

Beauchamp House Nursing Home Limited

Beauchamp House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this inspection of Beauchamp House Nursing Home on 16 May 2017 and 18 May 2017. The first day of the inspection, on 16 March 2017, was unannounced. We returned on 18 March 2017 to spend time speaking with people living at the service and staff. When the service was last inspected in February 2015, no breaches of the legal requirements were identified.

Beauchamp House Nursing Home provides residential and nursing care for up to a maximum 54 people. At the time of our inspection, 51 people were living at the service. The service specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care.

Within the grounds of Beauchamp House Nursing Home there are thirteen sheltered housing units where people can live independently or access personal care. At the time of our inspection, nobody living within these houses was receiving personal care from the staff at the service.

There was a registered manager in post. 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.

During this inspection, we found that people were not always fully protected against the risks associated with medicines. Although people told us they received their medicines on time, people were exposed to risk of not receiving their prescribed medicines as stock balances were not always effectively maintained or monitored. This had not been identified by current governance systems.

People, their relatives and staff commented less positively about the staffing levels at the service and staff told us that people did not always receive quality, person centred care. In addition, during a review of care records, we found a small number of examples of where risk management guidance was not fully completed.

People at the service told us that activities did not meet their needs and relatives we spoke with said the same. Staff told us they felt the current activity provision was poor. We have made a recommendation in

relation to activity provision. One person told us they were not told of meetings they wished to attend and relatives told us the provider was not always responsive following the meetings. People, relatives and staff gave mixed feedback on the management and leadership of the service.

People at the service told us they felt safe with the staff that supported them. Staff understood how to safeguard people and recruitment procedures were safe. Incidents and accidents were reviewed. The service was clean and the environment and equipment was maintained.

The service had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We saw examples of how the service had involved people and their representatives in decision making processes.

People said they received effective care. Staff had received training, supervision and appraisal from the service management. There was an induction aligned to the Care Certificate and staff told us the induction was good. People were supported when needed to eat and drink. Where required, additional healthcare professionals were consulted.

People said that staff were caring. The service had received compliments to this effect and relatives we spoke with commented highly on the staff. People's privacy and dignity was respected and through our observations we saw people and staff had good relationships. Staff understood the needs of the people they supported and people's visitors were welcomed. The service was accredited by the Gold Standards Framework (GSF) for providing a high standard of end of life care.

People commented that staff were generally responsive but did tell us they had to wait at times to receive care. A pre-admission process was followed to ensure the service could be responsive to people's needs. Care records were personalised. There were systems to communicate people's care and treatment needs between staff. The provider had a complaints procedure. The service had also received positive testimonials from external professionals that were forwarded to us following the inspection. The service received support from the provider and there were some effective governance systems in operation.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not always managed safely.

People and staff spoke negatively about staffing levels.

Recruitment was completed safely.

Staff understood how to safeguard people at the service.

The environment was clean and maintained.

Is the service effective?

Good 

The service was effective.

People said they received effective care from trained staff.

The service met the requirements of the Deprivation of Liberty Safeguards.

Staff received training, supervision and appraisal.

People were supported to eat and drink sufficient amounts.

People had access to healthcare professionals where required.

Is the service caring?

Good 

The service was caring.

People and their relatives said staff were caring.

Compliments had been received from people and their relatives.

People's privacy and dignity was respected.

Staff understood the needs of the people they supported.

People's visitors were welcomed at the service.

Is the service responsive?

The service was not fully responsive.

Activities provided did not meet the needs of people at the service.

Meetings held were not responsive to the needs of people who attended.

There were methods to communicate people's health and welfare needs.

The service had a complaints procedure.

Care records contained personalised information.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

There was a breach of the Health and Social Care Act 2008.

People and their relatives gave mixed feedback on the service leadership.

Staff had mixed views on the leadership and management.

The provider had systems to support the service.

There were governance systems in operation.

Requires Improvement 

Beauchamp House Nursing 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 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 was carried out by one inspector and a nurse specialist advisor. When the service was last inspected in February 2015, no breaches of the legal requirements were identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Where we do not have a PIR available, Inspectors can gather equivalent information during the inspection itself to inform our judgements.

Some people in the service were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. We also looked at nine people's care and support records.

