Barchester Healthcare Homes Limited

Chorleywood Beaumont

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

This inspection took place on 29 March 2016 and was unannounced. The home provides accommodation and personal care for up to 55 older people, some of whom may be living with dementia. On the day of the inspection, there were 53 people living in the home.

The service has a 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 2008 and associated Regulations about how the service is run.

People were safe and there were systems in place to safeguard people from the possible risk of harm. There were risk assessments that gave guidance to staff on how risks to people could be minimised. Risks to each person had been assessed and managed appropriately.

The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were trained, skilled and knowledgeable on how to meet their individual needs. Staff received supervision and support, and were competent in their roles.

Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were also supported to access other health and social care services when required.

People were treated with respect and their privacy and dignity was promoted. People were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

There was a robust recruitment process to ensure that all relevant checks had been carried out before an offer of employment had been made.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training and support so that they were competent in the work they performed.

People's dietary needs were met.

People had access to other health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in the decisions about their care.

People's privacy and dignity was respected.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Is the service well-led?

Good

The service was well-led.

There was a caring culture at the home and people's views were listened to and acted on.

The manager was visible, approachable and accessible to people.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

Chorleywood Beaumont

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.

This inspection took place on 29 March 2016 and was unannounced. The inspection team was made up of 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 12 people who used the service, two relatives, eight care staff, and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for six people, checked medicines administration and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and were at ease in the presence of staff. One person said, "I do feel safe and secure." Another person said, "Of course I am safe. I have no concerns." A relative said they thought the service was, "Secure from the point of view that nobody can break in to the place." People said that they would use their call bells and speak to the manager if they felt unsafe.

The provider had detailed policies in relation to safeguarding and whistleblowing that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was available by the entrance to the building. This included guidance on how to report concerns and contact details of the relevant agencies. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, "People are safe here." They described the various types of abuse and knew what to do to ensure that people were protected from the possible risk of harm. Another member of staff said, "I am confident that if I report any concerns, it would be investigated and dealt with appropriately." The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

There were personalised risk assessments for people that gave clear guidance to staff on any specific areas where people were more at risk. The assessments identified risks associated with people's mobility, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. Staff told us that the risk assessments helped them to identify, minimise and manage any potential risks to support people safely. People told us that staff had discussed with them about their identified risks. One person said, "Staff told me that I have a pressure ulcer on my heel which I got when I had an accident and that I should not rest on it and to protect it." We noted that the risk assessment of another person stated, 'do not give cranberry juice' because the person was on a blood thinning medicine to prevent them from developing blood clots. Staff confirmed that they were aware of their responsibility to keep risk assessments updated and to report any changes and act upon them. One staff member said, "A resident was admitted with dehydration and very unwell and we gave her plenty to drink and monitored her for a while and she is not at risk now." We observed staff using equipment to support and move people safely in accordance with their risk assessments. The service kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. We noted that people's risk assessments had been kept up to date because they were reviewed and updated regularly or when their needs had changed. For example, one person who required to be transferred by the use of a hoist had two members of staff to support them safely.

There were systems in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, fire safety checks and firefighting equipment. Each person had a personal

emergency evacuation plan (PEEP) which gave staff guidance about how people could be evacuated safely in the event of an emergency. The PEEP was colour coded to help staff to identify people who required support from staff, those who required a 'ski pad' and those who were fully mobile. The service had a plan in place to ensure continuity of service in the event of an emergency. The plan included contact details of the management team, the utility companies and the local facilities where people would be able to move to.

People said that there were enough staff to support them safely. One person said, "I think the degree of cover is satisfactory. More than satisfactory." Another person said, "They have to fill in with a lot of temporary people from agencies." People confirmed that calls were answered within a reasonable time. One person said, "I do not have to wait long for them to come." Another person said, "They can't always fly and I wouldn't expect them to." We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people's needs were met. Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required. The manager told us that they were seeking to recruit more permanent staff in view of reducing the use of agency staff.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines. If this was not possible or they did not wish to, then the staff administered them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed. We observed that the nurse wore a 'do not disturb' tabard and handled the medication correctly. They spoke to people at eye level and reminded people what the medicines were for. People were offered a choice of drink with which to take the medication. The overall approach taken was helpful, friendly and professional. The system used was robust and a full audit of the administration of medicines had been carried out. We noted that information about allergies had been recorded and there were no unexplained gaps for current cycle. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them.

Good

Is the service effective?

