

Beaumont Nursing Home Limited

# Beaumont Nursing Home

## Inspection report

8 Gipsy Lane  
Kettering  
Northamptonshire  
NN16 8TY

Tel: 01536416817

Date of inspection visit:  
10 January 2018

Date of publication:  
21 February 2018

### 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

Beaumont Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Beaumont Nursing Home is registered to accommodate 28 older people; at the time of our inspection, there were 28 people living in the home.

At the last inspection, this service was rated good. At this inspection, we found the service remained good. The inspection took place on the 10 January 2018 and was unannounced.

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

People continued to be treated with empathy and kindness and their individuality was respected. The staff were friendly, caring and compassionate. Positive relationships had been developed between the people and staff.

Detailed personalised care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices. End of life wishes were discussed and plans put in place.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people to participate in if they wished to and family and friends were welcomed to take part in events at the home.

The service had a positive ethos and an open culture. The provider was committed to developing the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

## 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 remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Beaumont Nursing Home

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 10 January 2018 and was undertaken by one inspector and an expert-by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, our expert-by experience had cared for an older relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in December 2017 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During our inspection, we spoke with eight people who used the service, seven members of staff, which included three care assistants, a cook, the activities co-ordinator, the deputy manager and the registered manager. We also spoke with five people's relatives and friends who were visiting at the time of the inspection. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of four people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service.

This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

# Is the service safe?

## Our findings

People could be assured that they were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks.

People told us that they felt safe within the home. One person said, "You see so much on the TV about abuse to people in homes, I just can't see that happening here, I feel very safe". Another person said, "I felt frightened that I may fall out of bed, we discussed it and they put sides on my bed. It does restrict me but it's what I want to feel happy". A relative said, "I always feel comfortable when I leave that [relative] is safe, it never crosses my mind that any of the staff would be mean to her".

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. Any lessons learnt were shared with staff and training in safeguarding was regularly refreshed. One member of staff said, "We have regular training on safeguarding, even though I've been here for years I still have it".

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection people were responded to in a timely way.

Staff were visible and people were not left unattended in communal areas. There were regular checks on people who preferred to stay in their rooms and everyone had access to a call bell. One person said, "They check on me every two hours and they tick a form and it says what I'm doing at that time".

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "The nurse does my tablets, I used to do it myself but I made too many mistakes so I'm happier this way". We saw that people received their medicines within appropriate periods; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with. One person told us "I can ask for painkillers if I need them, but not often".

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified

concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.



## Is the service effective?

### Our findings

People's needs were assessed prior to them moving into Beaumont Nursing Home to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person said, "I always choose what clothes I want to wear." Another person said, "I feel I have power to make decisions."

People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and The National Institute for Health and Care Excellence (NICE) best practice guidance. Specialist training had been undertaken, for example, staff had received training in dementia and around behaviours that may be challenging. People were confident that the staff had all been trained. One person said, "Staff look after you well in here, they know what needs doing".

All new staff undertook a thorough induction programme; staff were supported to take relevant qualifications. One member of staff said, "I have now completed my National Vocation Qualification (NVQ) 3 and we are looking at what other training may be useful."

Staff training records were kept and we could see that training such as manual handling, safeguarding and pressure area care was regularly refreshed. Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a Dietitian and Speech and Language Therapist had been made when required and advice followed. One member of staff said, "Only some people have a nutrition and fluid charts chart, mostly it is for those people who are not eating or have lost weight. We offer yogurts and supplements."

There was a choice of meals each day and an alternative was available should anyone not wish to have

either of the choices. There were snacks and drinks available throughout the day. People and their relatives told us the food was good and there was always a choice. One person said, "The food is good, we always get a choice of two lunches, which are usually hot and tasty." We saw that the cook went round checking with people how they had found the lunch. The cook told us that all meals were cooked from fresh and adjustments made to cater for anyone with specific dietary needs.

Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One person said, "The doctor came as the nurse thought I had a chest infection, she was right and I have antibiotics. It was dealt with quickly." People had regular access to healthcare professionals and staff sought the appropriate advice when needed.

Beaumont Nursing Home had undergone an extensive programme of refurbishment since our last inspection which had ensured that people lived in a nicely refurbished home, equipped to meet people's individual needs. It was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home.

## Is the service caring?

### Our findings

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "The staff are great, I couldn't ask for any better." Throughout the day of the inspection we observed family and friends welcomed as they visited their loved one. One relative said, "I can visit anytime, I always feel welcome."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person said, "They (staff) tend to respect my privacy by using a towel to cover me when I'm having a wash." Another said, "They always knock on my door and treat my bedroom as mine."

People were valued and encouraged to express their views and to make choices. One person said, "The carers make me feel as though I'm important to them." If people had expressed a preference as to the gender of their carer, this had been respected. One person said, "I don't really like the male carers to wash me so they send the girls (female staff) in."

The people who were unable to communicate with us looked relaxed around staff. We saw that where a person could no longer speak to express them self the staff had put together a set of pictures, which the person could point to; this had enabled the person to express them self and stay in control of their care.

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed throughout the day. We observed visitors speaking to staff and there was an area in the lounge/dining room where people and their visitors could make themselves a drink and speak in private if they did not wish to stay in their rooms.

## Is the service responsive?

### Our findings

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People and their relatives told us that they had been involved in developing the care plan. One person said, "My son came in and we reviewed the plans, we changed some things but left much of it the same. I feel very involved".

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People were encouraged to take part in activities both as part of a group or individually. The activities coordinator had spent time with people collating information about people's life history and interest, with a view to develop the activities and entertainment programme. We observed a game of carpet bowls being played with a small group of people in the morning and a member of staff playing cards with one person. The registered manager had recognised the need to encourage more people to socialise and had set up a coffee morning for people and their families to attend. One person said, "I go to the coffee mornings and bingo, it gets me out of my room."

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and were possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager, things were sorted." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place.

Lessons learnt from complaints had been shared with staff; for example, an action from one complaint was for all staff to undertake training in managing behaviour that is challenging. We saw from staff training records that this had been completed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

# Is the service well-led?

## Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 spoke positively about the registered manager. One person said, "The manager is marvellous, they run a tight ship. Everyone knows what is expected." A relative said, "The manager is active, available and approachable." Staff also felt well supported by the registered manager. One staff member said, "[Name of registered manager] is good, very fair, trusting and listens to you; they encourage you to speak up and is very hands on." We saw that the registered manager often worked a shift to ensure they kept themselves fully up to date on everyone's needs.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. A relative said, "I've completed a satisfaction survey; the results are usually available to see in the foyer." Another relative said, "I feel I can always ask for an update, it's very open here."

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home each month and undertook audits, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

People's experience of the service was captured and acted upon. For example after discussions with staff and families, the dining room had been refurbished to include an area where people and their visitors could make drinks and sit together.

The provider strived to look at ways to continuously improve the service. The refurbishment programme had improved the environment of the home, which had enhanced the well-being of the people living in the home. Further work was planned to upgrade the kitchen and exterior of the building.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.