

Claremont Care Limited

Beaumaris Court Care Home

Inspection report

Beaumaris Road
Newport
Shropshire
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Beaumaris Court Care Home on 23 April 2015 and was unannounced. At the last inspection on 13 October 2014, we asked the provider to make improvements to ensure that care and treatment was planned and delivered to meet people's needs and preferences. To ensure there were sufficient suitably qualified staff available to meet people's needs and people's dietary needs were monitored. We also asked for improvements to be made to how the provider assessed and monitored the quality of care. We received a provider

action plan, which said that the legal requirements would be met by 12 April 2015. We found that some improvements had been made, but further improvements were still required.

Beaumaris Court provides nursing and personal care for up to 30 people. People who used the service have physical health and/or mental health needs, such as dementia. At the time of our inspection 27 people used the service.

The service did not have a registered manager in post, but there was a manager who had recently been

Summary of findings

employed with a view to becoming the registered manager. 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 and associated Regulations about how the service is run.

We found there had been some improvements made, which ensured there were enough suitably qualified staff available to meet people's needs during the week. Further improvements were needed to ensure that there were enough staff available during the weekends.

The manager had recognised the improvements required to ensure that people received a good quality of care. Systems were being developed by the manager to monitor and assess the quality of the care provided, but some of these had not been fully implemented.

People told us they felt safe and staff understood the procedures to follow to keep people safe. The manager had identified concerns and reported these under the local reporting procedures.

People's risks were assessed in a way that kept them safe and incidents were recorded and monitored to ensure that further occurrences were prevented.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found that the provider and staff understood these requirements and had undertaken assessments that ensured people were supported in their best interests.

People were supported to eat and drink sufficient amounts and people's nutritional needs were assessed and monitored.

People told us that staff were kind and caring. We saw that staff treated people with respect, gave choices and listened to what people wanted.

People told us they were involved in hobbies and interests that were important to them. People were involved with the planning of their care and care was provided in a way that met their preferences.

The provider had a complaints procedure that was available to people and complaints were acted upon by the manager.

Staff told us that the manager and senior staff were approachable and led the team well. The manager promoted an open culture and recognised where improvements were needed and had action plans in place to act on these.

Summary of findings

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 consistently safe. We found that there were enough staff available to meet people's needs in the week but improvements were needed to ensure that there were sufficient staff available at weekends. People were safe because staff understood their risks and how to support people safely. Medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective. We found that staff had received an induction and were trained to carry out their role effectively. People consented to their care and staff supported people to make informed decisions. People were supported to maintain a healthy diet and concerns were referred to appropriate health professionals.

Good



Is the service caring?

The service was caring. Staff treated people with care and compassion. People's choices were respected and we saw people being treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People were encouraged to participate in hobbies and interests that met their individual preferences. People and their relatives were involved in the planning and review of their care. The provider had a complaints policy available for people should they wish to make a complaint.

Good



Is the service well-led?

The service was not consistently well led. We found that some improvements had been made and a newly appointed manager was developing ways to monitor and develop the service. These new systems still needed to be implemented and sustained within the service. Staff were positive about the new manager and the improvements made. Staff felt listened to and involved in the development of the service.

Requires improvement



Beaumaris Court Care 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 was planned to check whether the provider was 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 inspection took place on 23 April 2015 and was unannounced.

The inspection team consisted of an inspector and an inspection manager.

We reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also gained information about the service from local authority commissioners.

We spoke with seven people, four relatives, seven care staff, the registered manager and the operational manager. We observed care and support in communal areas and also looked around the home.

We viewed four records about people's care and records that showed how the home was managed. We also viewed four people's medication records.

Is the service safe?

Our findings

At the last inspection we found that there were insufficient staff employed to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to ensure that there were sufficient staff available to meet people's needs. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made to the amount of staff available but further improvements were required.

