

# The Royal Agricultural Benevolent Institution Beaufort House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Beaufort House is registered to provide care and accommodation for up to 37 older people. The registered provider for the service is the Royal Agricultural Benevolent Institution, which is a charity that supports people who have worked in the farming community. The service was last inspected on 10 September 2013. At that time we found the service was meeting the requirements of the regulations we inspected at that time.

This inspection took place on 21 and 23 September 2016 and was unannounced. There were 32 people living at the service at the time of this inspection.

There was an experienced manager at the service who was registered with CQC. 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.

People consistently told us about the excellent care and support they received. People using the service, their relatives and visiting professionals said the service was "fantastic"; "one of the very best"; and "truly marvellous..." They said the service was safe. Comments included, "I feel very safe here. There are always people around to help me..." and "Mum was definitely safe here. There was never a shortage of staff, staff gave her the time she needed". A visiting health professional said, "People thrive here...they are the best service...It is a pleasure to come here." Another said, "This place is fantastic. Beyond fault. I've had no problems or faults in 13 years... It is outstanding..."

End of life care was provided by staff who were skilled and competent and ensured effective pain and symptom management. A palliative care specialist said, "This service is brilliant. They are excellent with family members..." Relatives were very appreciative of the care and support they received during their family member's last days. One said, "They do whatever it takes to make people comfortable. The support we received was absolutely wonderful."

People's wellbeing and happiness was central to this service. Staff had developed a positive rapport with people and they were gentle, attentive, kind and respectful in their approach. One person said, "The staff are really lovely...I see how nice they are with all the other people too." A relative commented, "There is a welcoming ethos here. It's a family." Another said, "This was the only home in the area I wanted (person's name) to come to. Staff are wonderful..." People's independence was encouraged and people were supported to do as much as possible for themselves.

The culture within the service was open, friendly and welcoming. People, staff and professionals expressed confidence in the registered manager and provider. The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service and promoted links with

the community, which benefitted people using the service.

People were protected from harm by staff who had a good understanding of the actions to take if they suspected someone was being abused or neglected. Risks to people had been assessed and measures were in place to prevent avoidable harm and to help ensure their independence was supported and respected. Accidents and incidents were monitored to identify themes and to help prevent any reoccurrence. There were sufficient numbers of experienced and caring staff to support people. People's medicines were managed safely. The service had safe recruitment systems in place to ensure staff were suitable to work at the service.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS); ensuring people's rights were protected.

People were promptly referred to health care professionals when needed and health care professionals expressed their full confidence in the service, telling us people's health needs were monitored and managed very well. People enjoyed varied and nutritious meals and mealtime were sociable and relaxed occasions.

Staff received training, induction and supervision to ensure they understood people's needs and were able to work effectively and safely. Staff said they were well supported to do their job.

People received care and support that was based on their individual needs and preferences. Personal care records included people's individual plans of care, life history, likes and dislikes and preferred activities. People were offered a range of interesting and diverse activities and were supported to pursue hobbies and pastimes that were of interest to them, and that were suited to their varying abilities. People and their relatives felt confident to raise any concerns and told us they were confident any concerns would be resolved without delay. No concerns were received during this inspection.

People's views were sought and taken into account in how the service was run. The provider made changes and improvements in response to feedback. There was a robust system of monitoring the service to identify any improvements that needed to be made. The management team acted on the results of audits and surveys to improve the overall quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Medicines were stored, administered, recorded and disposed of safely and correctly.

People were supported to manage risks to enable them to live independent and fulfilled lives.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures in place to ensure staff employed were suitable to work at the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure they could meet the needs of people using the service.

People's rights were protected as the service understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People's dietary needs and preferences were well catered for and people were fully involved in the planning of menus and were given choice.

People were well supported to stay healthy, active and well. People benefitted from the excellent working relationships established with health professionals.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff treated people with the utmost kindness, compassion and respect. People were supported effectively and compassionately by staff at the end of their lives.

Staff had developed a positive rapport with people whom they valued and were particularly attentive and patient.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Appropriate information about the service was provided to people and visitors.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care and were regularly consulted about the care and support they received.

People were supported to access a range of interests and activities and accessed their local community regularly. Activities took into account people's hobbies, interests and abilities.

People could raise any concerns and felt confident these would be addressed promptly by the registered manager.

### Is the service well-led?

Outstanding 

The service was very well led.

There was an experienced registered manager in post who was approachable and communicated well with people who used the service, staff and visiting professionals.

People benefitted from the way the service worked in partnership with other agencies and professionals.

There was an open culture within the service. People using the service, relatives, professionals and staff spoke highly of the registered manager and provider organisation.

The service had good systems in place to assess and monitor the quality of the service provided to ensure continued improvements.

Accidents and incidents were routinely monitored and analysed for trends and themes to prevent recurrence.

# 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 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.

The inspection took place on the 21 and 23 September 2016 and was undertaken by one inspector.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We met or saw most of the people who lived at the service and received feedback from nine people who told us about their experiences. During the inspection we used different methods to help us understand people's experiences. These methods included informal observation throughout the inspection. We also spoke with five visitors to ask their views about the service.

We spoke with seven staff, including the registered manager; deputy manager; the facilities manager; care staff; and ancillary staff. We also met with the chief executive. We received feedback from three community nurse; a palliative care nurse specialist and a GP who visited the service regularly.

