

The Royal Agricultural Benevolent Institution

Beaufort House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Beaufort House is a care home. People in residential care homes receive accommodation and 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.

Beaufort House accommodates up to 37 older people. At the time of the inspection 33 people were living there.

People's experience of using this service:

Medicines were not being administered safely and records were not accurate and up to date. The storage of Medicines required improving along with how medicines were left unlocked. The service had no effective audit in place that identified shortfalls relating to the safe managements of medicines. Care plans were not always personalised with important information and some risk assessments required additional information.

Staff received supervision, training and an annual appraisal. People were supported by staff who were kind and caring and who had built a positive caring relationships with people. Staff knew who to raise concerns with and different types of abuse. People felt about to raise a complaint should they need to.

People were happy with the service and all felt the registered manager was approachable and friendly. All people felt safe. People were supported to access medical appointments and health professionals when required. People had their views sought and had access to activities such themed days, live music and days out. Staff were able to demonstrate a good understanding of dignity and respect and how to promote independence.

People were supported by staff who have checks undertaken to ensure they were suitable to work with vulnerable adults. Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified.

Rating at last inspection: Outstanding (published December 2016).

Why we inspected: This was a planned inspection based on previous rating. At this inspection we found a deterioration had been made and the overall rating had changed from Outstanding to Requires Improvement.

Follow up: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Beaufort House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out on the first day by one adult social care inspector, an Expert by Experience and a specialist advisor who was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was carried out by one adult social care inspector.

Service and service type:

Beaufort House is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We also looked at information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people and five members of staff, as well as the registered manager and deputy manager. During the inspection we reviewed five people's care and support records and four staff files. Following the inspection we contacted five relatives but were only able to gain views from two. We

also contacted one health care professional. We looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not safely stored. For example, the medicines trolley was left unattended and unlocked with medicines being accessible to people, staff and visitors. The medicines trolley was left unlocked whilst the member of staff administered medicines to people and all staff had access to the medicines room. This meant all staff could access the medicines room and therefore the medicines that were left unlocked whilst people were administered their medicines. The medicine's trolley wasn't securely locked to the wall. Following the inspection the provider confirmed the medicines trolley was now securely locked to the wall.
- Medicines Administration Charts (MARs) were not always accurate and up to date. Staff were signing to say people had received their medicines when it was either being prepared or had been left for the person to take later. People who required staff to administer topical creams had no body map in place. Body maps are important as they give staff clear instructions on where to apply the cream and how often. People's records had missing signatures where staff had failed to confirm people had received their topical creams as required. People who were going out for lunch were missing some medicines as staff were not administering the persons medicines on their return, which meant they had missed doses. Following the inspection the provider confirmed they had implemented actions to address these shortfalls found during the inspection.
- Staff were not undertaking a review of the amount of stock so that amounts, and totals could be carried over. This is important as by having a clear stock count means any errors or missing medicines can be accounted for. The registered manager following the inspection confirmed amendments had been made to the records so that stock totals could be recorded in the future.
- Eye drops were not being discarded inline with their expiry date. Action was taken following the inspection to ensure all eye drops out of date were to be discarded.
- Medication scripts sent to the pharmacy were inconsistent in the information retained. On some requests the service retained no record of the original request made. Another person had conflicting information on their MARs chart to their original medication script. This hadn't been identified when the medication had been received. Following the inspection the registered manager confirmed they had taken action to address this shortfall found during the inspection.
- Staff had no access to liquid hand gel on the medication trolley, this is important because staff can use the liquid hand gel in-between administering people their medicines. This reduces the risk of cross contamination. Following the inspection the registered manager confirmed they had taken action to address this shortfall found during the inspection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager confirmed new body maps had been implemented and eye drops were to be disposed of within the expiry dates. The medicines trolley was not to be left unlocked and that a new lock had been arranged to lock it to the wall and the room lock had also been changed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew who to go to should they have concerns. Staff were able to described different types of abuse. One member of staff told us, "Its talking to them horribly or pinching them, not feeding people or giving them drinks". All staff confirmed who they would go to internally and externally if they had concerns regarding anyone's safety. The registered manager following the inspection had undertaken some safeguarding refresher training with staff.
- People and staff felt the service was safe. One person told us, "I feel I am safe here". Another person said, "I feel safe here and very secure".

