Barchester Healthcare Homes Limited

Prestbury Beaumont

Inspection report

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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

About the service
Prestbury Beaumont is registered to provide accommodation, nursing and personal care for up to 43 people. The care home is part of a care complex set in its own grounds, comprising of privately rented bungalows and apartments and a care home. There is also a domiciliary care service registered at the same location. This provides a service to people living in the apartments which are in the same building as the care home and the bungalows that are adjacent to the main building.

At the time of the inspection 16 people were using the service for accommodation and personal care.

People's experience of using this service and what we found
People living at Prestbury Beaumont received safe and effective care. Safeguarding systems, policies and procedures ensured people were safe and protected from abuse. Risks to health safety and welfare were identified and managed safely with the involvement of the person or their representatives.

Nursing, care and ancillary staff were employed in enough numbers to meet people's needs and safe recruitment procedures were followed.

Systems were in place for reporting accidents and incidents and learning from them.

Medicines were managed safely and effectively.

The management team, nursing and care staff had formed trusting and positive relationships with people and their family members.

People told us they were supported and treated with dignity and respect. They benefited from a comprehensive assessment of their health and social care needs and were involved in the development of care and support plans that reflected their needs, personal preferences, likes and dislikes.

The atmosphere in the home throughout our inspection was warm welcoming and sociable. People had access to a range of activities that interested them and felt they were supported to maintain relationships with people that were important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet and were able to access health care services as and when needed.

A visiting doctor spoke highly of the staff and management team, reporting that they worked in partnership with them to ensure that people's health care needs were met.

People and family members were given opportunities to openly express their views and opinions and felt listened to. Concerns and complaints were responded to effectively and managers and staff learned from experience.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

New staff received induction training before they could provide care and support. They benefited from ongoing training including nationally recognised qualifications in health and social care. Morale amongst the staff team was good. Staff told us that they appreciated support, guidance and direction of the management team.

The provider and management team demonstrated a commitment to continuous learning, improving the service and the delivery of person-centred, high quality care by engaging with everyone using the service and stakeholders.

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

Rating at last inspection
The last rating for this service was good (published 11 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Prestbury Beaumont

Detailed findings

Background to this inspection

Background

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Prestbury Beaumont is a care home. 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 service had a manager registered with the Care Quality Commission. This means that 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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two family members about their experience of the care provided. We spoke with ten members of staff including the registered manager, nurses, care workers, the activities coordinator, the house keeper, the maintenance operative, administration staff and the regional manager.

We reviewed a range of records. This included three people's care records, and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection.
We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visited the service to gather their views on the quality of care provided.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Their comments included; "Yes I feel safe, valued and respected" and "I feel safe and secure, that is one of the main reason for living here". A visiting relative told us, "Safe yes the staff are exemplary. They provide exemplary care."
- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted abuse and what action to take if they saw any incidents of concern.
- The manager reported any safeguarding concerns to the local authority and CQC as required.
- A representative of the local safeguarding authority provided information which showed us that the registered manager and staff worked in partnership with other professionals to ensure people were safe and protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Effective systems were in place to identify, manage and mitigate risk, to help keep people safe.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan (PEEP).
- Regular safety checks were carried out on the environment, equipment and utilities.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines on an as and when required basis.

Staffing and recruitment

- There were enough suitably, skilled and experienced staff on duty to safely meet people's needs. People and family members spoke highly of the nursing and care staff their comments included: "I feel safe, valued and treated with respect. We could always do with more staff, but they work hard, and my needs are met very satisfactorily. I have never had any trouble with any of the staff" and "They (the staff) are such nice people, very well trained and always extremely polite, accommodating and treat everyone with such sensitivity and kindness."
- The provider had effective policies and procedures for the safe recruitment of staff. Before being offered a job, applicants underwent a series of pre-employment checks to check their suitability for the role.

Preventing and controlling infection

- The environment was clean and well-maintained. Staff had clear schedules to follow to maintain

standards of cleanliness.
● Staff received training in infection control. We saw them wearing appropriate protective equipment during our inspection.
● The provider carried out regular checks and audits to ensure that effective infection control measures were safely followed.

Learning lessons when things go wrong
● All accidents and incidents were clearly recorded along with the action taken.
● These were analysed by the manager and deputy manager to look for trends. Records showed action was taken when things had gone wrong to ensure people were safe.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the person's needs had changed.
● People were involved in discussions about their care and their outcomes were good. All the people we spoke with had something positive to say about the staff, and the standard of care provided. , One person told us, "Staff understand my needs and personal preferences, I know my care plans and risk assessments because staff have been through them with me and I have agreed them".

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed and planned for using a nationally recognised tool.
● Records showed that people were offered and, where necessary, supported with sensitivity and care to eat a balanced and nutritious diet.
● People had access to drinks and snacks throughout the day and people praised the standard of catering. Comments included: "The food is good, varied and nutritious", and "Very good, the food is excellent, and the dining room is excellent too."
●A visiting relative who told us that the standard of care was exemplary, said: "They are monitoring (relative's) weight closely because (relative) has lost a bit and the staff are encouraging (relative) to eat, biscuits and these little cakes they have".
.● As part of the inspection we observed the mid-day meal being served. We could see that the dining experience was relaxed, pleasant and sociable.