We reviewed the care records of four people and a range of other documents, including medicine records, two staff recruitment files and staff training records and records relating to the management of the service.

# Is the service safe?

## Our findings

People using this service, their relatives and visiting professionals said the service was safe. One person said, "I chose this place because I knew it was good. This is a home from home and I feel very safe here." A relative commented, "I leave knowing Dad is safe. They have all the necessary equipment and the staff are absolutely lovely to everyone..." Comments from professionals included, "This service is safe. It is one of the best...first class..." and "It is brilliant here. Staff are very knowledgeable and attentive..."

People benefited from a safe service where staff understood their safeguarding responsibilities. The service had detailed policies in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Records showed staff had received training about safeguarding adults as part of their essential training and this was updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any concerns about abuse or neglect. Staff felt confident that any concerns they may raise would be acted upon appropriately. The registered manager and deputy manager were clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC. People confirmed they were treated well by staff. One person said, "I can't fault the staff here. They are all marvellous." Visiting health professionals said they had never witnessed any practice which caused concerns. One said, "This place is wonderful...I've not seen any problems in all the years I have been visiting..."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There was a calm and unhurried atmosphere at the service and staff were able to spend sociable time with people. People said staff were always at hand to assist them when needed or to sit and chat or help them with activities. One person said, "I feel very lucky to be here. The care I get is excellent. The staff are always there to help. I have never waited more than five minutes for them. They check me at night too. They never rush me..." This was echoed by others we spoke with. Relatives and visiting professionals also confirmed there were always enough staff on duty. One professional said, "I have never had concerns about staffing levels here. There is always someone around to help us during our visits."

Staffing rotas showed the providers preferred staffing levels were maintained, which ensured appropriate numbers of staff were deployed during the day, at night time and at weekends. The registered manager reviewed staffing levels regularly in conjunction with staff feedback and took account of people's specific and changing needs. Additional staff were deployed when necessary, such as when people needed particular one to one support and at the end of a person's life. People used a pendant call bell to summon assistance from any location in the building. People said and we observed staff responded and assisted people quickly. One person said, "They are never far away and always come when I need them. It is very reassuring to know they are there to help me..."

The registered manager confirmed there were no staff vacancies and the majority of the staff team had worked at the service for several years. Staff turnover and sickness levels were low, meaning people received consistent care from a stable staff team. The care team were supported by ancillary staff, including cooks; cleaners, a laundry person and a full time gardener. A new member of staff said, "I was lucky to get a job

here. It has a very good reputation locally...there is a really nice atmosphere as soon as you walk in..."

People's medicines were managed and administered safely. The Provider Information Return (PIR) showed there had been no medicines errors at the service in the past 12 months. A visiting GP was confident that medicines were managed safely, including 'just in case' medicines used during end of life care. They said, "I have never had a problem, not in 13 years of visiting..." People received their medicines as prescribed. Medicines were administered by staff trained to do so in a calm and unrushed manner, ensuring people received the support they required. Medicines were stored safely, securely, and at appropriate temperatures, including medicines which required refrigeration. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Where medicines had not been administered the reasons why this had happened, was recorded. For example if a person declined the medicine, Where medicines were prescribed "as required" there were clear instructions about when these should be used and records of what had been given, when and why. Some people were prescribed topical creams and records showed these had been used as prescribed. An external pharmacy audit completed in July 2016 showed good standards were in place in relation to medicines management. Two minor recommendations had been made as a result of this audit and action had been taken to address these.

People were supported to take risks and retain their independence as far as possible whilst known hazards were minimised to prevent harm. Several people enjoyed a good deal of independence, managing to visit the local town or sea front regularly. One person explained that they were "free to come and go as I please"; however, they said they would always inform staff that they were going out and when to expect them back. They added, "That is to ensure I am safe...If I wasn't back they would know and look for me."

Specific risk assessments were in place for people who may experience weight loss, skin damage or where there was a risk of falls. One relative told us about the actions taken by the registered manager to help reduce the risk of injuries due to falls. They said, "She researched all about 'hip protectors' and bought them, so although (person) may have fallen, they were not injured. It was all very well managed. I was very impressed." A GP said the service managed risks well. They added, "I have no concerns. There is nothing they do wrong..."

Each risk assessment contained guidance for staff about the actions to take to help keep people safe. For example, one person was at risk of weight loss; this had been monitored and reported to the GP. Supplements had been prescribed and staff were using "fortified high calorie" foods to reduce the risk. Equipment was in place to reduce the potential risk of skin damage, such as specialist mattresses and cushions. Visiting community nurses said risks to skin damage were well managed and that the necessary equipment was always available. One commented, "They (staff) are diligent. If there are any changes they contact us immediately." There was a range of moving and handling equipment available to support people to move safely as described in their risk assessments and plan of care. Staff helped people move around safely and checked they had the equipment and aids they needed within easy reach to reduce the risk of falls.