Assessing risk, safety monitoring and management

- People's care plans had risk assessments in place that identified risks, equipment and what support people required. However there was minimal information telling staff what sling loop was required for which movement. Another person had limited information relating to their mobility and how their health condition could affect their walking. We fed this back to the registered manager who sent confirmation of actions taken following the inspection.
- The provider had a risk assessment in place for pets within the service.
- Actions were taken by the service to ensure people had equipment to keep them safe. For example, one person had been issued with a safety tracking device that alerted staff if the person went out of a specific range. Another person had access to lighting that supported their hearing impairment.
- Fire safety checks were undertaken and there was an emergency protocol for staff to follow in the event of a fire.
- The service had emergency plans in place that confirmed what support the person required in the event of an emergency.

Learning lessons when things go wrong

- Incidents and accidents were recorded including an overview of actions taken so trends could be reviewed and similar incidents from occurring again. The provider reviewed these across all their services.

Preventing and controlling infection

- The home was presented well. It was clean and odour free.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff were knowledgeable about when and how to wash their hands. Liquid hand wash and paper towels were available for staff to use throughout the service.

Staffing and recruitment

- People were supported by enough staff and call bells were answered quickly.
- Staff had checks undertaken to ensure they were suitable to work with vulnerable adults. Checks included a full Disclosure and Barring Service check (DBS) and references.
- The registered manager confirmed the service never used agency staff. Staffing levels reflected people's needs. Staff did not raise any concerns about staffing levels.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One person required a mental capacity assessment and best interest decision as they lacked capacity. The registered manager following the inspection confirmed they had addressed this shortfall.
- The service submitted DoLS applications for people when required. Records confirmed those authorised and those pending.

Staff support: induction, training, skills and experience

- Staff received supervisions and an annual appraisal. Records confirmed these were an opportunity for staff to discuss any problems and to identify any training needs.
- Staff received training to ensure they were competent and skilled to support people with their individual needs.
- New staff undertook the care certificate, which is a recognised set of standards for staff working in care.
- The provider has a proactive support and appraisal system for staff which recognises that the continuing development of skills, competency, and knowledge is integral to ensuring high quality care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans had important personalised information relating to people's individual needs such as any audio and visual aids they used.
- Staff had variable knowledge around protected characteristics under the Equalities Act 2010. For example, not all staff were able to identify all the protected characteristics such as race, age and gender. Following the inspection, the registered manager confirmed the action taken.

Adapting service, design, decoration to meet people's needs

- People's rooms were well presented, clean and personalised to their personal preference.
- The building was well maintained and had various areas where people could sit and relax.
- Outside there were areas to sit and relax. Within the grounds there was a green house, scooter park, conservatory and various flower beds.
- There was a hearing loop system, which people could benefit from if they experienced problems with their hearing.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services and appointments when required. This included, GP's, district nurses or other professionals.

The providers information return (PIR) sent prior to the inspection confirmed the service liaised with various health care professions such as GP's, dietitians, mental health teams and psychiatrists. By liaising with these professional's people experienced positive outcomes and healthier lives.

- During the inspection we observed a member of staff taking people to hospital to visit their spouse and for medical appointments.
- Feedback from a health care professional was positive and they confirmed referrals were appropriate and timely. They told us, "The communication is very good. They are always welcoming and friendly when we visit, and people look quite comfortable and happy".