Our findings

People spoke positively about the staff who supported them in meeting their needs. One person said, "I think it would be fair to say the majority have skills. I don't know what training they have, but it seems pretty good." Another person said, "The regular staff are excellent. My named nurse and the keyworker are very good. They do look after me." A relative said, "Some staff are very good. The agency staff are not the same as the nursing staff. But they are caring."

Staff received a variety of training to help them in their roles. One member of staff said, "The training is very good. We are always given opportunities to attend training." Another member of staff said, "I have done my induction and all my training and we are reminded when the next one is due." We noted from the staff training records that staff had undertaken relevant training and had completed yearly refreshers. They had also attended other specific training such as dementia care, infection control and skin care. The manager said that they made sure that all the staff received all the relevant training they need so that they had the right skills and knowledge to support people in meeting their needs. They also said that there was an alert system in place to inform them when a training certificate was near expiring. We saw evidence that when a member of staff had failed to attend the required training, a formal letter had been sent to them reminding them of their binding agreement of their employment.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I get all the support I need. I receive regular supervision where we talk about my work and if I need any other training to help me with my work." We noted that staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, "I always ask people how they would like to be supported with their personal care." There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be

appropriate, particularly in the use of bed rails, lap straps and people walking out of the home on their own.

People were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person commented, "The food is nice. I do get a choice. We get different drinks with our meals. Tea and coffee are also available at other times throughout the day." Another person said, "We have plenty to eat. We don't go without. We get fresh a jug of water every day and other cordials are also available to us." A third person said, "Definitely they do give me enough to eat and drink. There is always a choice. There is a normal menu and then there is a 'try something special today'. I am assisted to eat my meals. When in wheelchair I can eat from the tray. Food is always hot." We noted that people were offered a variety of drinks and snacks in between meals during the day. There were drinks brought to people throughout the day as well as fluids available within reach to those in their rooms. We noted that the bar was open prior to lunch and saw a small group of people were enjoying a glass of wine in the bar before their lunch. One person said, "I always have a small glass of red wine before my meals. It's nice we can enjoy a drink when we want to." The manager said people had access to the bar at various times of the day. Lunch was observed and the food was well presented and looked appetising. People were offered a choice for each of the three courses. People were shown the choices of plated food at the table and made their decision at that time. One person said that they chose to eat all their meals in their own rooms.

Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. One person said, "My named nurse checked my weight and told me that I had lost some weight so I have to build up my weight by getting my appetite back." We saw that where food supplements were prescribed, these were provided and recorded in line with the prescription. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered.

People told us that they were supported to access other health and social care services, such as GPs, dietitians, community nurses, and hospital appointments by their named nurse so that they received the care necessary for them to maintain their wellbeing. One person said, "I see the GP, the dentist and the visiting chiropodist. My named nurse makes the appointment for me when I need to see someone." There was evidence that people had received support from health care professionals and that their health needs were met. On the day of the visit, an optician was carrying out eye tests on site. One person said that they had seen a GP and that they had been sent to hospital in an ambulance supported by a member of staff. Another person said she had seen a chiropodist and a dentist. A relative said, "The doctor comes in and I see her if [relative] needs to. Otherwise I talk to the nurse and she does it for us." Another relative said, "[Relative] had seen a physiotherapist and an optician recently." We noted from care records that people had access to the tissue viability nurse who advised them on any concerns on pressure area care to prevent people from developing pressure ulcers.

Good

Is the service caring?

Our findings

People told us that staff were caring, friendly and provided care in a compassionate manner. One person said, "The staff are very good. They've looked after me very well." Another person said, "Certainly very adequate in terms of care and service. Generally caring is good. I am happy with the care I get. Staff know me well and they are helpful." A relative said, "It varies sometimes when there are agency staff. They are not the same as the regular staff. Overall, the care [relative] receives, we are happy with it."

People and their relatives told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. One person said, "I do make my own decisions. I let my named nurse know. Sometimes we talk about it and they do listen to me." Another person said, "My relative is also involved. She does help me with it."

We observed good interactions between staff and people who used the service. Staff were caring and supportive. We saw some excellent examples of care provided with kindness and empathy. For example, when staff hoisted a person, they explained to them what they were doing and checked whether the person was not uncomfortable during the manoeuvre. Another person wanted to go to their bedroom and staff encouraged them to stay in the lounge area and socialise with others, explaining why it was good for them. However the person insisted they went to their room and this was accommodated. We also observed that staff held hands with people whilst discussing where to sit. At lunch time, staff were seen to be affectionate towards people, such as stroking their arms and asking them whether they were looking forward to their lunch.