Ensuring consent to care and treatment in line with law and guidance
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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met. We found that they were.
● People were supported to be involved in daily decisions about their care and staff sought their consent.
● We saw examples of completed mental capacity assessments for specific decisions and appropriate DoLS applications to the local authority.
●Nursing and care staff had a good working knowledge of the MCA and were aware of those people who were subject to a DoLs and those who had legally appointed representatives.

Staff support: induction, training, skills and experience
● Staff received an induction when starting with the service which was based around the Care Certificate and included shadowing experienced staff to ensure they were competent before they could work unsupervised.
● All staff spoken with presented as skilled and knowledgeable. Training records showed that staff received training in a variety of appropriate and specialist topics to help guide them in their role
● Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular group and individual supervision.
● All people spoken with praised the nursing and care staff. One person said: "The staff are very good well-trained, caring, competent. They know what they are doing and if they don't they find out".

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
● People told us that their health care needs were met.
● People had routine access to healthcare professionals and had been referred to specialists when required.

● We spoke with the visiting doctor on the telephone. They told us that the standard of care was excellent and how the registered manager and nursing staff worked in partnership with them to ensure people's health care needs were met.
● Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.

Adapting service, design, decoration to meet people's needs
● The design and layout met the physical needs of people living at the home.
● Technology and equipment was available to meet people's care and support needs.
● The home was suitably decorated throughout.

Good

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 good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity.

- Staff continued to be consistently caring. They treated people with kindness, respect, promoting choice, seeking consent and offered emotional support when needed.
- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified and met
- The atmosphere in the home was warm and welcoming. We could see that staff had developed good relationships with people.
- People praised the standard of care provided describing the staff and the care as "excellent". We could see from our observations that staff were caring and kind when providing support.
- People's personal information was kept confidentially and securely. .

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

- People, along with family members, were encouraged to share their views about the care provided in care plan reviews, and meetings with the manager and staff. One person said: "There are residents' meetings, staff listen and act on what we say".
- People were provided with Information about services they could access if they needed independent advice and support.

Good

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information of how to support individual communication with people.
- Staff were familiar with each person's communication needs and were observed to encourage and enable people to express their needs and wishes.
- Pictorial menus were used, when necessary, to enable people to make an informed choice.
- People were provided with a copy of the home's statement of purpose and service user guide which provided detailed information on the aims and objectives of the home and facilities and services provided. The manager told us that both these documents could be made available in various formats including easy read, audio, large print, and various languages to aid communication. However, there was no indication in either document to highlight this to a prospective resident. The manager told us that both the homes' statement of purpose and service users guide would be amended to confirm the full range of formats which each document could be made available in.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found that care plans were personalised and reflected the needs of the individual as well as their history and preferences.
- People told us that they were involved in developing, reviewing and revising their care plans as their needs and circumstances changed. A visiting relative told us how they had been involved in all aspects of their relatives care planning. They told us that their relatives needs were met in a way that reflected their personal tastes and preferences and gave examples as to how staff provided person centred care.
- Nursing and care staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The atmosphere in the home was always sociable, welcoming and friendly and on one day a pianist attended the home and gave a piano recital.
- An activities coordinator was employed who provided a range of activities on a group or individual basis and people's hobbies and interests were supported.
- People were supported to maintain relationships and relatives were welcomed into the home.

End of life care and support

● Staff had received training in end of life care and afforded people opportunity to discuss and plan their end of life wishes with support of others such as family members and the person's doctor were appropriate.

● Where required end of life care plans were in place which reflected the persons express needs and wishes and made provision for a comfortable, dignified and pain free death.

●The appropriate documentation, authorised by their doctor, was in place where people had expressed a wish to not be resuscitated .

Improving care quality in response to complaints or concerns

● There was a complaints policy in place and people knew how to raise any concerns they had.

● Complaints were recorded, investigated and responded to appropriately.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their role, responsibilities and regulatory requirements. They had notified CQC about incidents and events which occurred at the service. We found that there had been an undue delay in notifying CQC about one adult safeguarding incident when the registered manager was on leave. However, action was taken at the time of the inspection to rectify this.
- There were effective systems in place for checking on the quality and safety of the service and for making improvements.
- The registered manager understood their responsibilities to act in an open and transparent way when things went wrong. Incidents and accidents were analysed, and learning shared with the staff team, to help ensure people received safe and effective care.
- The registered manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.
- Staff performance, learning and development was monitored through observations of their practice and competency assessments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was person-centred in their approach and actively promoted a culture of person-centred care by engaging with staff, everyone using the service, their family members and loved ones.
- People and their visitors spoke highly of the management team, commending them on their knowledge skills and dedication to duty. One visiting relative said, "I'm very pleased with care, it is excellent, the manager and staff really listen. They have a great philosophy promoting independence, dignity and respect and get the balance right.''
- Morale amongst the staff team was high. Staff told us that they appreciated support, guidance and direction of the management team. Their comments included, "The manager is excellent, their door is always open and overall this is an excellent care home and good place to work" and "The manager is excellent, supportive, dedicated and always available".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The service continued to involve people and family members in discussions about the quality of care

provided.
● Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment.
● Staff told us that they felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
● Managers and staff worked in partnership with other agencies to ensure good care. A visiting doctor spoke highly of the management team commending them and describing the quality of care as "excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
● The ratings from the last inspection were clearly displayed at the service and on the providers website: www.barchester.com