Staff working with other agencies to provide consistent, effective, timely care

- The service sought advice and support from other agencies so that people could receive effective care. This included, liaising with hospitals, health care professionals and other professional's relevant to the individuals care.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food. One person told us, "The food is very good here, I have a very particular diet which I have had help to follow. I have been offered different food". One relative told us, "The food is excellent".
- The kitchen had a five-star rating from its recent inspection in May 2019. Kitchen staff were trained to food and hygiene level 3 training and the service was a member of the National Association for Care Catering.
- People spoke highly of the social area where they could order a drink and catch up with people. One person told us, "There is a bar here, I can have a gin and tonic here when I want to. It is like being in a hotel here, it is so comfortable and the day I walked in I felt like I was walking into a family".
- Meal times were relaxed, and people could choose to have their meal in their room, or one of the lounges or the dining area. The dining tables were presented with condiments and table cloths. Hot and cold drinks were available throughout the service. People and visitors could make themselves hot drinks in the kitchenettes that were on each floor of the service.
- Arrangements were in place for food to be locally sourced where possible. For example, bread is supplied locally and fresh fish from the fishmongers. Meat is organic and is supplied by a local farmer. This is important to the people as its the farming community supporting local farmers.
- The providers PIR confirmed people could go out on weekly shopping trips this was so people could purchase smaller specific food preferences that were important to them.
- People were part of resident's meetings which were opportunities for people to discuss menu choices throughout the year.
- People's care plans contained important information relating to any specialist equipment the person required with their individual dietary requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All people, relatives and health care professional felt staff were kind and caring. One person told us, "[Staff name] is lovely to me and so is [Staff name], they are very kind and listen to me." Another person told us, "They really go the extra mile here. [Staff name] is very patient. They are very friendly and always take the time to talk to us." Another person said, "It is great, thumbs up everyone here is so capable and considerate." One relative told us, "Its first class. [Name] is very happy. Staff are good nothing is too much trouble". One health care professionals told us, "Staff are very friendly and helpful".
- People felt the home was a nice place. One person told us, "It is very nice living here. The carers are wonderful. You can have a chat if you want to."
- People appeared well cared for. For example, people were well presented with their hair well-presented and clothes that were cleaned and ironed.
- People felt staff were respectful and people had built positive relationships with the staff. One person told us, "I'm always respected and listened to". People and staff showed positive caring attitudes towards each other. For example, people asked staff if they had a nice holiday they also confirmed how much they had been missed. The member of staff said they would come and find them this afternoon and see how they have been.
- People were supported by staff who would work outside of their normal working hours to support them with a trip into town for example.
- People and relatives had provided various positive thank-you's and compliments about the service. Comments included, 'To all of you staff and residents, [thank-you] for the wonderful care and friendship you showed to both my parents'. Another compliment included, 'To all at Beaufort. Thank-you so much for looking after our [Name] so well. You are all wonderful and we know [Name] is very happy with you all'.
- People were supported by the service with flowers, cakes, and cards when important events and anniversaries arose.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to give examples of how they promoted people to be independent. One member of staff told us how they always encourage people to do what they can for themselves.
- Staff were able to demonstrate how they supported people with their dignity and respect. For example, staff confirmed they would close bathroom doors and windows, knock on people's doors and close curtains when required.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care and support. Staff gave examples of how they supported people to make choices relating to their care and support needs.
- People were involved in making daily decisions about their care. Care plans confirmed if an advocate was involved or if the person had someone with power of attorney. An advocate can represent the person to exercise their rights.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most people's care plans were current and up to date. However, one person's care plan had a lack of information relating to their spiritual wishes, involvement with the church and their interests regarding developing the service.
- People's care plans contained limited information relating to the persons likes and personal preferences relating to hot and cold drinks and snacks and meals. The registered manager confirmed the activities co-ordinator was working with people to improve their care plans and 'This is me' document.
- People's care plans contained important information relating to their medical conditions such as diabetes.
- People had access to various activities such as singers and musicians, trips out, knitting and seasonal fares. There was also a green house where people could plant seeds and people were encouraged to participate in gardening around the grounds of the service. One person told us, "I enjoy knitting. I enjoy gardening and doing the weeding outside, so I am able to get involved".
- Another person told us, "There are things put on the board for us, most of the time it is singing which we really enjoy. Two girls came yesterday to sing, they were truly marvellous".
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.
- People were supported and encouraged to have family and friends visit and dine with them. This could be any time of the year, but Sunday roasts and Christmas dinners were a popular choice. Visitors could also stay in a guest room within the service should they wish too. The registered manager and care staff on Christmas Day spent time with people and had dinner and played games.
- People were supported to attend important family events such as weddings. Staff undertook this in their own time.
- People were able to access transport to take them to the hospital and health appointments. One person told us, "My [spouse] is in hospital. I can't drive, and Beaufort House have arranged for me to be taken which I think is absolutely fantastic". Another person told us, "I get a driver that takes me to the hospital and health appointments, so it is very easy".

Improving care quality in response to complaints or concerns

- People knew how to complain, and all felt happy with the care they received. One person told us, "I would know how to make a complaint if I needed to. They are very good and always tell me if there is anything I am unhappy with then I must complain". Another person said, "If I wasn't happy with anything, I would speak to the Manager".

- Complaints were logged, and actions taken to prevent similar incidents from occurring.