We saw that there were enough staff during the inspection and staff supported people in a calm and unrushed manner, talking with people whilst they provided support. People told us there were enough staff available in the week, but they sometimes had to wait at the weekends when they needed staff. One person said, "I don't really have to wait in the week, but I seem to have to wait longer at weekends". A relative said, "The issues are at the weekend, there has been an improvement and there are more staff but the numbers drop at the weekend". Staff we spoke with told us that the amount of staff available at the weekend was less and this meant that people had to wait longer for their needs to be met. One staff member told us, "Weekends can be more difficult as we don't have the hostess to help with lunch and drinks. We do manage and people receive support but sometimes we have to explain to people that they may have to wait". We spoke with the manager and the operational manager who were aware of the concerns raised by staff and we saw that there were plans to increase the staffing levels at the weekend when further staff had been appointed.

People we spoke with told us they felt safe and the staff treated them well. One person said, "I feel safe here. They treat me well". Another person said, "I would tell staff if I was unhappy with how staff were treating me, but I have no concerns they [staff] are all so kind". Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm. They told us they could

speak with the manager about their concerns. One staff member said, "I would report any concerns to the manager and make sure it is recorded. I would not hesitate to raise any concerns and I know the manager would deal with them". We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe.

Staff we spoke with explained the individual needs and risks for people who used the service and how they made sure they were kept safe. We saw that manual handling risk assessments were in place where people had limited mobility. Staff told us how they managed these risks and the equipment required to ensure that people were transferred safely. One person had been assessed as being at a high risk of pressure damage and required regular repositioning by staff. We saw staff assisted this person to move and viewed records that showed when the person had been repositioned. We saw that risk management plans contained details of the actions required to lower any risks whilst staff supported people to be as independent as possible. The records we viewed confirmed what staff told us and what we observed on the day of the inspection.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The manager had monitored these incidents and recorded the actions taken. For example; risk assessments had been updated following accidents or concerns to reduce the risk of further incidents.

People told us they were supported by staff to take their medicines and they received them when they needed them. For example, one person told us that if they were in pain they told the staff and were provided with pain relief. We observed staff administered medicines to people in a dignified way by talking to people face to face and explaining what the medicine was for. Staff were trained in the safe administration of medicines and the provider had a policy in place which staff told us they followed. Medicines were stored securely and there were systems in place that ensured medicines were kept at the correct temperature. We found that the provider had effective systems in place that ensured medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

At the last inspection we found that people were not supported with their nutrition needs effectively. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way they supported people to eat and drink sufficient amounts. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

We carried out an observation and spoke with people at lunchtime to understand their mealtime experiences. One person told us, “The food is very good, I enjoyed my meal”. A relative we spoke with said, “The food has really improved and staff are chatting with people more whilst they have their meal, which is better”. We found that people were offered a choice of meal by staff and staff gave people time to decide. Where people were unsure staff showed the choices of meal to help them decide. We saw that staff sat with people and engaged and interacted with people throughout the meal. Staff assisted people to eat in a caring and patient way, giving encouragement and time so people could enjoy their food. We saw records that showed nutritional assessments had been completed. Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored regularly. We saw that people who were at risk of weight loss were given food supplements that ensured they received sufficient amounts to eat. One person had been assessed as being at high risk of choking and required supervision at mealtimes by staff. Staff sat with this person whilst they ate their meal. We observed people being offered drinks throughout the day and staff helped people with their drinks where needed.

At the last inspection we found that staff were not sufficiently trained. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements which ensured that staff had received

sufficient training to provide support to people effectively. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

Staff we spoke with told us there had been an improvement in the training they had received. One member of staff said, “The training has been improved. It’s helped me to carry out my role”. Another staff member said, “I’ve had training updates, which has been useful. I’m happy to do any training that helps”. We saw training records that confirmed what staff had told us. Staff also told us they had received an induction when they started to work at the service. One staff member said, “The induction I had was really helpful and I felt confident to carry out the role”. We saw records that staff received support and supervision from senior staff. Staff told us these were helpful and gave them the opportunity to discuss any concerns and ways they could develop in their role.

