

Wentworth Healthcare Limited

Beaumont Court

Inspection report

North Petherwin
Launceston
Cornwall
PL15 8LR

Tel: 01566785350
Website: www.beaumontcourt.co.uk

Date of inspection visit:
27 April 2017

Date of publication:
22 May 2017

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We previously carried out a comprehensive inspection on 5 July 2016. A breach of the legal requirements was found. During that inspection we found that the service required improvement in relation our question; Is the service effective? because staff did not understand the requirements of the Mental Capacity Act 2004 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act 2005 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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection in July 2016 we found people's care records did not clearly record if there had been any capacity assessments carried out to check if people could make specific decisions for themselves. There were people living at the service who had been recognised as not having capacity to make specific decisions for themselves, were not free to leave and were under close supervision. These people had not been identified and judged as potentially being deprived of their liberty. DoLS authorisations are specific to the environment the person is in and cannot be transferred without a new authorisation. The registered manager had not identified that this person should have had an application made for a DoLS authorisation now they had moved to the service.

The DoLS policy held by the service did not reflect current practice at the time of the last inspection. This meant staff were not provided with accurate guidance. Not all staff had attended training on the Mental Capacity Act 2005. Staff were not clear on this legislation when we spoke with them. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following this inspection the service sent us an action plan stating how they would address the breach of regulation. We carried out this focused inspection to check that the service now met the requirements of the regulation.

This report only covers our findings in relation to these topics. We checked to see if the service was Effective. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaumont Court on our website at www.cqc.org.uk

Beaumont Court is a care home for up to 40 predominantly older people. At the time of the focused

inspection there were 39 people living at the service. The service had recently changed the service provided from nursing to residential care. This meant that some of the more dependent people had left the service to be cared for elsewhere. Whilst the clinical lead and one other nurse remain working at the service to oversee this change in service provision, the nursing needs of people living at Beaumont Court were now met by the district nursing service.

At this focused inspection we found the service held a comprehensive and accurate DoLS policy. Staff training in MCA and DoLS had been planned for June 2017. The service had one person for whom an authorisation for a restrictive care plan had been agreed. There were conditions applied to this which the service were supporting. The service had made other appropriate applications for other people to be assessed for DoLS, these were awaiting assessment by the local authority. People had been asked for their consent, where they were able, to receiving care. This record was held in their bedrooms. The service had records to show which people living at the service had lasting power of attorney's in place. This meant people's rights were protected.

The service had met the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The premises were in good order. People's rooms were clean and well maintained. There were no unpleasant odours in the service throughout this inspection. There had been recent building work undertaken following a Food Standards Agency inspection.

People told us they enjoyed the food which was prepared on the premises. A four week meal plan provided people with choice. The chef was knowledgeable about people's dietary needs, preferences and dislikes. Food and fluid charts were kept for a period of three days when this had been deemed necessary for people's well-being. The charts were then reviewed and any appropriate action taken.

Newly employed staff were required to complete an induction before starting work. The induction was in line with the Care Certificate designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice.

Staff were supported by supervision, staff meetings and informal discussions on a regular basis. Staff had annual appraisals.

People who had been assessed as being at risk from developing pressure damage to their skin were provided with pressure relieving mattresses. The service regularly checked these mattresses to ensure they were set correctly for the person using them.

People had access to healthcare professionals including GP's, district nurses and chiropodists. Care records contained records of any multi-disciplinary visits. A visiting healthcare professional told us that the service provided good care and support for people and reported any concerns to them effectively.

The registered manager monitored records of individual staff training attendance and could identify when staff had attended training and when the next update was due. Planned training was arranged for continence care, safeguarding adults and infection control.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective. The legal responsibilities placed on the service by the Deprivation of Liberty Safeguards legislation, part of the Mental Capacity Act 2005, were effectively carried out.

People received care and support from staff who were well trained and supported.

Staff were provided with supervision, staff meetings and appraisals.

Beaumont Court

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.

We undertook an announced focused inspection of Beaumont Court on 27 April 2017. This inspection was completed to check that improvement had been made to meet legal requirements after our comprehensive inspection on 5 Jul 2016. We inspected the service against one of the five questions we ask about services; is the service Effective? This is because the previous concerns were in relation to this question.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager, the clinical lead and two care staff. We spoke with two people who lived at the service. Following the inspection we spoke with a visiting healthcare professional.