People told us that staff respected their privacy and maintained their dignity. One person said, "The staff are always respectful. They never come in without knocking." Another person said, "Privacy and dignity is respected. They knock on the door and I ask them to come in. When they give me a wash, they close the curtain and cover me up. Something I insist on." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights. A member of staff said, "Respecting people's privacy and dignity is their human right and we promote it here." Another member of staff said, "We ask people how they would like to be supported with their personal care and we try to make sure that people continue to do as much as possible for themselves." We noted that staff knew the names of people and were on first name terms with them. Some staff called people 'darling' as a term for endearment. People had brought personal belongings to decorate their rooms. One person had photographs of themselves and pictures that reflected their life. Another person said, "I got all the mementoes I had in my bedroom at home. All my clothes. All my photos were here. It makes me feel I am at home."

Staff were aware of their responsibility to maintain confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the provider's office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. One person said, "I do get enough information. If not I seek it. I ask at the reception." People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that they had provided information about themselves when they had their assessment of needs carried out. We noted from their care plans that they and their relatives had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We noted that information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "I like my food and staff know what I like." Another person said, "I have a routine, I get up early in the morning and I am ready for my breakfast. I also go to bed early too. Staff know what things I like and don't like."

Care records were individualised, personalised and provided information about the individual, their past history, medical conditions, daily progress and evaluation records, their risk assessments and other information relating to the person's health and wellbeing. There was sufficient information for staff to support people in meeting their needs. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently. Food and fluid charts had been fully completed and reviewed on a daily basis. Other records held in people's rooms were up to date and showed that people were cared for as planned. People indicated that they are able to make choices about how they lived including what they ate, where they spend their time and when they got up and went to bed. One person said, "I get up and go to bed when I want." Another person said, "I make it a rule that I won't go to bed before 10:00pm. I choose to eat in my room. I manage my own finances and other affairs."

The activities were varied, enjoyable and aimed to motivate and engage people. People were actively encouraged to make suggestions for activities they would like through their activities coordinator. On the day of the inspection, we observed people joining in art and craft activities and some people had a trip to the local garden centre. People said that trips to the shops and restaurants are also offered. One person said, "Nice facilities. The entertainment or occupation that comes round is good. There's something for people to do." Another person said, "We won the garden competition 'Barchester in Bloom' and we were presented with our certificate by a well-known garden television presenter." A hairdresser was available and a bar was open at different times of the day. A visitor said that their relative enjoyed the music sessions and the art classes. They also said, "We've been on a trip to a store." We also observed that some people were having their nails painted.

The provider had a complaints policy and procedure in place and people were aware of this. People we spoke with told us that their concerns had been taken seriously and dealt with appropriately. One person said, "I have made one or two complaints but they sort it out for me." We looked at the complaints book and noted that all written complaints received had been investigated and responded to. We also noted that the service had received a number of compliments.

Good

Is the service well-led?

Our findings

The service had a registered manager. People and relatives knew who the manager was and felt that he was approachable. People were complimentary of the care they received. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. We noted from the most recent minutes of the staff meeting held on 16 March 2016 that there had been a number of issues discussed such as answering the call bells in a timely manner, introduction of the higher national minimum wage, recruitment drive and general maintenance of the home. Staff told us that they were encouraged to contribute to the development of the service so that they provided care and support that met people's needs and expectations.

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak to them at any time. People told us that they knew the manager and that they spoke to them regularly. One person said, "he is very approachable and a very busy man." Another person said, "I see him in the mornings when he comes in."

Regular in house 'residents' meetings were held to discuss any issues they had and to inform them of on future events. One person told us they discussed, "Things that happen here or don't happen. Anything that's on your mind, you can talk about and people chip in. Sometimes at the meetings, they tell us what they intend to do." We noted from the most recent minutes of the meeting that people had discussed how the home was run, their experiences of living at the home, issues with the laundry, call bells, activities and the food. We also noted that there was a food committee where people who used the service discussed with the catering staff regarding the quality of food and positive feedback from people had been received.

We noted from the most recent questionnaire survey carried out in 2015, the feedback had been positive except for some concerns relating to the laundry service and mealtimes. The manager said that they had addressed these issues by ensuring that clothes were labelled securely and setting a food committee where the catering staff were involved. The feedback from the relatives questionnaire survey was also positive except for the concerns raised about the use of agency staff which the manager had taken on board to recruit more permanent staff.

The provider had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that robust records were mainly kept in relation to people's care, and we saw that further

guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision. The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.