During the inspection process, we spoke with 13 people and five relatives. We spoke with nine members of the care staff team which included nursing and support staff. We also spoke with the registered manager, the deputy manager, and the regional operations manager responsible for the service.

We looked at records relating to the management of the service such as the staffing dependency records,

staffing rotas, policies, incident and accident records, recruitment and training records. We also reviewed information such as meeting minutes and audit reports.



Our findings

The provider had not ensured that people were fully protected from the risks associated with the unsafe management of medicines. The service currently used an electronic medicines monitoring system (eMAR). This system is operated through mobile hand-held devices used by staff when administering medicines. The system contains pictures of people, and colour codes when their medicines are due, overdue or an 'As Required' (PRN) medicine such as paracetamol. The system is also designed to alert staff to when medicine prescription supplies are low and a product requires re-ordering.

People we spoke with told us they received their medicines when they needed them and medicines records supported this. However, during a review of medicines stocks with the deputy manager and a senior care support worker, we found multiple stock discrepancies between the stock amounts shown on the electronic hand-held devices and the physical stock held at the service.

We reviewed the medicines stock levels of six people who received their medicines from trained nursing staff. We initially reviewed the medicines of one person, as the hand held device indicated they had run out of a specific medicine used to treat fluid retention associated with heart failure, liver disease or kidney disorder. This would place the person at risk of not having this medication, which was scheduled for administration the following morning. When we undertook a check of the stock of this person's medicines with the deputy manager, there were seven tablets remaining. This showed the electronic system held the incorrect stock balance.

Following this, we undertook a check of five further people's medicines with the deputy manager. In total, we checked the stock balance of 13 different medicines prescribed to these five people. Of the 13 medicines checked, seven were found to have a discrepancy between the stock held and stock levels shown on the electronic system. We undertook a check of four different people who received residential care and had their medicines administered by senior care staff. A senior member of care staff supported us on these medicine checks. We checked a sample of eight different medicines prescribed to these four people. Seven of the eight balances were found to be correct and one was incorrect.

These discrepancies placed people at risk, inaccurate stock amounts of medicines may lead to people not receiving the prescribed medicines as audits and checks of medicines would not provide assurance that medicines had been given correctly. These findings were highlighted to the registered manager. They immediately contacted the provider of the electronic equipment to discuss the current records held. It was established there were no operating system errors with the electronic equipment. Following a brief review of

the records and medicines by the registered manager it was established that staff were not using the electronic equipment correctly and manually entering some administrations onto the system that had led to stock recording errors. Other errors were also identified whereby staff had not synced the machine as required either prior to or post completion of a medicines round. This had also contributed to incorrect variances in stock levels.

Immediate safeguards were put in place following the identification of these stock errors. The provider's regional operation manager discussed the findings with senior management. A clinical lead attended the service the day following our inspection and undertook an audit of medicines to reduce any risk of people not receiving prescribed medicines. In addition to this, additional training by the provider of the electronic medication system was arranged for all relevant staff and they confirmed this would be completed promptly. The above evidence does not demonstrate the service consistently managed medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we discussed staffing levels with people living at the service, their relatives and staff, we received mixed feedback. Although during the discussions people in general told us their basic care needs were met, we were also told that there was never time to talk with staff or have any personable contact. This view was echoed by staff. People commented positively about the staff that supported them. One person we spoke with commented, "Care staff are outstanding. They are so very busy, they just don't have the time to speak with me. They come in, do as I need and then they have to go." Another said when we asked them about when they used their call bell, "They will come quickly if free, it can take a very long time but most of the time it's ok."

We spoke with four relatives during the inspection period. They also gave mixed feedback on the staffing levels. Comments we received from relatives were similar to that of people at the service. All spoke very highly of the staff, however some said at times it was concerning with staffing levels. One relative said, "Staffing issues are the biggest problem, the weekend staffing is especially poor, sometimes chaotic." In contrast to the negative comments we received, people also told us their needs were met. For example, one person commented, "I think there's enough staff, but I don't need or ask for much help." Another person commented, "I think there are enough to look after me."

During our conversations with nursing and care staff, all except one member of staff told us they felt current staffing levels didn't give them time to provide personalised care. Although staff said in general people's basic needs were met, care was often hurried. One said, "I feel really bad as we can't give people quality time, they want to talk but we just don't have time." Another member of staff said, "To make it person centred care we need more staff. The care is good, but the quality can't be achieved due to the [staff] numbers." A comment from one member of care staff was, "One resident told me they feel they are treated like a machine - in and out [of the person's room]."

