Beaufort Care Limited

Beaufort House

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

This inspection took place on 11 and 12 June 2018 and was unannounced. The previous inspection was carried out on 02 and 03 February 2017 and there had been two breaches of legal requirements at that time. We rated the service requires improvement in two of the key questions, caring and responsive. We found at this inspection significant improvements had been made. The registered manager had submitted an action plan to the Care Quality Commission so that we could monitor the improvements made.

Beaufort House provides accommodation for up to 28 people who require personal care. At the time of our visit there were 27 people living at the service.

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 of the Health and Social Care Act 2008.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People were protected from the risk of infection. Staff understood the importance of infection control and prevention.

People were provided with safe care by adequate numbers of appropriately skilled staff being made available.

Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only appropriate staff were employed to work at the service.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

Staff received training to ensure they had the skills and knowledge required to effectively support people. Staff felt well supported by the registered manager and received regular supervision sessions and appraisals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS.

People were monitored and encouraged with their eating and drinking where required and concerns about their health were quickly followed up with referrals to relevant professionals.

People's personal and health care needs were met and care records guided staff in how to do this. There

was a variety of activities for people to do and take part in during the day, and people had enough social stimulation.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted.

People's needs were reviewed and monitored on a regular basis. Care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint.

People were supported and helped to maintain their health and to access health services when they needed them.

There was system in place for responding to and acting on complaints, comments, feedback and suggestions.

The service was well led and the management promoted a positive culture which was open and transparent. The manager demonstrated good visible leadership and understood their responsibilities.

Quality assurance systems were in place to assess and monitor the quality of service people received and identified any areas that required improvement.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service was now good.

People's dignity was respected. The service had worked hard to ensure improvements were made.

People were supported by caring and respectful staff who knew each person and their individual needs.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.
Staff respected people's privacy and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was now good.

The service assessed the risks to people's health and safety. Daily records were clear and contained comprehensive information regarding changes in people's needs.

Care records were in place for each person as was up-to-date guidance for staff to meet their care and support needs.

Activities were arranged and people benefitted from these by having regular social stimulation.

A complaints procedure was in place and complaints and concerns were investigated and resolved.

Is the service well-led?

Good

The service remains good.

Beaufort House

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 was 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 11 and 12 June 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted four health and social care professionals as part of our inspection and invited them to provide feedback on their experiences when visiting the service. We received a response from one professional. Their feedback has been included in the main body of the report.

During our visit we met and spoke with four people living at the service and one relative by phone. We spent time observing care provided for other people who were unable to communicate verbally. We spent time with the registered manager, deputy manager and four staff members. We looked at six people's care records, together with other records relating to their care and the running of the service. This included audits and quality assurance reports and employment records of three staff.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "Yes I feel safe living here". Another person told us, "I feel safe and the staff are around to help me".

Procedures were in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and we saw they had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff were able to confidently describe to us the types of abuse people were at risk from, and what they would do if they were concerned.

Risks to people were identified, assessed and managed to help keep them safe. Assessments were conducted to assess levels of risk to people's physical well-being. Care plans contained risk assessments which documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling amongst others. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. Where risks to a person were identified, such as risk of falling, a risk assessment was completed and instructions were provided to staff in how to reduce the risk.

We observed the service was clean and tidy and free from any unpleasant odour. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the service to promote good infection control. We observed house keeping staff cleaning the service during our inspection. Staff told us that personal protective equipment such as gloves and aprons for supporting people with personal care was always available to them when they needed it.

People were living in a safe, well maintained environment. The provider employed maintenance staff to ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. There were service contracts to maintain equipment, water checks and electrical safety checks. We found fire safety checks were carried out and these included checks of emergency lighting, fire extinguishers and the fire alarm.

There were enough staff employed to help keep people safe and to meet their needs. Staff told us they had enough time to support people, and we observed staff were not rushed. The service used an agency to cover some shifts which included vacant posts. The agency were able to send familiar staff to work at the service. This ensured people were cared for by a consistent staff team. There were consistent numbers of staff on duty during the day and night.

We looked at three staff recruitment records and spoke with staff about their recruitment. We found that recruitment practices were safe and the relevant checks were completed before staff worked at the service. The provider had recruited a number of staff from overseas through a recruitment agency. A minimum of two references had been requested and checked. Disclosure and Barring Service checks (DBS) had been completed and evidence of people's identification, the right to work in the UK and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may

prevent them working with vulnerable people. We spoke with the registered manager about ensuring that staff recruitment records contained all of the appropriate checks on file. This was because two staff members references had not been printed off the computer and stored with other recruitment records. The registered manager was able to show us evidence these checks had been carried out.

There were systems in place to ensure medicines were managed, stored and administered safely. We checked the medicines trolley and found medicines were stored safely and securely. The trolley was clean, tidy and well organised with opening dates of medicines recorded where needed. Medicines were disposed of safely through a monthly arranged collection service. Controlled Drugs (CD's) were stored in line with legal requirements and temperature checks were carried out by staff to ensure medicines remained at optimum temperatures and were safe to use.