Is the service effective?

Our findings

Beaumont Court is a care home for up to 40 predominantly older people. At the time of the focused inspection there were 39 people living at the service. The service had recently changed the support provided from nursing to residential care. This meant that some of the more dependent people had left the service to be cared for elsewhere. Whilst the clinical lead and one other nurse remained working at the service to oversee this change in service provision, the nursing needs of people living at Beaumont Court were now met by the district nursing service.

At our last comprehensive inspection we had concerns that the service was not meeting the requirements of the Mental Capacity Act 2005 legislation.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in July 2016 people's care records did not clearly record if there had been any capacity assessments carried out to check if people could make specific decisions for themselves. There were people living at the service who had been recognised as not having capacity to make specific decisions for themselves, were not free to leave and were under close supervision. These people had not been identified and judged as potentially being deprived of their liberty. One person's care file stated, "Has DoLS in place." It had been recorded that this person had a DoLS but it was from a previous location. When we checked with the Supervisory Body (Cornwall Council) they did not have an authorisation in place for the person concerned. The registered manager had not identified that a new application for a DoLS authorisation should have been made when the person moved into the service. DoLS authorisations are specific to the environment the person is in and cannot be transferred without a new authorisation.

At the last inspection the DoLS policy held by the service did not reflect current practice. This meant staff were not provided with accurate guidance. Not all staff had attended training on the Mental Capacity Act 2005 and staff were not clear on this legislation when we spoke with them. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this focused inspection we found the service now held a comprehensive and accurate DoLS policy. Staff training in MCA and DoLS had been put in place and updates were planned for June 2017. The service had identified that one person's care plan was potentially restrictive and had made an application to the supervisory body which had been approved. There were conditions applied to this authorisation which the

service were supporting.

The registered manager had made appropriate applications for other people to be assessed for DoLS authorisations, these were awaiting assessment by the local authority. People had been asked for their consent to receiving care when they were able. If people had appointed lasting power of attorney for care and welfare to another person and did not have capacity to consent to care themselves, this was signed by the attorney. This record was held in their bedrooms rather than on the electronic care records for access and reference. This meant staff were provided with sufficient information and training to help ensure people living at the service had their legal rights protected.

The service had met the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The premises were in good order. People's rooms were clean and well maintained. There were no unpleasant odours in the service throughout this inspection. There were plans to divide the service in to two units, one for dementia care and one for residential care. Some building work had taken place to re-organise the kitchen areas following a recent Food Standards Agency inspection. The service had employed new kitchen staff and an internal audit had been carried out to address the issues raised by the Food Standards Agency who had issued the service with a three star rating. This work was on going.

People told us they enjoyed the food. All meals were prepared on the premises. A four week meal plan provided people with choice. The chef was knowledgeable about people's dietary needs, preferences and dislikes. Food looked appetising and pureed meals were presented in an attractive manner. People's food and fluid intake were recorded when this had been deemed necessary for people's well-being. Food and fluid charts were recorded for three days when indicated, then action was taken to address any concerns and people's weight was recorded and regularly reviewed.

Newly employed staff were required to complete an induction before starting work. The induction was in line with the Care Certificate. This training is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practices.

Staff were supported by supervision, staff meetings and informal discussions on a regular basis. Staff had annual appraisals. All staff teams had meetings held to discuss matters specific to that group of staff. For example, kitchen staff team meetings discussed changes to meal provision.

People who had been assessed as being at risk from developing pressure damage to their skin were provided with pressure relieving mattresses. The service regularly checked these mattresses to ensure they were set correctly for the person using them. This meant people were protected from the risk of pressure damage.

People had access to healthcare professionals including GP's, district nurses and chiropodists. Care records contained records of any multi-disciplinary visits. A visiting healthcare professional told us that their service visited Beaumont Court twice a day, every day. The service contacted them very regularly to discuss any concerns they may have regarding people's nursing needs. The healthcare professional confirmed the service provided good care and support for people, reported any concerns to them effectively and acted on any guidance given.

The registered manager monitored records of individual staff training attendance and could identify when staff had attended training and when the next update was due. Planned training was arranged for

continence care, safeguarding adults and infection control. This meant staff were provided with sufficient information and knowledge to meet people's needs.