When people had accidents, incidents or near misses these were recorded and monitored in order that developing trends could be identified and addressed. One person had experienced a number of falls in a short space of time. The staff suspected they had an infection and a referral was made to the GP and treatment prescribed. The person had not experienced any subsequent falls. Following an accident, such as a fall, an 'observation log' is used every two hours for 24 hours to monitor for any pain; swelling or bruising. Records showed there had been minor accidents or incidents over the past 12 months. The information held by the Care Quality Commission (CQC) showed there had been no serious injuries to people during the past



year. The registered manager confirmed this was the case.

Effective staff recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service had plans and procedures in place to safely deal with emergencies. All staff had received fire safety and first aid training to ensure they were equipped to deal with these types of emergencies. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

The provider and registered manager had ensured people were cared for in a safe environment. The facilities and health and safety manager was responsible for ensuring the day to day safety of the equipment and the building; they were very well organised. There was a programme of ongoing repairs, maintenance and redecoration of the building. Records showed gas, and electrical equipment was regularly tested and serviced. Regular checks of the fire alarm and fire safety equipment were also undertaken. A comprehensive fire risk assessment was in place which showed there was a good provision of fire safety equipment. Potential hazards had been addressed. For example, radiator covers were fitted to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Windows on the first floor had been restricted to reduce the risk of people falling.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in any part of the service. People and their visitors said the home was always clean and smelt fresh. Comments included, "The place is kept beautifully. Always spotless..." and "I rate them 10 out of 10 for cleanliness..." Staff had access to hand washing facilities and used gloves and aprons appropriately. Staff used suitable cleaning materials, which were securely stored. Daily fridge temperatures were checked to ensure food was safely stored at recommended temperatures. The PIR showed the last environmental health visit on 6 December 2013 had awarded the service a top rating of five (good).

# Is the service effective?

## Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People, their relatives and professionals unanimously confirmed that staff were well trained and knew what they were doing. Comments included, "The staff are very well trained and well presented..."; "I trust the staff completely. They all know what they are doing"; "There are no weak links; they are all well trained" and "The staff are excellent...they are knowledgeable and very attentive to people's needs..."

Staff told us about the development and training opportunities they had. They spoke very highly of the training and support offered to them. One said, "The training and support we get is fantastic. It's very useful and I can use it..." Another said, "We have good support and training opportunities." Staff said they felt valued and described "good team work" and good morale. The registered manager had a 'training matrix' in place for 2016, which highlighted when training was due. Staff were given notice to ensure they completed or up-dated the relevant training courses. The training programme included various health and safety training, as well as training related to providing care and support. For example end of life care, dignity and respect and communication. Staff were encouraged to gain qualifications and progress their careers. The PIR showed all care staff had obtained a nationally recognised care qualification, meaning they had the knowledge and skills needed to meet people's care needs.

New and inexperienced staff were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

Staff were supervised and supported to carry out their roles and responsibilities effectively. Staff had the opportunities to attend regular supervision and staff meetings, to enable them to discuss issues about work or training, and to receive feedback about their performance. Staff told us as a result of their feedback during supervision and staff meetings staffing levels had been reviewed and increased. It had been recognised people's needs had changed. One staff member said, "I do feel listened to. You can talk to the manager and deputy." This meant staff members felt involved in the running of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

The service stated their aim was to "promote respect, independence, dignity and choice." Throughout the inspection we observed staff respected this ethos. Staff sought people's consent for all day to day support and decision making. People were offered choices, in every aspect of their day to day decision making, such as what time to get up, what to wear, food choices and how they wished to spend their day. One person said, "You are free to do what you want here, there are no restrictions...life here is excellent..." People

confirmed staff sought their consent before care was delivered. One person said, "The staff always want to make sure I am happy and comfortable. They can't do enough for me. I have everything I need and more." Care records showed people's capacity to make decisions about their care and treatment had been assessed. The assessment considered people's verbal and implied consent and reminded staff that consent was a "continual process and not a one off." Staff had received training to help them understand their responsibility in relation to the MCA. Their practice showed they had a good understanding of the principles of the Act.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed and concluded that no Deprivation of Liberty applications were needed for any of the people who currently lived at the service. During the inspection we did not identify any practice that would require a DoLS authorisation. Conversations with people confirmed this. People were not prevented from leaving the service, although a number of people may require staff support to do so due to physical disabilities. The registered manager was aware that if someone was being deprived of their liberty, an appropriate authorisation would be necessary.

People had access to health and social care professionals in order to promote their well-being. They said they had access to their GP, community nurses, dentist, podiatrist and optician. People attended outpatient appointments when required, accompanied by the staff for support if necessary. Records confirmed other specialist health professions were also involved in people's care, for example, palliative care nurse specialists. A GP visited the service weekly for "non urgent" issues. They described the service as "fantastic".

All of the healthcare professionals spoken with expressed confidence in the service and the staff's ability to meet people's assessed and changing needs. They confirmed they were contacted in a timely way when needed and their recommendations were implemented by staff. One said, "We have excellent communication with the service. They are one of the very best...they monitor people's health and are quick to alert us. I would recommend this service and would choose it for a relative..." Another said, "This place is wonderful...we have no concerns. I trust their (staff) judgement. People are very happy here and are very well cared for..." Another commented, "It is brilliant here. (Staff name) is excellent and a very good advocate for people here...I would recommend this home..."