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking to them that the staff were skilled in their role and understood their needs. Staff told us, "The training is good and we are supported by a good team", "We are a good team and regularly communicate with each other" and "We are always learning and developing within our roles".

Staff were knowledgeable about people living at the service and had the skills necessary to meet their needs. Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff who are new to working in care have initial training which gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the staff member felt confident to work alone.

Staff said they attended on-going training on a regular basis. They had access to training relating to people's specific needs for example dementia training. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. The training completed by staff included, safeguarding vulnerable adults, medicines, infection control, fire, health and safety, food hygiene, first aid, moving and handling, end of life care and nutrition. Staff spoke positively about the training provided to them.

Staff meetings were held regularly and staff received regular supervision. Records showed staff had been supported to identify their training and development needs. Staff reported that they were well supported by both the registered manager and deputy manager. We were told this was on a formal and informal basis. The registered manager had a list on the wall in their office with information about when staff supervision was due to be carried out. Each staff member had a designated supervisor who completed their supervision.

Staff understood the importance of obtaining consent before assisting people with aspects of their care. Staff we spoke with told us they had received training in the Mental Capacity Act 2005 (MCA) and could identify where people gave consent. The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two people's applications had been authorised by the local authority. Records showed further application forms for people were awaiting assessment by the local authority or were awaiting a decision to be made. These were submitted as some

people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff.

People told us that they were provided with choices of food and that the quality of the food was good. One person said, "We always have lovely food". Another person told us, "I enjoy all of my meals". One person's relative told us that when they visited there loved one they were always offered tea, coffee or biscuits. They had not stayed for a meal however they said their family member never complained about the food.

Lunch was a positive social experience for people. We observed that staff offered people encouragement to eat and staff were available to assist those that needed help. People chose where they wanted to eat and before any assistance was provided people's consent was gained. People ate at their own pace. Staff offered assistance at various points and checked the person was alright, the person's plate was only collected when the person said they had finished eating. The meal time experience was calm and relaxed and people engaged in conversation with others.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team.

Good

Is the service caring?

Our findings

At our last inspection on 02 and 03 February 2017 we found people's dignity was not always respected. We observed that staff gave peoples eye drops to them whilst they were sat at the dining room table. We also found one person had fallen asleep with their main meal and pudding left in front of them. Another person was eating their main meal and pudding at the same time with a spoon as staff had left both together. People were left for periods of time and did not have constant attention by staff at meal times. At this inspection we found a great improvement had been made. People's eye drops were no longer being administered in the dining room. Staff assisted people with their eye drops in the comfort of their own bedrooms or other private areas of the service. This was done before or after lunch so that people could enjoy the meal time experience with each other. We also observed great improvements had been made at mealtimes with people sat enjoying their meals. People were served their lunch and then their pudding once they had finished their main meal. The meal time experience was calm and relaxed with people being given the assistance they required. Clothes protectors were offered to people if they needed this. We observed plenty of staff were available to support people in the dining room.

The registered manager and staff had worked hard in promoting dignity and respect and had involved the staff and the people living in the service. Since the last inspection the service had taken part in a community project called 'dignity for all'. This was carried out for national dignity day 2018 to raise awareness of the importance of dignity and respect for others. The service worked with people, staff, a local author and a volunteer from the sixth form school. A booklet had been put together and shared with people which drew out the thoughts of people regarding experiences of their life's. The booklet had been written under a number of titles. An example included, 'What it means to grow old and being young then and now'. The booklet was available at the service and provided a good resource for staff on how to respect people's dignity.

People were treated with kindness, respect and compassion and people were given support when they needed it. Staff were seen to be caring towards the people they supported and spoke about people positively and with affection. One relative told us, "The staff appear to be very caring. They all want the best for people". We over heard one staff member assisting a person who was being cared for in bed. On entering the person's room, we saw the staff member was holding the person's hand and were talking to them about the beautiful views they could see.

We asked staff how they promoted people's independence. One staff member told us they encouraged one person to walk with staff to keep them mobile. They did this by offering praise to the person along with reassurance. Another staff member told us they promoted people's independence by encouraging them to eat and drink. If the person had stopped eating their meal the staff knew to prompt and encourage the person to try to eat some more. Other food alternatives were also offered.

Staff came down to people's level where appropriate to speak directly and make eye contact. People had not only evidently built good relationships with the staff but each other. People were engaged in conversations with each other in the lounge and dining areas. There was a friendly and open atmosphere at

the service.

People looked well cared for. People's hair looked clean and groomed. Staff told us personal care was never rushed, as this was a good opportunity to spend time with people. A hairdresser visited the service regularly. Care records included important information about how people liked to be cared for and what was important to them.

Good

Is the service responsive?