People told us that they consented to their care and that staff always explained their options to them. People had been involved in their support plans and were able to tell us why they needed support with certain decisions. Staff understood their responsibilities under the Mental Capacity Act 2005 and explained how they supported people to understand decisions that needed to be made. For example; staff understood people’s individual communication needs and how to recognise what they needed. We saw mental capacity assessments had been completed where people were unable to make decisions for themselves and care plans contained details of how staff needed to support people in their best interests.

The manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. There were no DoLS authorisations in place at the time of the inspection, but the manager was able to explain how they had considered whether any referrals were required. The records we viewed confirmed this.

People told us they received care from health professionals. One person said, “If I’m not well I get to see the doctor”. Another person said, “The doctor comes in weekly, so I can see them when I need to”. We saw referrals

Is the service effective?

had been made to health professionals such as; speech and language therapists, tissue viability nurses, consultants and doctors who had been involved in monitoring and maintaining people's health and wellbeing.

Is the service caring?

Our findings

People told us they liked the staff because they were kind and caring. One person told us, “Staff are caring. They are brilliant. They all care what happens to us”. Another person said, “I like all the staff they care about us all”. We saw that staff were patient and gave people time when they were providing support. Staff showed care and compassion when they provided support by using eye contact and reassuring hand touches and we saw people were comfortable when they spoke with staff.

People we spoke with told us they were given choices. One person said, “I choose what I want to do. I like to get up early and go to bed early, I always have done and staff help me to do this. Staff always ask what I want to do”. One person told us that they liked to stay in their room and staff respected their choices but checked to see they were okay throughout the day. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day, such as meals, drinks and where they wanted to go and what they wanted to do. Staff gave people time to respond to questions and staff listened to people’s wishes and acted upon them.

People told us they were treated respectfully by staff. One person told us that they liked to stay in their bedroom and staff respected their wishes and always knocked before

they entered their room. A relative told us that they were given privacy when they visited and they were able to visit at any time and they saw that staff treated their relative in a respectful, dignified way. Staff told us they ensured they promoted people’s dignity and ensured that people felt comfortable when they were providing support. For example, staff told us they explained the support they were going to provide and ask if it was okay for them to carry this out. We saw staff spoke with people in a way that promoted their understanding and that made people feel that their views and wishes were important.

Staff told us a ‘dignity champion’ role had been recently implemented at the service and staff were very positive about the role. A dignity champion is a person who ensures that staff are aware of how to maintain people’s dignity and promotes good practice. We spoke with the champion who was very passionate about the role they had been given and explained how they ensured that people’s dignity was maintained. They told us, “Sometimes staff can be unaware that even little things can be undignified and my role is to ensure that staff understand and I am a point of contact if staff need any advice”. We saw that a ‘dignity tree’ had been erected on the wall near to the main reception and people who used the service had been able to identify what is important to them and what makes them feel dignified. We also saw that ‘dignity blankets’ had been put in place which ensured that people’s dignity was maintained when they were being assisted to move.

Is the service responsive?

Our findings

At the last inspection we found that people were not always supported in a way that met their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way they supported people to receive care that met their individual preferences. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

People we spoke with told us they were involved in various hobbies and interests within the service. One person said, "I enjoy the entertainment it is very good and we are always asked if we have enjoyed it". Another person said, "I don't always want to get involved in the entertainment and I prefer to go out with family, but what I have seen has been okay". On the day of the inspection we saw there was an external entertainer at the service and people were involved in a 'sing a long' and discussions about St. George's Day. People we spoke with told us that they had enjoyed the afternoon entertainment. We spoke with the dignity champion who was also arranging various activities and working with staff to ensure that people were supported to undertake hobbies and interests that were meaningful and met their preferences. Feedback was gained from people after activities so that improvements and changes can be made taking into consideration people's feedback. We saw that people who had been involved in poetry sessions had given feedback, they enjoyed this and requested it to be a regular activity. Other examples were; food tasting, thoughts of the day and some external music entertainment.