The provider used a dependency assessment tool to calculate current staffing levels that they told us was reviewed. We made observations during the inspection where people's needs were not or could not be met in time. For example, one person was ringing their bell and we observed staff walking past the person's room and not acknowledging the person had used their bell. We spoke with the person at 1.46pm who told us they wanted to get in their armchair from their current position and needed support from staff. The person was agitated at having to wait for support. A member of staff attended the room and told the person they needed another member of staff to support them. The person had to wait until 2.25pm to get into their chair.

Another example was a person who rang their bell and was calling "Help" from their room. It later transpired the person had an issue with the oxygen feed they required from a machine for an existing medical condition. The call bell had been ringing for four minutes and the person was calling out. We spoke with a member of domestic staff as we were unable to find a member of care staff. The domestic staff member attended the person's room. After locating further support from a member of care staff who was supporting someone else, the person's needs were attended to after six minutes. During this time period the person sounded distressed and continued to periodically shout "Help." From the feedback we received, in general people said their needs were met and staff confirmed this. However, other comments we received from people, their relatives and staff indicated that care provision was not consistently delivered in a person centred way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's risks were assessed and for most of the care records we reviewed guidance on how to manage an assessed risk was present. All of the care plans we looked at contained risk assessments for areas such as falls, moving and handling, tissue viability and nutrition. Where risks had been identified, the care plans contained clear guidance for staff on how to reduce the risks and how to keep people safe. However, we did find that in one instance a person who required equipment did not have the required records. The person was nursed in bed, however staff told us that at times, at the request of the person, would be hoisted into a chair. Although staff knew the person's requirements for hoisting, the 'Equipment Safety Assessment' relating to the use of the hoist was not present. This was discussed with the deputy manager who told us this would be addressed.

We reviewed the care records for one person who had diabetes. Due to the way the information was recorded within the care records it wasn't evident how the person's diabetes was being managed or monitored and it took time speaking with the deputy manager to establish this. The absence of clear risk management guidance had not ensured nursing staff were fully aware of the person's needs. There was a diabetic care plan in place for this person, however the nursing staff we spoke with were not consistent when explaining the person's needs. In addition to this, although the kitchen staff we spoke with told us that the person received a diabetic diet, the person nutritional risk plan within the kitchen made no mention of their diabetes. This was rectified and amended during the inspection.

People said they felt safe at the service. Although we received some negative feedback about staffing, people said they were safe. One person commented, "The staff are really good, I feel lovely and safe. They treat me well." Another person said, "All lovely staff here, it's very nice. I'm very happy with how they are." A further comment when we asked people about the staff at the service was, "I've felt really safe, staff are so kind here. They are lovely, they are charming."

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of alleged abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training regularly. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event

that may constitute abuse.

We found the service was clean. Communal areas and people's rooms seen were cleaned to a high standard and odour free. Domestic staff were employed to maintain cleanliness standards. There was liquid anti-bacterial gel available at designated points around the building to promote good hand hygiene practice. Staff were observed wearing protective equipment when required which also reduced the risk of cross infection. People and the relatives we spoke with did not raise any concerns about the cleanliness of the service. There were governance systems that monitored the cleanliness of the service.

The environment and equipment used within the service was maintained to ensure it was safe. The provider had dedicated staff that monitored all aspects of the environment and the equipment within the service. We reviewed information that detailed the regular maintenance and servicing of mobility equipment undertaken within the service. Environmental aspects such as legionella risks and lighting were frequently audited. Mobility equipment such as specialist bathing equipment, hoists and slings were also subject to regular checks and servicing. Gas servicing was completed and portable electrical appliances were annually tested for safety.

There were systems to complete a monthly review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. Recent reviews showed no trends in the reported incidents or accidents. All accidents and incidents demonstrated that the registered manager or a nominated senior member of staff had completed the review of the incident.



Our findings

People said that staff were effective and that care delivery was completed by competent staff. One person we spoke with told us, "Staff know how to look after me." Another person told us, "It's excellent here, the staff are good. They always ask if there's anything more I need." A further comment we received was, "I can't complain at all about the care here, everyone is so kind and lovely."