People's care records showed their health needs had been assessed and were being monitored. One person had been assessed by a speech and language therapists (SALT). Speech and language therapists provide treatment and support for people who have difficulties with communication, or with eating, drinking and swallowing. The SALTs recommendations had been incorporated into the person's care plan. Their care records provided a detailed account of the food texture safe for them and the support they required with eating. During the inspection we observed these recommendations were being followed by staff.

Everyone was very positive about the food provided at the service. Comments included, "The food is first class. You can't fault it. We have a choice every day and we always have more than enough to eat..."; "The menu is very good, there is always something I like...I think we are very spoilt..." and "The food is really lovely – too good! I have put on some weight since moving in." a relative said, "The food is excellent and we are invited to have meals if we want to."

People's dietary needs and preferences had been discussed with them and were recorded and discussed with the cook. A risk assessment tool for nutrition and hydration had been completed for each person along with the specific instructions about how to meet the nutritional needs of the person. A

variety of special diets were provided, including diabetic and gluten free meals, and soft or pureed meals. The cook was very knowledgeable about all people's needs and preferences. They confirmed they had the equipment and supplies they needed and that there was no strict food budgets. They said, "I am not restricted in that way." They were preparing a fresh broccoli and stilton soup for supper.

There was a four week seasonal menu in place, which had been developed following feedback from people. All fresh fruit, vegetables and meats were sourced locally. As the service was a registered charity for people who had worked in agriculture, good wholesome local produce was part of the homes philosophy of care. People had a choice of breakfast, some choosing a cooked breakfast. The main meal was served at lunchtime. Meals were served in the dining room or in a lounge or people's rooms if preferred. Homemade cakes were part of the menu for afternoon tea as well as during the evening. One person said they particularly liked the home made cake. The said, "I love the cakes but my waist line doesn't!" Regular drinks, snacks, and fresh fruit were offered during the morning and afternoon.

Meal times were a sociable occasion and people were not rushed. Where people required support this was unhurried and done on a one to one basis, with staff supporting people in a respectful and dignified manner. To promote people's independence, adapted plates and cutlery were used by some people.

The premises were configured in a way that was suitable for people's needs and preferences. The accommodation was spacious, comfortable and maintained to a very high standard. There was ample space where people and their visitors could sit and relax, as there were four lounge spaces. Several people enjoyed sitting on the veranda with their visitors during the inspection. One of the lounges has a grand piano, which people said was used for musical events. There were small kitchenettes on each floor which were equipped for people and their visitors to use to make hot drinks. There was a small shop for little extras people may need, as well as a therapy room and hairdressing salon.

All of the bedrooms had en-suite facilities. There were five 'suites', which comprised of a bedroom, sitting room and bathroom which could accommodate couples or people wishing to share. People's bedrooms were personalised and decorated to their taste. People were encouraged to bring items of furniture and other precious personal belongings. One person was particularly proud of their crystal collection, which was displayed in their room. Everyone we spoke with said they were very happy with their private accommodation.

The communal bathrooms were fitted with fully assisted baths or showers. A Jacuzzi bath had been fitted in the therapy bathroom. The building was accessible for people with mobility problems and there was a lift for people to access the first and second floors.

The grounds were easily accessible to people and were maintained by a full time gardener. People commented on the high standard of maintenance in the home and surrounding grounds. Comments included, "The accommodation is first class..."; "It is better than a four star hotel here, our surroundings are beautiful" and "There is lots of lovely space here. I looked at several other homes but chose this one due its location and surroundings..." Visiting professionals and relatives also commented on the standard of the environment saying it was "Lovely"; "Beautiful grounds and décor here" and "There is great space inside and outside."

## Is the service caring?

### Our findings

People were extremely happy with the care and support they received. One person explained, "This is my home. The staff who take care of me are second to none. They are so very caring and kind..." Another person said, "Everyone here is so friendly, very helpful and kind. It has a real family feel here, which I like. I am very happy with everything." Relatives also expressed great satisfaction about the care and support their family members received. One told us, "There is a welcoming ethos here; everyone is lovely, it's a family. The care here is fantastic." Another said, "The staff are wonderful. I can't fault any of them. They are so lovely to everyone. I have never seen staff treat people with anything but upmost respect." A health professional said, "People thrive here. One person is a completely different person since being here." They described how the person's overall health and wellbeing had improved since their admission. They added, "They (the service) are the best..."

The registered manager and staff team demonstrated a commitment to providing the best possible care at the end of people's life. Staff implemented the principles of nationally recognised standards and evidence based practice to enhance the care for people nearing the end of life.

Three relatives were keen to tell us about the "wonderful" end of life care and support their family member had received. One relative said, "The manager told us, this is Mum's home and we will look after her. They were wonderful with all of us. They cared for Mum but us too. We met with the manager and deputy and GP to discuss Mum's care. They got a special bed and other equipment. What we needed we had. The care was absolutely brilliant..." Another relative told us, "The care here was just excellent in every way. They made it easy for us to visit and gave us space and privacy. Staff gave Mum all the time she needed. She was very happy living here. She called it home."

We reviewed several 'thank you' letters sent by relatives following the death of their loved one. Comments included, "...we will never be able to thank you enough. The communication, care and dedication of the team was second to none. The end of life care was five star." Another wrote to thank all the team "for the wonderful care and kindness shown. You could not have done more for her comfort and wellbeing..."

