

Beaumont Healthcare Limited

# Beaumont Healthcare Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Beaumont Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, people with mental health needs, a physical disability and sensory impairments. The service is provided from an office based in Eaton Socon.

Not everyone using Beaumont Healthcare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection staff were providing care to 267 people.

### Peoples experience of using this service:

People were safeguarded from the risk of harm by a sufficient number of safely recruited staff who were given skills to safely manage any identified risk. Trained and competent staff administered and managed people's medicines safely. Risk to people were managed well and lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.

Skilled staff were supported, supervised and mentored to effectively meet people's needs. Staff encouraged and promoted people's eating and drinking. Staff enabled people to access healthcare support by working well with others involved in people's care. 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 service supported this practice.

People were cared for by staff with compassion, kindness and dignity. Staff knew people well and they promoted people's privacy and independence. Systems were in place to ensure people made decisions about who and how their care was provided.

People's care was person centred and based on what mattered to them. The provider responded to people's concerns in line with their policies to the person's satisfaction. Systems were in place to meet people's end of life care needs and help ensure a dignified and pain free death. One relative told us that the difference staff made to their family member was they had "Given them a new lease of life."

The registered managers led by example and they fostered an open and honest staff team culture where staff felt valued and supported. Quality assurance, governance and audits helped identify and drive improvements. People had a say in how the service was run and developed. The service and its management team worked with other organisations such as health professionals and safeguarding teams to the benefit of people.

Rating at last inspection: Good (report published 19 August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Beaumont Healthcare Limited

## **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.

Service and service type:

Beaumont Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, people with mental health needs, a physical disability and sensory impairments. Not everyone using Beaumont Healthcare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had two managers 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:

We gave the service five days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. This was so we could speak with a relative or advocate who was able to tell us about people's care.

Inspection site visit activity started on 3 April 2019 and ended on 5 April 2019. We visited the office location on 5 April 2019 to see the registered managers and office staff; and to review care records and policies and

procedures.

What we did:

- Before this inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.
- The provider had completed and submitted 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. We used this information to assist with the planning of the inspection.
- We spoke with seven people using the service, eight relatives of people who could not speak with us, the registered managers, two service managers, a senior care coordinator, a senior team leader, a senior support worker and three care staff. We also received feedback from the local safeguarding authority and one healthcare professional.
- During the inspection we looked at various records, including care records for five people, as well as other records relating to the running of the service. These included two new staff files, medicine administration records, audits and meeting minutes.

# Is the service safe?

## Our findings

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

People continued to be safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered managers worked with the safeguarding authority and took necessary action including changes to how staff checked medication records for accuracy.
- Staff were trained and they had good understanding of how to safeguard people. One person said, "My [staff] are always on time. Within a few minutes. I feel safe knowing they can be relied upon."
- One relative told us that staff were very careful when helping their family member to dress and wash and treating them as an equal. All staff knew who to report any concerns to about people's safety.

Assessing risk, safety monitoring and management

- Risks to people were managed well such as eating and drinking, assessing people's home environment and contacting support services in an emergency including a fall at night.
- Staff knew how to identify risk and take appropriate action including reminding people to use walking aids.
- A relative told us that staff always checked the hoisting equipment and slings before use and were knowledgeable about managing risk to their family member's skin integrity. One staff member told us that people's care plans identified and gave guidance how to manage risks.

Staffing and recruitment

- The provider's recruitment process helped ensure only suitable staff were employed. Robust checks continued to be in place to ensure staff's employment history and photographic identity was up-to-date. One staff member said, "I had a check for any criminal records which came back clear. I had to have one reference to prove that I was of good character. I also had to bring in evidence of my qualifications in care."
- There were enough staff with the right skills to keep people safe. One relative told us, "My [family member] always needs and always has two staff to hoist and move them. I get a phone call if they are ever running late due to traffic." Staff told us that for situations such as staff sickness or other factors such as traffic issues, there were staff available to cover care visits.

Using medicines safely

- People's medicines were administered and managed safely by staff whose competency was checked. People's medicine administration records were accurate and reflected the prescribed medicines details including how it was to be stored.
- Time specific medicines were administered safely such as 30 minutes before food or with water. One person told us, "[Staff] prompt me to take my tablets and that I swallow each one." A person's advocate told us how staff always supervised the person until each tablet had been taken safely.