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.

Care records showed that people's capacity had been considered when certain decisions needed to be made. For example, we saw an assessment had been made of whether a person had the capacity to decide if a sensor mat was used in their room. The assessment assessed that the person did not have the capacity to make this decision, so a subsequent best interest decision was held. Records showed who had been involved in making the decision, the options considered and why a particular decision had been reached. We saw other examples of good practice where best interest meetings had been held in relation to the use of bed rails and recliner chairs. We highlighted to the deputy manager that although it was documented people's relatives or representatives had contributed to the decision, they had not signed the relevant section of the form. We were told this would be addressed.

Staff we spoke with understood their obligations under the MCA and how this legislation could impact on their work when seeking consent from people. We heard staff seeking consent before any intervention and waiting for a response before proceeding. People we spoke with confirmed staff asked for permission before supporting them and told us that nothing was done against their will or without consent. Staff confirmed they received training in the MCA. We made observations and heard interactions between people and staff that supported this, with people being offered choice and involvement in decisions such as meals and personal care.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally

authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made appropriate applications for people living at the service and these were currently being processed by the local authority. After reviewing the current DoLS submissions, we spoke with the deputy manager who confirmed two required applications were submitted on the day of our inspection. A senior staff member kept an up to date overview of DoLS applications and their current status. One person currently had an authorised DoLS. The service demonstrated how they monitored people's DoLS as an application to reapply for this person's DoLS had been made due to it expiring shortly.

The provider had an induction process which encompassed the new Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection there were newly employed staff completing the certificate. Staff were further supported with progressive supervisions and observations through the initial stages of their employment. These were done to ensure the new staff member understood their role and were competent at providing care.

The provider had systems in place to ensure staff received supervision and appraisal. We spoke with the registered manager and reviewed a sample of supervisions and appraisals for both nursing and care staff. The registered manager explained how staff had an annual care observation completed to ensure they were delivering effective, person centred care. In addition to this, a minimum of two supervisions were completed and an annual appraisal. The supervisions focussed on matters such as achievements and successes throughout the year and this was summarised, together with a set of annual objectives in the appraisal. The registered manager was aware that only half of the current care staff had received timely supervision as required by the provider and this was being addressed.

Staff received training to carry out their roles. Staff felt they received sufficient training and were supported by the registered manager and provider with additional training. We reviewed the training records within the service which showed staff had completed training in key areas to support them in providing effective care to people. One member of staff said they had received lots of training, including training in dementia management. Another member of staff said, "I feel well supported with the training I receive."

People were supported to have enough to eat and drink. People had been assessed for the risk of malnutrition and dehydration and their weight was regularly monitored. When weight loss occurred, advice and support was sought in a timely manner from the GP. Care plans reflected the recommendations made. The service used a nationally recognised screening tool to monitor people for their risk of malnutrition or obesity. Where advice had been sought, there was a nutritional care plan in place reflecting this guidance. For example, one person with swallowing difficulties had a detailed plan to help their nutritional needs that included information regarding their personal preferences. Staff were aware of this plan and supported the person at mealtimes.

Within another person's care records we evidenced the persons weight loss had been identified and noted by staff. Records showed that in response, staff had encouraged the person to eat fortified meals, offered them frequent milkshakes and requested that the person's GP prescribed vitamin supplements. Records showed this had resulted in the person gaining weight and staff continued to monitor this. We saw that people's fluid needs had been reviewed monthly and risks identified and scored. However, it was identified within some records that when a deterioration of fluid intake identified a risk, it was not clear from the care

records whether this had been noted and responded to by care staff. Accurate records of actions taken would ensure clarity and communicate the person's current needs to staff.

People were able to access healthcare services when required. Care files contained a record of when healthcare professionals had been involved in people's health and care needs. This included when people had contact with their GP. People we spoke with told us they could speak with their GP if they wished and were confident that staff at the service would make contact with the relevant healthcare professionals when required.



Our findings

People we spoke with told us that the nursing and care staff that supported them were very caring. Nobody we spoke with raised any concerns about the staff that supported them. One person we spoke with told us, "I wouldn't want to go anywhere else, I couldn't get by without them. They are like an extension of my family." Another comment when we asked about the staff was, "No complaints about the staff, they are the nicest people and they know what they are doing." Another person told us, "The carers are amazing. I can't thank them enough. They give their time, they're pleasant, nothing is too much trouble. I never hear them complaining."

