, verbally or via the communication book. They were confident they always received the most up to date information to enable them to care for a person.

The registered manager gave us examples of how staff were quick to pick up changes in people and report them promptly so appropriate action could be taken to respond. One such example involved a person becoming withdrawn. The registered manager visited the person and after a discussion was able to establish the cause and arrange for an event which restored the person's emotional wellbeing. Another example resulted in prompt medical attention being sought when a person was unwell.

Feedback was sought on a regular basis from people and their relatives. We observed people were happy to approach the registered manager and speak with her. They confirmed they could give her feedback at any time and they were regularly asked if they were happy or had any concerns when she visited them. As the service had just reached its first anniversary, a quality assurance survey was about to be conducted. We were told the results would be analysed and shared with people.

The provider had a complaints policy and procedure and people told us they had been made aware of how to make a complaint if they needed to. Each person's care file contained information about the service and what people could expect from it. There was a section on how to complain, raise concerns or compliment the service. People said they had not had cause to complain and if they had any minor worries they were dealt with quickly by the registered manager. We reviewed the complaints log and saw two complaints had been made. Both had been investigated in accordance with the provider's policy and responded to. One had not been resolved at the time of the inspection but the other had been resolved to the satisfaction of the complainant. We saw the service had received many thank you cards and written compliments expressing gratitude for the care and support provided.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since the service began in October 2016. There was an open and welcoming atmosphere in the service. People and staff clearly felt at ease approaching the registered manager who we observed engaging with and advising people and staff on a variety of matters throughout the day. Staff spoke positively about the registered manager and told us they felt she listened and supported them in their role. They were able to ask for advice or raise concerns and felt they would be listened to. They told us they were certain appropriate action would be taken to deal with any issues reported. One commented, "[Name of registered manager] is always there for us and she listens to you. She gets on to things straight away if need be." Another said, "I get excellent support, [name of registered manager] is the best manager I've ever had, totally understanding."

People spoke very highly about the management of the service. They complimented the registered manager on her leadership, one said, "[Name of registered manager] has the highest standards and the staff follow her example." Another said about her, "she's a good leader." Relatives also had praise for the leadership in the service. One said they valued the time spent by the registered manager, "Getting things right for their family member." Another said, "[Name of registered manager] is totally approachable."

The culture of the service was focused on supporting people to live as independently as possible in their own apartments or bungalows. The registered manager was keen to provide a service that enabled people to stay in their own homes for as long as they wished. She explained how the service was created with this value in mind when a person who lived in Beaumont Village required a level of support that could no longer be provided by the domiciliary care service they were using at that time. This meant they had to go to a nursing home which had a devastating effect on their wellbeing. It took a significant amount of time and hard work on the part of the registered manager and provider to establish the service and register with the Care Quality Commission (CQC). However, after a year, the person is now settled back into Beaumont Village with the care and support they require and is very happy to be "home". The registered manager said, "I have the greatest respect for [name], it is a privilege to be able to give her the care she needs to stay here which is her wish."

The service had a set of values which the care team were committed to. Staff spoke about working together as a team to deliver the care people wanted. One member of staff told us, "This is a lovely place to work". Another said, "I am very happy and proud to be working at Beaumont village." A third added, "I enjoy working at Beaumont Village and all the Staff."

Meetings were held for the staff each month and the minutes indicated they were well attended. Meetings provided the staff team with time to come together and share ideas. Important matters about the service were discussed, such as developments in the training programme, record keeping and team work. Staff were encouraged to offer their views, make suggestions and share information at these meetings. It was evident that when actions had been required they had been followed up and implemented.

Links with the local community were encouraged and people supported by the service were encouraged to

take part in and integrate with others who lived in the village but did not access the care service. Regular outings in the minibus were supported by a member of the care team if required. Primary school children visited from time to time as did the local 'Beaver' group (part of the Scouting Association), while links with a large supermarket had led to raffle prizes being donated for charity events.

There were systems in place to monitor and improve the quality of the service. Audits were undertaken by the registered manager on a regular basis. They included the auditing of care plans and medicine records and systems. Records relating to the day-to-day management of the service were up-to-date and accurate. There were policies and procedures in place which covered all aspects relevant to management of the service.

The registered manager was keen to develop her own knowledge and ensure the care team were up to date. At the time of the inspection they were undertaking a level five qualification in leadership and management. The provider supported the registered manager who said she felt she could seek advice when necessary. She acknowledged the regular contact she had with the provider and told us decisions about the service were made jointly after discussion. The service subscribed to professional journals and made use of relevant internet resources such as the CQC website to keep abreast of current best practice.