Our findings

At our last inspection on 02 and 03 February 2017 we found the service did not always assess the risks to people's health and safety during any care or treatment. Daily notes were not comprehensive in recording information about people's wellbeing. This was regarding incidents, how people were monitored and if they were checked for injury. At this inspection we found a great improvement had been made. People's daily notes contained comprehensive information regarding people's wellbeing. An example being was that one person had become unwell in the days prior to our inspection. The staff had recorded comprehensive notes regarding the person's wellbeing. The service had contacted the person's GP to discuss their wellbeing and had closely monitored them. Another person was also unwell during our inspection and the staff had recorded clear information about the person. They had taken the appropriate action and contacted the persons GP for advice and monitored the person.

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding when meeting people's needs. Where call bells were activated, staff promptly and calmly responded to each one.

People and one relative confirmed they had an opportunity to visit the service prior to making a decision to move to Beaufort House. People had been assessed before they started to live at the service. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant, had been involved in providing information to inform the assessment.

People's care records described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, when care needs changed and were updated involving the person, their relatives and staff. One relatives confirmed they were kept informed of any changes and consulted about their family member's care.

The service employed two activity staff, one working three days a week and one two days. Weekly programmes of activities were arranged. These included activities in the service, such as armchair yoga, musical afternoons and singalong sessions. The service had links with the local community, which included the local school. During our inspection we observed the children visited the service to sing to people. There were plans in place for a reciprocal visit from people to the school. The service continued to take part in the local scare crow hunt. They also took part in the local literature festival.

We spent time with one of the activities coordinators. They were able to tell us about a new project that was being ran by South Gloucestershire Council which the service was involved with. This was called the 'world war two project'. This would involve people taking part in two sessions with a person employed by the local authority. One of the coordinators planned to dress up in world war two character. They planned to play

music from the past and engage people in reminiscence activities. The activities coordinator had met with the project organiser to help them with the planning of this. They had supported them by lending them items to use.

Trips to local attractions, such as the arboretum had been arranged. Records of one to one and group activities people had attended were kept.

People had a memory album which contained photographs and mementos as a reminder of their past lives, which could be used by staff to start conversations. Staff confirmed that regular activities took place both in and outside of the service. One staff member said "There's always something going on here". Health watch carried out a visit to the service on 5 February 2018 this was arranged so the service could share good practice around the services activities. Health watch had complimented the service for enabling the visit.

People told us they had no complaints. The service had no recorded complaints on file within the last 12 months. The registered manager told us if complaints were made then they would be investigated fully and responded to appropriately.

Good

Is the service well-led?

Our findings

People and a relative told us they felt comfortable approaching the registered manager. Comments included "Both managers are really nice and listen to me. I often see them when I am signing in and they update me on how my relative is" and "Yes the manager is approachable". Staff we spoke with told us they also found the registered manager supportive and approachable. Comments included "She is supportive of me and I go to her if I need anything" and "There is good teamwork here. The seniors try to lead by example to support staff." Another said "We have got good staff. We are aware of how we all work."

Records showed staff expressed their views of the service at meetings which were held regularly with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service. The last staff meeting was held on 12 April 2018 and discussed dignity, administration of creams and break times.

People were provided with high quality care and support that was personalised. Staff said there was a personalised and open culture within service. Staff felt the registered manager's approach was open and honest. The registered manager had clear visions and values of the service. They told us the main aim of the service was to continue to provide a high standard of care to people. They told us of plans to refurbish some areas of the building. This included full refurbishment of the middle floor bathroom and some bedrooms. The registered manager planned to recruit staff to fill the outstanding vacancy's which would mean a reduction in agency use.

The registered manager said they were very well supported by the provider (owner). The provider visited the service each week, phoned daily and was available to offer support to the service. The registered manager said the provider was always at the end of a phone for advice and support. The provider carried out quality checks of the building and of records during their visits. They provided feedback to the deputy manager and registered manager after each visit and followed this up in an email. We spoke to the registered manager during feedback that it would be best practice for provider audits to be completed using a formal template.

Quality assurance systems were in place to drive improvements within the service. For example, 2018 surveys were due to be sent out to obtain feedback from people and relatives about the care they received. The registered manager said surveys were due to be sent out to people and their relatives within the next few weeks. We were told surveys would be analysed by the registered manager with the necessary action taken to address any shortfalls.

The service had a programme of audits and quality checks and these were shared out between the registered manager, deputy manager and the maintenance person. Regular audits had been completed of the environment, medicines, care records, health and safety and infection control. Regular checks were also made to ensure fire procedures were safe and in line with health and safety guidelines.

The registered manager appropriately notified the CQC of incidents and events which occurred within the service which they were legally obliged to inform us about. However, two notification forms had not been submitted to the CQC. This was in relation to reporting that two people had a DoLS application authorised by the local authority. The deputy manager said this was an oversight. They submitted the application immediately during the inspection. Notifications enable us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.