We reviewed a selection of the compliment cards and messages sent to the service in 2017. This reflected the feedback of people's views about the staff employed at the service that we obtained during the inspection. For example, within one card a person's relative wrote, "I am sending you this short note to express our gratitude for the selfless care she [sender's mother] received." Another card read, "My family and I would like to thank you all so very much for the care, kindness and compassion shown to my mother."

People's relatives all commented very positively about the staff at the service. Although we received less than positive feedback about the staffing levels deployed at times, the relatives we spoke with all wished to point out this was not reflective of the care and effort staff put into supporting people. One relative we spoke with said, "We call in often and we have no complaints." Another relative said, "Staff are nice, very helpful. Wouldn't have a bad word said about them."

People's privacy and dignity was respected. We observed that many people in the service had their door to their bedroom open. When we spoke with them, they told us they were happy with this arrangement and it was their preference. People also told us that staff respected their decision if they had their bedroom door closed. We saw that when people's doors were closed, staff knocked on their door prior to entering and waited for a response. In addition to this, when people received personal care, a sign was placed on their door that read, 'Care in Progress' which reduced the possibility of another person entering the room during personal care.

Throughout the inspection we made observations and heard interactions between people and staff that demonstrated the positive caring attitude towards people staff had. For example, we observed staff communicating with people in a friendly manner. Staff communicated with people in different manners and tones suitable to the person they were speaking with, indicating they knew them well. People appeared at ease with staff and smiled when they saw them. Staff took their time when supporting people, and we heard

examples of this. One member of staff who was supporting someone with their breakfast in their bedroom said, "I'll just wait for you a minute, you're alright. Take your time, there's no rush." Another staff member supporting someone with their mobility said, "We will do this at your pace, we'll keep you safe."

During our conversations with staff it was clear they understood people's care needs well. Staff were able to explain people's individual care and support needs together with their social and lifestyle preferences. For example, staff demonstrated they understood people's risks and how they reduced those risks. They told us people's preferred daily routines, for instance where they spent their day and what they wished to do in relation to activities.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection several visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them. One person we spoke with commented, "I have a lot of visitors and they are always made welcome."

The service was accredited by the Gold Standards Framework (GSF) for providing a high standard of end of life care. The service ensured that advanced care planning for people's end of life care were completed to avoid inappropriate hospital admissions. The service worked closely with the services nominated GP to ensure the service had sufficient medicines and equipment to ensure people were supported at the end of their lives to have a comfortable and pain free death. We saw evidence of advanced care planning for people within their records. Staff we spoke with told us they could also obtain additional support from a local hospice if required.



Our findings

We received negative feedback about the current activities provided at the service from all of the people, staff and relatives we spoke with. We also reviewed a selection of current and previous weekly activity timesheets given to people. Some people we spoke with told us they did not want to participate in activities and preferred privacy, others told us they did not partake in the activities as they were unenjoyable or unstimulating. One person we spoke with said, "I have to occupy myself most of the time, we did flower arranging yesterday. I wouldn't say I'm bored but I sometimes wish for more things to do." Another commented, "I have to watch television, I'm not interested in flower arranging or many of the things they do. I've not been asked what I would like to do." A further comment was, "I look at the activities and don't like any of them." Another person we spoke with said, "I keep myself here (person's bedroom) - there's not much to do."

Relatives and staff gave similar feedback. A staff member said, "The activity staff are very good, but there are no dementia based activities. There is no reminiscence or stimulation. There is nothing for people to do, they can meet for a coffee or arrange flowers. A nurse we spoke with told us, "People are not stimulated and they are pressing their buzzer to get attention. There is a lack of activities, we need more hours for activities." A further comment was, "There are insufficient hours for activities - it's frustrating for us and sad for the residents." A relative we spoke with also raised concerns about activities and told us, "There's not a lot going on, poor stimulation, I've been told they can't afford to provide more."

We reviewed a six week sample of the activities provided to people during 2017 that were printed on a sheet that was given to people. We saw the most of the activities listed were based in the coffee lounge and were themed similar. For example, "Coffee and Chat," "Coffee and Hangman," "Coffee and Newspapers" and "Coffee Morning" were listed as activities. Hairdressing was listed as an activity, although this was done individually for people. During some weeks, two days a week were listed as, "Rest days" and there was no activity provision. Other activities listed included film nights, flower arranging, scrabble and craft afternoons. We did see that at times trips to the local area were held and a Communion service was given.