Preventing and controlling infection

- The provider's procedures, training and monitoring of staff's performance ensured people were supported to minimise the risk of infection including the use of gloves and aprons.
- One person told us how staff always washed their hands before each aspect of care provision.

#### Learning lessons when things go wrong

- Where incidents such as, inappropriate professionalism by staff or a missed care visit had occurred, this had been acted on. For example, staff subject to the provider's human resources procedures.
- Changes including those for staff deployment and medicines' administration charts had been implemented so that staff had all the information they needed to prevent recurrences. One person said, "I have noticed over the past 12 months how much more reliable staff are. I have never had a care visit missed, ever."



# 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.

People's outcomes continued to be consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and staff were provided with relevant training, support and mentoring to meet these.
- Staff provided care and support that was based on guidance such as for eating and drinking. One relative told us how skilled staff were at successfully getting their family member to eat. A feat the relative was not able to achieve.
- We received much praise for the consistency and skills staff showed whilst providing care and support. One person said, "If there is one area I am very happy with it is the way staff care for me. They must have good training as I have no issues with them at all."

Staff support: induction, training, skills and experience

- Staff received regular and effective supervision and training, this gave them the skills they needed. Staff told us that they didn't have to wait for a planned supervision if there was anything needing urgent attention.
- All staff commented favourably about having regular training updates and any requests for training on other subjects was supported such as for Parkinson's disease.
- One relative told us, "I totally feel that staff know exactly what they are doing." Senior staff's practise demonstrated that all staff knew what they were doing.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what and where they ate and staff supported them to eat and drink a balanced and appropriate diet.
- Guidance including that from health professionals such as a speech and language therapist was adhered to including how people needed be observed swallowing each mouthful. An advocate told us staff did this "every single time."
- The staff team promoted good hydration including during periods of hot or cold weather. One relative told us staff ensured there was always sufficient stocks of food and ready meals their family member liked.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and those with a management role continued to work effectively with others involved in people's care such as community nurses. For example, where people needed insulin 30 minutes before their meals, this was enabled.

Supporting people to live healthier lives, access healthcare services and support

- People achieved good outcomes due the way staff enabled access to healthcare services including GP

appointments. One person said, "I see the community nurse most days and they have told me what a good job the [staff] have done keeping me well."

- People's care plans reflected their healthcare needs. However, staff told us that for people living with diabetes they would benefit from having details of what the symptoms of low or high blood sugar were. The registered managers told us they would add this guidance. One relative told us how observant staff had been in identifying a health issue and acting on this promptly. The family member was now well.

#### 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 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 registered managers and staff understood their responsibilities in terms of identifying and acting on concerns about people's mental capacity.

- Staff continued to promote and offer choices in all areas of people's care and support.

- People, when needed, 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 service supported this practice.

- One person said, "[Staff] never assume I want my care. They ask me how I want it to be provided, every time they visit me."

# 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

People continued to be supported and treated with dignity and respect; and involved as partners in their care.

- All people and relatives commented positively about how compassionate, caring and respectful staff were. One person said, "Nothing is too much trouble and [staff] are nothing but polite and understanding." A relative told us how mindful staff always were in respecting their family member's dignity and being cared for with kindness.

Ensuring people are well treated and supported; respecting equality and diversity

- Two care plans we looked at lacked detail such as 'transfer from bed to commode', 'I need assistance to shower/wash and dress' and 'assist to walk to the toilet', but no detail what this assistance consisted of.
- The registered managers said they would use care staff's knowledge to inform care plans in greater detail. Staff however were able to describe in great detail how they supported people to achieve successful outcomes including having a wash whilst sat on a perch stool in the kitchen.
- People were treated with equality no matter what their needs were. Feedback we received showed that all staff were mindful of people's needs and assisted people to be independent whatever their needs were. One person said that staff were, "Truly caring and would do whatever was needed." the registered managers ensured staff of people's chosen gender always provided their personal care.