We saw that people's preferences and interests were detailed throughout the care plans. People had been involved in their care plans and these detailed what was important to them and how they liked to be supported and we saw that this was followed by staff during the inspection. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs.

We found that the provider was responsive to people's needs. We saw that staff had responded to a change in people's needs and made referrals to other professionals. Advice and guidance was sought so that the most appropriate care and support was provided. For example, staff had identified that a person's skin had deteriorated and a referral for specialist advice was made and advice was recorded and followed. Staff we spoke with understood people's various communication needs and explained how they responded to various signs and people's individual ways of communication. We observed staff responded to people that corresponded with the plans of care.

People we spoke with told us they knew how to complain and they would inform the manager if they needed to. One person told us, "I would tell staff if I was unhappy" and "Staff listen if I have any problems and they sort things for me". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that complaints had been logged and investigated by the manager. Feedback was provided to the complainant, which included the outcome of the investigation and actions had been put in place to make improvements.

Is the service well-led?

Our findings

At the last inspection we found that the provider did not have effective systems in place to assess and monitor the quality of care provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way they assessed and monitored the quality of the service. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that some improvements had been made, but further improvements were needed.

We saw the provider had made improvements to the systems in place to check the quality of the service provided. A manager had recently been appointed and the operational manager had been involved in the interim management and was supporting for the new manager. Audits were carried out on a monthly basis such as; falls, risks, complaints, accidents and pressure care management. We viewed records that showed the action that had been taken by the manager when problems had been identified. Monitoring spreadsheets were also forwarded to headquarters at the end of each month to be analysed and this ensured the provider was aware of how the service was being monitored and managed. The manager told us that they had identified the need for further improvements in the monitoring of care plan evaluations and medicines to improve the quality of care delivered to people.

We saw that a staffing tool had been implemented and improvements were planned to the dependency plans for people. These would show any changes in people's needs. This would feed into the staffing tool and identify where more staff were needed as soon as people's needs changed. We saw that where we had identified there were not enough staff at the weekend, there were plans in place to recruit staff, but this had not been implemented at the

time of the inspection. This meant that improvements had been made but we were unable to assess whether these were sustained and we will check this at our next inspection.

People and relatives had been involved in giving feedback about the service. We were told that there had been improvements made to the home recently and people told us that they felt listened to, and their concerns were acted upon. One person said, "The new manager is good, I have seen improvements". A relative said, "There have been a lot of improvements recently, especially the food and activities available". We saw that residents meetings were held to gain feedback from people who used the service and actions were recorded. These were made available for people to view, which showed planned improvements from the feedback people had provided. Staff satisfaction surveys had been implemented and staff awards for practice and performance had been put in place. Staff we spoke with confirmed this and told us this was a good idea as they felt they would be acknowledged for good practice.

People we spoke with told us that the recently appointed manager was very approachable and they saw them around the service regularly. One person said, "I was introduced to the manager, they seem nice. I have seen them walking around the home most days". Staff we spoke with told us they could approach the manager with any problems they had and the manager was responsive and listened to their feedback to make improvements within the service. For example, the manager had identified that a medicines audit system needed introducing and had asked for feedback from the nursing staff. One member of staff said, "The new manager is good, they make us feel important and listened to. I can see the difference already and things are getting better". Another member of staff said, "I enjoy coming to work as the atmosphere is different and I feel appreciated and important". The manager said, "I have spoken with staff about the planned improvements. I want staff to approach me and feel that they can raise any concerns. I have an open door policy and staff know they can speak to me at any time". This meant staff felt empowered because the manager and provider promoted an open and transparent culture.