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Beaufort Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beaufort Care Home is a care home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building.

People's experience of using this service and what we found

People told us they received their medicines as prescribed however, on the first day of the inspection we found robust practices for the administration and recording of medicines were not always adhered to. On the second day of the inspection we saw improvements had been made around systems to ensure safe management of people's medicines however, the provider needed to ensure the improvements were sustained.

Good record keeping in relation to people's changing needs was not always maintained and this placed them at risk of avoidable harm because staff might not be aware of their actual needs to support them safely. Staff told us they were confident when supporting people and received effective handovers before they commenced duty.

The system for oversight of Deprivation of Liberty Safeguards (DoLS) authorisations was not always followed because one person's DoLS authorisation had expired three months before the inspection. The provider acted immediately and applied for an extension to the authorisation. No changes were noted to the restrictions needed to support the individual. In the main people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a process in place to ensure good governance however, the registered manager did not ensure the system was consistently followed and therefore the above failings were found. The registered manager acknowledged their shortfalls and on day two of the inspection demonstrated commitment to ensure improvements were made.

Sufficient numbers of staff were deployed and recruitment processes were robust. Staff received sufficient training to undertake their role and responsibilities. Staff told us they were supported. People had access to a wide range of health and social care professionals and staff made referrals to specialist services when needed. People told us they were provided with nutritious and appetising meals.

Staff had built trusting relationships with people they supported. We observed positive interactions between staff and people at the service. People told us they felt involved and had their opinions listened to. There was large communal space and we observed people interact and engage in social activities.

People's care plans were not consistently person-centred because they were not always up to date. However, we observed people received individualised care and people told us their wishes and preferences

were respected. People had access to the complaints procedure and told us they felt confident to raise any concerns.

The registered manager encouraged staff, people and relatives to be involved in the running of the service. Regular meetings were held with all stakeholders. There was a strong emphasis towards equality throughout the staff team and this showed during our observations of the support people received.

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

Rating at last inspection

The last rating for this service was good (published 18 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of people's medicines and record keeping at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beaufort Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

Beaufort Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced on day one. We informed the registered manager when we would return to complete the inspection on day two to ensure they were available for feedback.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority's contract monitoring team and other visiting professionals. We used our planning tool to collate and analyse the information before we inspected.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with nine people who lived in the home, five relatives, five members of staff, the registered manager, three members of the senior management team and one of the providers. We looked the care records of five people who used the service, checked the environment and observed staff interactions with people. We also examined a sample of records in relation to medicines, staff recruitment and training, quality assurance checks and accidents and incidents.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People's changing needs were not always risk assessed or care planned. For example, one person's catheter care had changed and staff failed to ensure their care records were up to date and accurate. This placed them at risk of receiving incorrect care and treatment.
- People's medicines were not always managed inline with the providers policies and procedures and national guidance. For example, we observed staff failed to follow safe administration of a controlled medicine. Medicine records showed information about people's as and when required medicines were not always in place or accurate this meant new staff would not always have the necessary information to administer medicines in a person-centred way.
- The registered manager did not consistently ensure good oversight of accidents and incidents because they failed to follow the related policies and procedures. For example, one person had an unwitnessed fall and the manager failed to ensure their care plan and risk assessment had been updated at the time of the fall to reduce the risk of further incidents.
- There was a system in place for lessons to be learnt when things went wrong however, the registered manager failed to ensure this was consistently used because shortfalls in the recording of people's care and treatment and oversight of medicines, accidents and incidents was not always undertaken or effective.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They evidenced acknowledgement of the shortfalls identified and processes implemented to rectify care records and improve oversight of people's changing needs, medicines, accidents and incidents. The provider will now need to ensure these improvements are fully embedded.

- People consistently told us they felt safe. Comments included, "Oh yes, 100% safe" and "Oh yes, very good."
- The environment was safe and well maintained.

Staffing and recruitment

- Staff were recruited in a safe and robust way.

- People told us they were happy with the time it took staff to respond to their request for support. Comments included, "Yes, staff are always around." Staff response times to call bells was prompt and we observed staff react in a collaborative and professional manner when an emergency call bell sounded.

Preventing and controlling infection

- On the first day of the inspection we highlighted some shortfalls with infection control processes these included, storage of protective clothing and handling of clinical waste. On the second day of the inspection we found immediate action had been taken and shortfalls rectified.
- Staff were trained in infection control and prevention.
- People told us they were satisfied with the standard of hygiene and cleanliness at the service. Comments included, "Yes, the environment is lovely" and "This is the cleanest place in the world, my bedding is washed every day."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager did not always ensure people's needs and choices were assessed in a timely way. For example, one person's insulin treatment had been changed for the management of diabetes and staff failed to update their care plan and risk assessment.
- Pre-admission assessments were completed before people were admitted.
- People's care plans and risk assessments showed the use of national guidance and best practice standards for example, assessments for the risk of malnutrition and wounds.
- People told us they were provided with nutritious and appetising meals. Comments included, "It is the best food in the country" and "The food is very good." We observed people were supported to make choices at meal times and the dining service was to a high standard.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The system for oversight of Deprivation of Liberty Safeguards (DoLS) authorisations was not always followed because one person's DoLS authorisation had expired three months before the inspection. The provider acted immediately and applied for an extension to the authorisation. No changes were noted to the restrictions needed to support the individual.
- In the main people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and were provided training to be able to undertake their role and responsibilities.
- Staff told us they received a thorough induction training programme and were supported to learn about the needs and preferences of people they supported.
- A registered nurse told us, "I am more than happy with the training I get, it is enough to keep up my nursing skills."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a wide range of health and social care professionals. Professional guidance was recorded and followed. We saw good examples of people being supported to improve their quality of life through partnership working with external professionals.
- Staff completed hospital passport documents with information about people's current needs and preferences. This ensured effective communication when a person was transferred to hospital or to external health care appointments.