People's wishes regarding their end of life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

The registered manager, deputy manager and care staff had completed specialist training in end of life care. The service had two 'end of life champions' who were completing additional training in conjunction with the local hospice. Their role was to support all staff involved in end of life care; share their learning and experience and promote best practice. One staff member told us, "The end of life training I did was brilliant, I can put what I learnt into practice." Staff displayed empathy and compassion when speaking about end of life care. The registered manager and deputy manager showed a sincere commitment to ensuring people's

end of life wishes were respected and that people had a dignified and comfortable end of life. To ensure staff felt competent and happy delivering end of life care a staff survey focused on their needs. For example whether they had the support they needed. Feedback showed staff felt confident and well supported in this aspect of their work.

The staff team worked closely with the local hospice palliative care team and community nurses to ensure their end of life care followed best practice. A palliative care nurse specialist described the service as "Brilliant". They said staff were skilled and competent in relation to end of life care; adding "They (staff) manage fantastically well. They are excellent with supporting families too." They said referrals to their service were timely and appropriate and their advice was acted upon. This would include effective pain and symptom management, and use of equipment. They added, "The equipment they have is excellent. We have no concerns about this service." Community nurses and a GP echoed these comments. A community nurse said, "I have been involved with two people at the end of their life this year. The staff are so very good. Staff are very knowledgeable and always have time for people at the end of their life. There is excellent support for families. Any equipment we request they get. We work well together." A GP commented, "End of life care here is excellent, it is as it should be. They (staff) use the just in case medicines appropriately to ensure people are comfortable. This place is outstanding, one of the best..."

The service went above and beyond in their role, extending their care in providing help and support to families visiting their relatives at the end of their life. There were accommodation facilities for families to stay overnight and meals were also available. Some funerals had been arranged from Beaufort House and the registered manager, staff and residents attended people's funerals when appropriate. The registered manager had created 'memory books' for residents who had passed away as a way of remembering and celebrating their life. These were shared with their family and friends at the service.

As part of their continuing commitment to provide the best possible end of life care, visiting health professionals and family members were asked to complete a feedback form. Feedback scored the majority of areas as 'excellent', for example the advanced planning; symptom control; communication and the quality of the overall care.

People were treated with kindness and compassion. Without exception, we observed staff engaging with people respectfully, in a warm and friendly manner. There was a stable staff team who knew people well and understood their needs, preferences and interests. Staff were able to describe how people liked to spend their time; their preferred routines and what they liked to eat or drink. One staff member said, "It's like a big family working together here. People are treated the way we would like our parents to be treated..." Staff were also aware of the important family relationships people had and their past life. One person said, "You just can't beat it here. There are no comparisons. The staff are wonderful. They always have time to talk and they take a real interest in us. This is my home and I would be lost without it..." Another person said, "They (staff) are wonderful. We have lots of fun and laughs. The whole set up here is very good indeed..." When people's needs increased and they required nursing care, the registered manager and staff continued to visit them in their new service. The registered manager told us that a person who had moved to a local nursing home was assisted to visit Beaufort House to maintain their friendships.

The registered manager and staff understood the importance of family and friends and we observed that visitors were welcome at any time without restrictions and were warmly greeted by staff, who offered refreshments. A relative explained they could visit with grandchildren and that they very often saw children playing in the grounds. They added, "It is very family orientated..." One person said, "They (staff) are as good to our visitors as they are to us...it is a real home from home here..." The service also offered overnight accommodation for relatives and friends at a minimal cost. Another person told us their son had stayed in



the 'relative's accommodation' recently and had taken meals with them. They added, "They make it feel like a home from home." Some people were supported to stay in touch with friends and family via the telephone and video calls. The service had bought an electronic tablet and there was Wi-Fi throughout the building to enable this. It was evident that people had formed friendships with other using the service. At lunchtime people greeted each other happily asking about each other's welfare. One person said, "Everyone is friendly here and I have made lots of friends. It is good to have the company. We have a chat and a laugh..."

We observed a relaxed and homely atmosphere at the service and we saw friendly and appropriately interactions between staff and people using the service and their visitors. Staff were attentive, kind, and respectful. People confirmed staff were always as attentive. Staff addressed people respectfully by their preferred names. Staff spent time with people chatting, reading or supporting them with the afternoon activities. They showed a genuine interest in people's wellbeing. They were vigilant, checking on people's comfort and needs. For example, ensuring people had frequent drinks and snacks; and that they had all they needed at hand, for example their walking aids or reading glasses. It was obvious that staff had developed a positive rapport with people that promoted their wellbeing and comfort. One person said, "I have peace of mind here. They (staff) are terrific." Another said, "Life is very good here. In fact it is excellent! I would highly recommend this place. I am very contented..."

People mattered and care and attention was given to every small detail. For example one person told us their request for a flowering hanging basket outside their bedroom window was immediately actioned. They added, "I really appreciated that as it cheers my day to see the flowers. The whole set up here is very good. Nothing is too much trouble for the staff. I am very happy here."

People's history and achievements were celebrated with staff doing small acts of kindness to help with this. The registered manager and staff understood what was important to people. They had assisted two people to obtain their war medals and taken another person to an RAF reunion day. Staff accompanied people on clothes shopping trips, sometimes on their day off. The registered manager said, "Staff are always willing to go the extra mile..." Special occasions were celebrated, for example birthdays and anniversaries. Special cakes, flowers and champagne were provided. One person said, "They really do make a fuss of us all. It seems if we are happy, they (staff) are happy..."