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

- Staff supported people to make decisions about their care. Decisions about people's care were recorded in their care plans such as, their favourite drink or newspaper. One relative told us how management and staff had offered all practical options in respect of providing care and what would benefit the person the most. For example, an early care visit where the person went to a day centre.
- Staff signposted people and their relatives to sources of advice and support or advocacy. One advocate told us how their views were respected and acted on according to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they promoted and respected people's private time and to uphold people's independence with dignity. One person said, "I need help yes, but [staff] do not rush me. I am given privacy in my home and I get help to do the things I can't, like cleaning." One relative told us that staff had great patience and were 'exceptional' when it came to being respectful. Staff were very kind, considerate and patient with people.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were met through good organisation and provided in a way that individually met their needs, people's care was person centred.
- Staff knew precisely what each person's needs were and acted on these. For example, one person was very satisfied that they were able to assist staff when being hoisted. Another person had been supported to watch a fly past of military aircraft they had a passion about. The person told us, "I can't do much but I have full control about being hoisted. It's a team effort." A relative praised staff for fully understanding how to care for people with visual impairments. One person told us, "[Staff] really do make a difference to me. I couldn't live at home without them. They do everything I can't."
- Regular reviews of people's care ensured staff had relevant information including changes to care visit times. A relative said that they were consulted about their family member's care needs. They said, "[Management [staff] stayed over an hour, they were very thorough. It is wonderful to see how ingenious staff are in persuading my [family member] to eat."

Improving care quality in response to complaints or concerns

- The provider adhered to their complaints process when this was needed. All people and relatives confirmed to us they had no complaints at all. One person said, "I ring the office [staff] and things are sorted, a change of care visit times, I have had my care increased due to changes in my health."
- The provider also used compliments to identify what worked well. Compliments included those where people had regained skills to knit clothes for grandchildren and situations where staff's skill had enhanced people's lives including being able to get out of bed and go into the garden, all down to staff's perseverance.

End of life care and support

- People received end of life care when needed. Staff received training on this subject and the registered managers and management team worked with palliative care nurse teams, GPs and others such as, religious groups when people needed end of life care.
- As well as staff skills, policies and procedure helped ensure people could have a dignified and pain free death. One compliment praised the staff who, 'Without exception, had showed great professionalism and given dignity and so much compassion'.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered managers led by example and understood their responsibilities such as, prominently displaying their ratings poster and submitting notifications to us without delay. This was done consistently and actions were taken to improve the service.
- This included working with the local safeguarding authority, commissioners of care and health professionals such as, district nursing teams. A health professional told us that communication with the registered managers resulted in better outcomes for people as the service acted on their guidance and recommendations.
- Staff were supported positively in their role with a robust induction, shadowing experienced staff, ongoing supervision, training and staff meetings. Feedback to staff was positive. One staff member said, "I don't have to wait for a supervision. I can approach either [registered] manager. They listen and act. I feel totally supported and valued."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic

- People, relatives and staff were unanimous in recommending the service. One person told us, "I used the service before going into hospital. I am now back with it and wholeheartedly recommend it to anyone." A staff member said, "We represent the service in all that we do. I would let them care for mum." Where people had raised minor issues, these had been resolved.
- Staff were united in praising the provider for having a culture of being open and honest with each other. One staff member said, "I see the management team either out in people's homes or at training in the office. I can raise comments and I am listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's views and comments about the quality of their care were sought frequently. Meetings with people were based on the person's needs such as a face to face meeting for people with hearing impairments. Compliments fed back to the provider included, '[The service] and staff are simply excellent' and '[Staff's] heart is in the right place and they all look after me beautifully'.
- One person said the management team had responded positively to their concerns by apologising, investigating their concerns, acting swiftly and monitoring the situation. One relative told us the management team met with them regularly and that the quality of care for their family member had been good ever since.

#### Continuous learning and improving care

- Audits were completed for a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. For example, with medicines' administration records (MAR). A new risk assessment form and MAR sheet had recently been introduced and these had been welcomed by staff.
- One staff member said, "We used to have regular reminders to sign the MAR sheet. It is now much easier to see if you have missed a signature." Many people told us they were completely satisfied with the service as it met their needs well. One relative told us in the only time they had needed to contact the office to ask where care staff were, their concerns had been acted on, without further incident.
- The provider used a feedback survey to help gauge the quality of care. Analysis of this showed continued improvement from the 2016-2017 survey.