When we spoke with different staff at the service, they told us there were no activities provided for people with dementia or a cognitive impairment. Staff told us there was no budget available for activities and the service relied on donations and fundraising through raffles and events. Staff told us that the activity staff did not have time to provide any, "One to One" time with people who could either chose to stay in their room or were nursed in bed. All of the staff we spoke with told us the hours funded for activities by the provider were inadequate. From reviewing the activities available, and speaking with people and staff, it was evident that

no multisensory activities to stimulate people was being provided.

We recommend the provider undertakes a review of the current activity provision taking account of published national guidance to ensure this provision meets the needs and preferences of all people at the service.

There were meetings held for people and their relatives, however through conversations with people and their relatives it was not evident these meetings met the needs of the people they were designed for. For example, one person we spoke with told us, "I would like to go to the meetings but I'm not asked." When we asked the person how they knew about the meetings they told us staff mention it after the event. A relative we spoke with told us the management approach to meetings was, "Frustrating" and said it was the provider's policy that management did not attend the meetings as they feel a meeting chaired by administrative staff would encourage people to be more open.

The relatives we spoke with told us this was not the case, and they wished for the management to be present so they could address their concerns in relation to staffing and activities directly to the people responsible for providing it. They told us that at the previous meeting they requested management attendance but stated they felt the meeting digressed and was unproductive. One relative also spoke of how they requested a photo board be made up to show who was on duty so they could establish how many staff were on duty and who was the senior should they have concerns. The relative explained that staff pictures were already available in the coffee area, so felt disappointed this simple request had not yet been actioned.

There was a comprehensive pre-admission process that ensured the service could be responsive to people's needs when they moved in. Following a pre-admission assessment in people's homes or other healthcare settings, a pre-admission summary was produced. This ensured staff had an immediate 'pen picture' of the person they were caring for. The summary included information on the person's personal care requirements, their nutritional and mobility needs, their communication preferences, continence needs and hobbies and interests. This document aimed to ensure staff had relevant, personalised information to enable them to support people in line with their needs and preferences. We reviewed the pre-admission assessment of a person who had moved into the service shortly before our inspection, and saw that a care plan had also been created using this pre-admission information.

Care records showed additional information about people's life histories. There was a document within care records that enabled the life history and social needs of people to be communicated to staff and other healthcare professionals. It had information such as a person's life history, for example their employment and current or past interests. It showed information on the sports the person liked, if they were married or had children, the occupation of their children and if they had any grandchildren. Information of this nature can guide and aid staff when communicating with people living with dementia or a cognitive impairment as it may trigger memories and encourage the person to communicate.

The feedback we received from people in general indicated their care needs were met, although not always timely as reported in the 'Safe' domain of this report. In addition, as reported above, we received information from people, relatives and staff that people's social needs were not always met. One person said, "We sometimes do have to wait a long time before our alarm thing is answered - mostly it's quick, but I have waited as much as half an hour." Another said, "They come when they can but they are so busy. They are obliging, I have to sometimes wait." One person's relative did raise a concern about staff supporting people to be independent and told us, "It's a bit of a hotel model, you know - they bring you drinks but they don't encourage Mum to go to the kitchen and make her own or to be independent."

The service had a complaints procedure and this information was available to people and their relatives. The complaints procedure gave guidance on how to make a complaint and the timelines and manner in which the service would respond. There was information on how to escalate a complaint to the government ombudsman should people wish to contact this department. Complaints were subject to a review and the complaints we reviewed had been responded to in line with the provider's policy.

The registered manager communicated with senior staff to ensure people's needs were met and key messages could be communicated. A weekly 'Heads of Department' meeting was held. This meeting had representatives from the services management, nursing staff, kitchen staff, housekeeping staff and the administrative team. This meeting ensured key messages such as admissions, discharges, visits scheduled from the GP, care planning and new staff members joining the serving were communicated. This enabled the relevant staff members to communicate this information to other staff when needed.



Our findings

The service was unable to demonstrate it was consistently well led. The service has failed to fully meet the regulations and we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during our inspection. This breach had not been identified through the current leadership and governance arrangements in relation to the safe management of medicines.