People were assisted discreetly with their personal care and bathing needs in a way that respected their privacy and dignity. People's care was not rushed enabling staff to spend quality time with them. People looked well cared for in their appearance. They were dressed appropriately and clothes were clean and co-ordinated, with many people wearing pieces of jewellery and make-up. One person said their personal items were always returned from the laundry in good condition. They added, "The laundry service is excellent." People said how much they enjoyed the regular visits from a hairdresser; one person said, "I always feel good when my hair is done. She does a good job."

The registered manager and deputy manager spoke about the ethos and culture to promote people's independence. The deputy manager explained people were encouraged to "do as much as possible". People's needs were assessed in relation to any equipment they may benefit from to enhance their independence, for example walking aids and mobility scooters. Referrals were made to the occupational therapy and physiotherapy services to ensure people had the equipment they needed.

People's independence was highly regarded and actions were taken to ensure this was promoted. Several people used mobility scooters and enjoyed frequent visits to the local town or sea front. In order to promote their independence a scooter storage garage had been designed with automatic doors and easy electrical hook ups. People were given electronic fobs to activate the doors, which meant they could be independent.

We saw people coming and going on their scooters throughout the inspection. One person said, "The manager helped to get me the scooter. It makes all the difference to my independence and choices. The garage is easy to use. Couldn't be better...they think of everything to make life easier."

People said they could follow their preferred routine, for example some people chose to have a late breakfast, remain in their bedrooms, or potter in the communal areas and garden. One person said, "I like to go to bed late. I can stay up all night if I want to. No-one tells us what to do." Some people maintained interests outside the service and attend local groups in the community.

There were no locked doors and we saw people could freely access all parts of the communal areas and the garden. Many people had their own front door key to enable them to come and go freely. There were pigeon holes for each person living at the service, where they collected their daily newspaper and post. One person said, "This is a good idea. My paper is here when I want it." A visiting professional said, "It's like a hotel here and people are the bosses! There is always a great atmosphere. It is a happy place and people are very well looked after. I would book my bed!"

Detailed information about the service was provided to people and their relatives. They were provided with a brochure describing the facilities and what they could expect from the service. The brochure described activities and outings, and a sample of menus. The reception area displayed informative leaflets about various health conditions and information about funding care. The notice boards advertised upcoming activities and events or photographs of past events. The daily menu was advertised so people knew in advance what was on offer. There was a website about the service and sister service that was informative and user-friendly.



## Is the service responsive?

### Our findings

People received personalised care that met their individual needs. People gave us consistently positive feedback about the care they received and how staff responded to their needs. Comments included, "You couldn't find a better place. We have everything we need and more..."; "We have all the comforts of home here. The care and staff are outstanding"; "I am a local girl. I have known this place since it opened. I chose to come here because it was good and has an excellent reputation locally" and "This was a great move for me. It put me back on my feet again. My health has improved because they (staff) have worked on me."

Relatives and professionals were equally positive and confident that the service was responsive to people's needs. One said, "I can't fault anything here. (Relative) settled well and was immediately happy..." Another relative commented, "Anyone coming here would be happy. People have lots of freedom and can do as they like. Everyone cares here, from the manager to the gardener. People are cared for in every way." All professionals spoken with said they would recommend the service. Their comments included, "It is first class here. If I had to choose for my relative it would be here" and "I am here a lot. The care is excellent and staff are very attentive."

People's needs and preferences had been assessed before they moved to the service to ensure their needs and expectations could be met. Anyone thinking of moving into the service was encouraged to visit so they could see if the service would be suitable for them. If this was not possible, family members or friends visited the service on their behalf. Where necessary the registered manager or deputy manager would visit people at home or in hospital. A full assessment of their needs was completed which involved the person, their relatives or friends where appropriate.

People received consistent care and support as their care was planned with them and the people who mattered to them. People were involved in the planning and delivery of their care. They said they had been asked all about their health and care needs and their preferred routines. One person said, "They know all about me. They know exactly how I like things done. I couldn't wish for better." Relatives said they were also consulted about their family member's care, where appropriate.

The service used an electronic care planning system, which covered every aspect of the activities of daily living. Care records were very detailed and written in respectful, sensitive and personalised way. They were well organised and included comprehensive information about each person. For example, information about individual's health conditions and how these should be monitored; their mobility needs: level of communication and cognition, their emotional and social needs, dietary requirements and their likes and dislikes. One person lived with diabetes and the care plan held detailed information about how to recognise if the person's sugar level was too high or too low. A visiting health professional said there was "excellent" monitoring of people's health needs. Care plans were reviewed monthly or more frequently if a person's needs had changed. During the inspection the deputy manager was up-dating one person's care plan as they had been poorly and had been prescribed additional medicines. Staff said the care records contained all the information they needed to be able to deliver effective care.

Care records contained detailed information about people's personal histories and past occupations. People's life stories and interests were well known by the registered manager and staff, who understood people's characters and preferences. We heard the registered manager speaking with one person about their posting in Italy. It was clear the person enjoyed the conversation as they were fully engaged and smiling.