End of life care and support

- People's care plans contained important information relating to their end of life wishes and funeral arrangements. However, some people's care plans required additional information relating to their regular hospital appointments and input from other health professionals. Following the inspection, the registered manager confirmed actions they had taken.
- People received care and support from health care professionals should they require end of life care. One health care professional told us, "The communication regarding end of life is very good they liaise with us well".
- People's families could meet at the service before the funeral. Families could also make the service the starting point for their beloved one's last journey which allows people and to pay their last respects.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now, deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audit systems were not effective as they had not identified the shortfalls found at this inspection.
- Some people's care plans had missing information relating to the sling loop the equipment needed to be used on as well as a medical condition that could affect someone's walking.
- No medicines audits were being undertaken to identify shortfalls found during the inspection. The last medicines audit was undertaken by a pharmacy in July 2018. Shortfalls were found relating to poor records, poor practice and medicines not being held securely. Following the inspection the registered manager confirmed they had arranged for an external audit to be undertaken.
- The registered manager confirmed they undertook a review of people's care plans. However, there was no documented audit tool in place that confirmed what care plan had been reviewed and what actions were required and when this had been undertaken. We found during the inspection shortfalls relating to mental capacity assessments, risk assessments and a lack of personalised information.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager following the inspection sent confirmation they had arranged for an external audit to be undertaken of medicines.
- The registered manager also sent an action plan following the inspection of actions taken following the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had daily handover meetings. These meetings were an opportunity to discuss updates and changes to people's care and support. Along with any planned appointments and any other important information that staff needed to know that day. Staff also had staff meetings with the registered manager.
- People, relatives, health care professionals and staff feedback were sought. Resident meetings were an opportunity for the management to listen to people's views of their care experience. This meant the service could make improvements following the feedback received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff were happy with the service and felt the registered manager was approachable and easy to talk to. One person told us, "You can go to [The manager] and speak to them about things and how you feel". Another person said, "I like the manager, she is alright, and we have a good laugh". Another person said, "I would always go to the manager. They are very friendly and approachable".
- During the inspection, we observed the registered manager and the deputy spend time with people asking them how they were and if other aspects of their lives were alright. They knew people well.
- People felt the environment reflected things that were important to them. One person told us, "I really like the dog, she is lovely. We used to have collie dogs, so it reminds me of that. We get some other dogs visiting as well". Another person said, "I work with the manager to talk about ideas. I have put in some wild flowers around by the Beech tree, so it will spread and cover a lot of ground. I think the [manager] is great, they ask me what I would like to talk about and they are very approachable".
- Staff spoke positively of the team work and the culture in the service. One member of staff told us, "It's a lovely environment. I'm very lucky here, lovely manager. It's a very good place". Another member of staff said, "It's a nice environment, a happy place I like working here. Very good team work".
- The provider was supported by volunteers who had a long established relationship with people living at the service.
- The aim of the service was to provide care and support to people from a farming background. The trustees come from a farming background and most people choose Beaufort House as they identify the ethos and lifestyle provided at the service. There is an internal magazine as well as a listing of events happening within the farming community. The Trustees are highly committed to the quality of care delivered at the service. They personally attend the home and support various events throughout the year.
- Notifications were made when required this is when certain changes, events and incidents that affect the service or the people who use it are experienced. The service was displaying their rating in the main entrance.

Working in partnership with others

- The registered manager worked in partnership with outside agencies such as the Local Authority. Following the inspection, they confirmed the service was part of, 'Proud to Care campaign'.
- People played an active part in making suggestions about improvements to the service. For example, one person confirmed they were liaising with the registered manager about a new fountain in the garden and how the local college could be involved in this. The person had also raised ideas about how solar panels could also be used.
- People participated within the community. For example, people were actively involved in the gardens at the home and entering, 'Its your neighbourhood' annual gardening scheme.
- The registered manager liaised with outside agencies such as the local authority, district nursing teams and GP's, safeguarding, DoLs and Social work teams. One health care professional said, "There very good at liaising with us if they need equipment".
- People had access to weekly GP visits within the service.
- The service had positive relationships with hospices and additional support centres.
- The service had purchased a vehicle which has been specially adapted to support people with their mobility needs. The service could also use this vehicle to support people with their discharge from hospital.

Continuous learning and improving care

- The registered manager spoke positively of keeping up to date with changes to equipment, care and practice. They felt it was important in order to provide good care that the service works hard to maintain a

high standard and that they personally were responsible for keeping up to date with changes in practice and equipment. They kept up to date with changes by attending conferences and seminars.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk because medicines were not stored, recorded and, administered safely. 12). (2), (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to identify shortfalls relating to the management of medicines, and risk assessments, a missing mental capacity assessment and best interest decision and personalised information through effective audits. 17). (2), (a)