We received mixed feedback about the management and leadership of the service from people and their relatives. For example, from some people we received positive comments. One person we spoke with told us, "I speak with [Registered Manager name], she is very good." However, other people we spoke with were not fully aware of the structure of the service. One person we spoke with said, "I'm not quite sure who the manager is, but I can normally get someone to help. A further comment we received was, "We don't see much of [Registered Manager name], but I think we should see more." Another person said, "The management keep themselves to themselves, we only see the staff."

Relatives generally commented positively on the service management, however some said they felt the management could be more visible. This was not just in relation to the meetings we have reported on in the 'Responsive' domain, but around the service in general. One relative we spoke with said, "The manager is too buried in paperwork to be available on the shop floor." Another relative we spoke with explained positively how the registered manager had been very supportive in providing care continuity when concerns were raised and said, "[Registered Manager name] is excellent at trying to get things done and has carried through on things."

We received some mixed feedback from staff when we discussed the management at the service. We spoke with one nurse who told us the support they received from the registered manager and deputy manager was good and that communication in the service was good. However, another nurse we spoke with said, "Staff are sometimes shouted at in public by management - the rapport could be improved. The manager is approachable if she's in an alright mood." Although this was not witnessed by our inspection team, a different member of care staff also told us they felt that management were unapproachable and said they would rather approach a team leader or senior member of staff.

Some staff we spoke with told us they felt they did not receive support from the management when needed. One member of staff we spoke with told us, "Management don't help out." Another comment we received was, "The management here are not hands on." However, a member of staff told us that the deputy manager had recently worked a shift and told us that, "Staff were pleased to see her on the floor." Some staff

we spoke with spoke of a lack of teamwork between nursing and care staff. Staff also commented that teamwork is variable, with some putting it down to the pressure created by current staffing levels which had led to poor communication.

Following the inspection, the provider sent us some testimonials from healthcare professionals about the service provision at Beauchamp House. These spoke positively of the service provided to people. An extract from one testimonial, received from a GP responsible for a significant amount of people at the service read, "I feel we have a good working relationship with the nursing and residential care staff who we believe are very caring and professional under difficult conditions." An extract from a further professional when detailing their relationship with the Registered Manager stated, "[Registered Manager's name] has also been approachable when care plans need to be discussed. As a healthcare professional working in an ever demanding environment, I have always observed [Registered Manager's name] to maintain a professional and courteous manner to all."

The service received support from the provider. We saw that the service received regular support from the regional operations manager. The regional operations manager completed a monthly audit within the service. This audit involved communicating with people and staff at the service and reviewing records. A recent audit we reviewed demonstrated it was effective as conflicting records in relation to pressure ulcer risk and nutritional risk had been identified. Additional provider level support had been given through a quality and compliance audit. This was aligned to the Health and Social Care Act 2008 regulations and the five key questions asked of a service by the Care Quality Commission during an inspection. The audit in February 2017 did highlight an incident whereby a person had run out of a prescribed medicine.

Additional auditing was undertaken in relation to infection control practice by staff. A weekly catering audit was completed to ensure food storage, preparation and service was at the required standards. A monthly check of equipment used in the event of a sudden evacuation was completed and first aid boxes were checked to ensure equipment was present and within its safe usage date. An infection control audit in relation to the cleanliness of the service, infection control equipment, illness and the cleanliness of mobility equipment was undertaken. Additional auditing of people's care records was completed by the registered manager or senior member of staff. The registered manager told us that a minimum of five care records were audited monthly and auditing records supported this.

Messages were communicated to staff through meetings. The registered manager told us that meetings were held for both nursing and care. Staff we spoke with during the inspection told us they attended these meetings. We saw from supporting minutes that matters such as training, sickness, care planning and infection control were discussed at nurses meetings. Care staff minutes showed that record keeping, key working, call bell responses and supervisions were discussed. The registered manager attended meetings with the provider and other service managers to discuss business updates, health and safety, financing and future budget projections.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<p>How the regulation was not being met: People who use services were not consistently protected from the risk associated with medicines.</p> <p>Regulation 12(2)(g)</p>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	<p>The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of service users.</p> <p>Regulation 18(1)</p>
Treatment of disease, disorder or injury	