There was an effective system of communication between staff to ensure continuity of care. Staff handed over information about people's care to the next shift twice a day. Information included any changing needs, referrals to healthcare professionals, and outings and appointments. Staff said the handovers provided clear useful information.

People said they had a range of activities they could be involved in. One person said, "There is always something going on of interest..." Another said, "I enjoy most things. I particularly like the art classes." People were able to choose what activities they took part in and suggest other activities they would like. In addition to group activities people were able to maintain previous hobbies and interests. One person continued to enjoy attending a local bridge club and another attended a 'silver surfer' club learning computer skills. One person played the piano and a key board had been set up in their room, which they appreciated very much. They were also able to "tinkle" on the piano in one of the main lounges. They said, "I love my music and I get to play here. They have concerts, which I enjoy enormously."

Other regular activities included beauty and pampering sessions; games, arts and crafts, pottery classes, Tai Chi exercises, prize bingo and regular musical events. A theatre group visited four or five times a year, which people said they enjoyed very much. A bridge club was also held that people's friends and family could attend. We also saw that people enjoyed activities they could do alone, such as reading, knitting, puzzles, word search and crosswords.

A local artist visited the service regularly to run art classes and during the summer people were involved in the local arts festival exhibition and were able to display their work. One person explained that as their mobility had declined they very much enjoyed the art classes. They said, "I really enjoy the art and pottery classes. They have given me a new interest."

Staff encouraged and supported people to spend time doing what they enjoyed. One person with an interest in gardening explained how they liked to potter with the gardener sharing gardening tips. There was a greenhouse which was used by people for potting on plants and flowers. The vast majority of people using the service were from the farming community and the registered manager said the garden and greenhouse activities were particularly popular. One person told us they had been a farmer all their life and that they enjoyed being outdoors. They said, "The grounds and gardens are lovely, a real bonus to have. I often go out there for a walk or sit out when the weather is good." A visiting professional said, "I often see people helping in the garden. They (staff) get to know people's interests. They are engaged."

The service had a wheelchair accessible mini-bus which was used twice a week. A mystery trip was organised on Wednesdays and a shopping trip every Friday. Several people said they enjoyed trips to local places of interest or areas they knew well and where they had lived or grown up. Some people had gone to the local cinema and enjoyed a drink in a local bar beforehand.

Music was played in one of the lounges and we saw this was monitored by staff who changed the volume and tracks in response to people's reactions and wishes. This showed staff were attentive and responsive to people's needs and preferences.

People and their relatives knew how to raise concerns or make a complaint and there was a complaints policy displayed for people to follow. No complaints had been received by the service in the past 12 months. People said they had no cause for complaint. However everyone we spoke with said they could speak freely with the registered manager or deputy manager should they have any concerns. The office was open and during the day we saw several people popping into the office to speak with the registered manager, deputy or administrator. One person said, "I could speak with (manager) if I had any problems or concerns. I like her very much. She listens." Another person described the registered manager as "approachable". They added, "She definitely listens to us..."

# Is the service well-led?

## Our findings

The registered manager had been in post for a number of years and demonstrated strong leadership skills. People, their relatives, staff and professionals expressed confidence in the registered manager and provider. One person said, "(The registered manager) is very good. It's like a well-oiled machine here. Really marvellous!" A professional said, "They are the best..." Another said, "It is a well-managed service and the manager knows all of the residents very well. It is a pleasure to come here." We asked people if they could identify any areas for improvement. People said they could not think of anything which would improve the service. One person said, "You can't improve on perfection and it is pretty near perfect here."

The registered manager was visible within the service throughout the inspection and people, relatives and staff knew they could speak to her at any time. Everyone we spoke with knew the registered manager well and saw her frequently. Comments included, "(The manager) is a brilliant manager. She has her eye on the detail. She is always thinking about ways to improve"; "(The manager) is very good. She knows how to handle situations; she manages the staff well and puts us at our ease" and "Absolutely the service is well managed. (The manager) is always smiling, accessible and we could talk about any worries or problems..."

The service was well supported by the management structures in place. The registered manager was supported by a very able deputy manager. Professionals, staff and relatives spoke highly of the deputy. One professional said, "(Person's name) is excellent at monitoring people's health. She is a very good advocate for people living here." There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours. A Board of Trustees governed the Charity and the Trustees and chief executive visited the service regularly throughout the year. Staff said the Trustees and chief executive were "supportive" and people using the service, staff and relatives described the service as "a big family".

The chief executive visited the service monthly to undertake audits and to monitor the quality of the care and support provided. He was present at a planned visit during the inspection. He knew the people living there and the staff and was a visible figure within the service. During the visit he spent time with people using the service and had lunch with people in the dining room. This provided people with an informal opportunity to meet with him and speak about their experiences of the service. One person told us, "I met the chief executive today. It is good to see senior managers are here talking to us. I would say we get an excellent service here. From top to bottom staff are wonderful to us all."

The culture of the home was based on the provider's ethos of respecting and promoting people's independence, dignity and choice. The registered manager and chief executive explained that "care is our number one priority". We found the service's vision and values were central to the care provided and were well embedded into staff's practice. People were consistently treated with dignity and respect. They were supported to lead as active and fulfilled lives as possible and their wishes were respected. The atmosphere was inclusive and feedback demonstrated that everybody was treated as an individual and was valued.