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

- The service was adapted and designed to meet people's individual needs. We observed people who used independently operated mobility chairs had access to all communal areas within the service.
- People's bedrooms were personalised.

Is the service caring?

Our findings

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

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

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

- People told us they received support from staff in a kind, respectful and dignified way. Comments included, "Staff are brilliant, all of them", "Staff are very friendly, you can have a joke with them", "Staff are the best you can get" and "Staff are amazingly patient and very caring."
- Staff and people had formed trusting relationships. A relative told us, "It is excellent here. I love it for [name]."
- Staff supported people to maintain their independence and fulfil daily activities that were important to them. For example, going to the shop and keeping in touch with their family.
- Visiting times were flexible and visitors told us they were made to feel welcome. One relative told us they visited in the morning when their relative was most alert and to help them with their lunch.

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

- The registered manager held regular meetings with people and their relatives. All stakeholders were asked to feedback their experience of the service by questionnaire. People told us they felt involved and that their views were listened to and acted on.
- People's care records showed details of important discussions with them when making decisions about their care and treatment. People told us they regularly discussed their care plan and felt involved in decisions made about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant we could not be sure people's needs were always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff did not always update people's care plans as their needs and preferences changed. This meant people were at risk of receiving incorrect care and treatment. For example, should they be supported by a new member of staff who did not have the correct information available. We have reported on this in the safe, effective and well-led domains of this report.
- One person had returned to the service needing end of life care and support. Staff failed to maintain accurate and up to date records to ensure the care and treatment provided was consistent and in line with their person-centred needs and preferences.
- We observed staff supported people in a person-centred way and understood the importance of individualised care.
- We looked at compliments and thank you cards from relatives following the end of life care their relative was provided. These cards showed a high number of positive comments and praise for staffs caring support.
- People in the main were supported to make decisions about how they would prefer to be supported at the end of their life. Staff were trained in supporting people at end of life. One member of staff told us, "It is a privilege to support people at the end of their life, we are trained and competent to do so."

Meeting people's communication needs

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

- People's care plans included information about their communication needs and preferences. People had access to specialist health and social care services for example, opticians, hearing clinics and speech and language teams.
- The organisation had processes in place to support people with alternative formats of documents such as the service user guide and complaints procedure when needed.

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

- People told us they received a good amount of social activity. We saw people had person-centred care plans for recreational activities and social interests.
- There was a full-time activity co-ordinator who organised group and one to one activities. During the inspection we observed people enjoyed taking part in a quiz in the main lounge.
- People and visitors had access to technology such as voice-controlled music players in the lounge area.

We observed people used these and one person told us, "It is our juke box."

- People told us about trips they had enjoyed last summer. We saw people had access to outdoor areas with high rise planters for those with gardening interests.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise their concerns and were listened to. There was a robust complaints procedure and the organisation listened to people's feedback.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager failed to ensure oversight of good record keeping in relation safe care and treatment, medicines management and the provision of person-centred care.
- The registered manager and provider had failed to sustain good and effective governance of the service.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective record keeping. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They showed acknowledgement of the shortfalls identified and evidenced processes implemented to rectify care records and improve oversight of people's changing needs. The provider will need to ensure the improvements are sustained.

- The provider and registered manager did not always inform us of notifiable incidents. For example, when there a significant allegation of verbal abuse and when someone had sustained a serious injury.

This was a potential breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act (Registration) Regulations 2009. We will follow our processes to consider an appropriate response to this outside inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; ; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us the registered manager was approachable and available for them to speak to. Comments included, "[Registered manager] is one of us, we can see her anytime." And "[Registered manager] is caring and very much involved."
- Staff spoke of an inclusive and positive culture and we observed good team work during the inspection. One member of staff told us, "It is a positive environment here and we have good staff team morale."
- People, relatives and staff were engaged and involved in the running of the service. Staff told us their ideas and opinions were listened to and respected by the senior management team.

- Staff understood and worked in line with their duty of candour responsibilities. For example, when a person's needs had changed, or an incident had occurred staff escalated to involved professionals and provided an explanation when needed. There was a duty of candour notice board with information available for people and visitors to access in the main entrance.

Working in partnership with others

- People's care records showed staff worked in partnership with others including health and social care professionals.
- A visiting professional told us staff were good at communicating with them and working in partnership.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The provider failed to ensure people's care and treatment was consistently safe. The provider failed to ensure people's medicines were consistently managed in a safe way. |
| | Regulation 12 (1) (2) (a) (b) (g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider failed to ensure an accurate, complete and contemporaneous record in respect of each service user was maintained. |
| | Regulation 17 (1) (2) (c) |