The service worked in partnership with health and social care professionals to support people's needs.

Health professional said people benefitted from the "excellent" working relationships which had been established and ensured people received appropriate support to meet their health care needs. They were confident the service minimised any risk to people's health, safety and wellbeing. Partnerships had also been developed with local artists, which enabled people to explore new and creative activities and have their work on display at a local Art Festival.

The provider, registered manager and staff continually looked for ways to make improvements so that people who used the service benefited from exceptional care and expertise. For example, working in an evidence based way and using the principles of the Gold Standards Framework in order to provide outstanding end of life care.

The service had considered the needs and preferences of people from the farming community. People were particularly happy with the garden space, which was accessible and beautifully planted and tended. People could continue to grow vegetables and flowers and we were told the green house was popular and used by several people. A visiting professional said they often saw people out in the garden with the gardener. They added, "We often see people helping in the garden. They (staff) get to know their interests." The registered manager and cook explained as the service was provided specifically for people from a farming background, good wholesome local produce was part of the philosophy of the service. Everyone we spoke with said how much they enjoyed the meals provided.

Visiting professional and staff said the provider and registered manager ensured resources were available. They said anything needed, such as equipment, activities or food was obtained to improve the quality and safety of the service for people. A visiting professional said, "All the equipment they need, such as profiling beds or pressure relieving equipment, is available... It is a brilliant service."

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings. Staff told us they felt valued and supported by the registered manager, the deputy manager and the provider. Regular staff meetings took place for all staff, which provided an opportunity for the registered manager and senior staff to up-date the team on changes and developments. Meetings also offered staff an opportunity to discuss work issues, and reflect on what was working well and what improvements could be made. Staff said they were always updated about any changes and felt they could raise queries or suggestions with the registered manager or deputy manager. As a result of staff feedback staffing levels had been increased earlier in the year.

The service valued staff and ensured their well-being was considered. Recently a wellbeing service had been sourced and offered to all staff from an outside confidential support service. This offered staff support and advice around health and wellbeing, emotional support, money and debt management and legal advice. This showed the service was supportive and caring towards all staff. One member of staff said, "The manager's door is always open and we can make suggestions and she will listen. There is very good team work and morale. I love it here..."

There was a strong emphasis on continually striving to improve the service and people's views were sought and taken into account in how the service was run. This happened formally and informally. The registered manager met with people individually during the week to ask how they were and if there was anything they needed. People said she always had time to speak with them. Discussions about menu planning and planning individual and group outings and activities happened frequently. Formal 'residents' meetings were held twice a year. The minutes from the last meeting held in April 2016 showed people were able to raise ideas and suggestions and these were acted upon. For example one person suggested a weekly or monthly comment sheet regarding the food. The registered manager offered to have a 'suggestion box' where people

could leave their feedback, thoughts and ideas anonymously if they wanted to.

Annual satisfaction surveys were given to people using the service, their relatives and health and social care professionals. Results from the surveys completed in 2015 and 2016 showed very high levels of satisfaction with all aspects of the service. The majority of feedback rated each outcome as 'excellent', including the quality of care; staff friendliness; the environment; cleanliness and décor; meals and communication. Comments included, "Very grateful to be here"; "Perfect in everything"; "I am very happy at Beaufort House. Thank you everyone" and "I can only praise all staff for the love and care they have given to (the person)." One person who had moved to the service more recently wrote, "I should have still be struggling and in a mess. Now I am feeling much happier."

The provider had systems in place to check the quality of the service and identify areas for improvement. Regular audits and safety checks were completed by the registered manager, deputy manager or health and safety manager to monitor all aspects of the service. These included health and safety, infection control, medication, care plans and premises checks. Actions resulting from the audits were recorded and checked by the registered manager or member of the management team to ensure they had been completed. Regular audits were also undertaken by the chief executive, which included meeting and speaking with people; reviewing the building and aspects of health and safety. An audit of finances was completed by an external person on behalf of the provider. Where improvements had been identified, for example, recommendations made by an external pharmacist, these had been addressed.

The accident and incident reporting system in place was effective. The registered manager and health and safety manager monitored all accidents and incidents and collated details monthly to help identify any themes or trends. The provider had a health and safety committee, which reviewed accidents and incidents every three months, providing extra external scrutiny. Appropriate investigations of all accidents and incidents were undertaken and actions were implemented where necessary to reduce a reoccurrence. For example, if a person experienced two or three falls in the month, referrals were made to the GP for investigation or to the falls team to explore equipment which may assist the person and keep them safe.

- The registered manager had a clear vision about how to continue to develop and improve the quality of the service, over the next 12 months. For example, 'Dignity Champions' were being explored. Their role would include acting as good role models and speaking up about dignity to improve the way the service was delivered. Additional external training was also being considered for staff to ensure their practice remained up to date and the quality of care provided continue to improve.

Records we reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date. All records requested during the inspection were readily available. Visiting professionals commented on the detail of care records and explained the records were well organised and easy to review. One said, "The records are very good. People receive individualised care here. People are always very happy." Staff personnel records and individual care records were securely stored.

The registered manager was aware of their responsibilities to notify CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.