

One Housing Group Limited

Beaumont House

Inspection report

Apartment 1 – 61 (excl. 13)
Beaumont House, Arthur Ransome Way
Walton On The Naze
Essex
CO14 8FA

Tel: 03001237294

Website: www.onehousing.co.uk

Date of inspection visit:
13 January 2020
23 January 2020

Date of publication:
26 February 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Beaumont House is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Beaumont House provides rented accommodation in 47 one-bedroom flats and 13 two-bedroom flats. There is a communal lounge and dining area on the ground floor that people can use if they wish. At the time of our inspection, there were 55 people living at Beaumont House, of which 48 people were receiving personal care

People's experience of using this service

At the last inspection, we found there was a breach of regulation because poor management meant people could not be confident they would receive safe, good quality care. Managers and care staff did not communicate and work well as a team, resulting in a negative, unsettled atmosphere.

At this inspection we found the provider had taken action to address our concerns and the service was no longer in breach.

However, the provider needed more time to implement their action plan, as some improvements, such as new care plans and staff training were still being rolled out. The registered manager had helped introduce many of the changes since our last visit. However, their resignation during our inspection reflected our concerns that management of the service continued to be a challenge.

Despite recent management changes, everyone we spoke to told us the atmosphere at Beaumont House was more positive. There was a shared focus on the needs of the people being supported.

Communication had improved. People, families and staff were being encouraged to speak out, though further work was needed by the provider to ensure everyone felt able to speak openly.

The provider had strengthened the monitoring of the service, learnt from mistakes and acted when needed to promote safety and good quality care.

The provider had taken effective action to address our previous concerns around safety. Staff managed risk well and worked as a team to keep people safe. In particular, the provider had significantly improved the administration of medicine. Staff worked openly with outside agencies to safeguard people.

There were enough safely recruited staff to keep people safe and meet their needs. The provider continued to tackle recruitment and retention issues and had started to see a reduction in agency staffing.

Staff knew people well and understood their needs and preferences. The provider had responded to previous concerns about staff knowledge and had focused on developing the specialist skills required in the care of people with more complex needs. Senior staff provided care staff with effective guidance and support. Risk assessments and care plans were being amended to ensure they reflected people's needs more fully.

Staff worked in partnership with other agencies to promote peoples' health and wellbeing.

There was an improved understanding about the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and families spoken with told us staff were caring and had remained committed through all the changes at the service. Staff were passionate about ensuring people remained independent and in control of their service.

More information is in Detailed Findings below

Rating at last inspection and update:

The last rating for this service was requires improvement (published 18 January 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beaumont House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, and assistant inspector and one 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. People using the service are older people, some with dementia, or mental health support needs. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because staff are often out of the office providing care and we needed to be sure that they would be available to speak with us. We also needed to ensure people's consent was gained for us to contact them for feedback about the service.

What we did before the inspection

We reviewed the information we held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the service on 13 January 2020. The registered manager was absent on the first day of our inspection, so the lead inspector arranged a follow up visit on 23 January 2020. Prior to the second visit we were advised the registered manager had resigned their position. We spoke to the providers Head of Senior Living, the general manager of Beaumont House and the peripatetic manager, who was covering for the registered manager. These managers are referred to in the report as 'the management team'. We also spoke with one health and social care professional, two care coordinators, six care staff and four people receiving support from the service. The Expert by Experience made telephone calls to an additional seven people receiving support from the service and five relatives.

We reviewed a range of records, including four people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

After the inspection

The management team sent us information which we had requested. We contacted further health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- At our last inspection we found medicines were not being managed safely. At this inspection we found the provider had effectively addressed concerns across the service and there was a marked improvement in the management of medicines.
- Staff had attended medicines training and received improved guidance. Detailed competency observations ensured senior staff skills had improved, and gaps addressed.
- We observed staff administering medicine safely and followed improved processes. However, staff were not always clear on how to record support with homely, over-the-counter medicines. The management team assured us this would be addressed promptly.
- The registered manager had analysed medicine errors which had highlighted medicine recording errors were frequently carried out by agency staff. They had communicated with care agencies over this. We discussed with senior staff the arrangements in place to ensure agency staff met necessary standards.

Assessing risk, safety monitoring and management

- At our last inspection we found risk was not managed consistently. At this inspection we found risk was managed more effectively by both care staff and the management team.
- Communication had improved which ensured staff had a better understanding of how to keep people safe. A member of staff was able to describe a person's needs in detail and said, "If something happens, you're verbally updated but not always with the paperwork. So, when I come in, I see that things have been updated on (white) boards and shift leaders will update you."
- People's care information was outlined in 'simple' care plans. Some plans lacked detailed advice about more complex needs, such as how to support a person who used mobility equipment. Despite this, staff knew people well and there was minimal impact. We discussed our findings with the management team, who showed us they were already taking action to provide more detailed guidance to staff, in the form of revised care plans.

Staffing and recruitment

- There were enough safely recruited staff to meet people's needs.
- People told us at our last visit they did not like being cared for by so many agency staff and we continued to get similar feedback. A person told us, "There is a nucleus of agency carers. Then there are the ones who show up and I've never seen them before, they haven't read the care plan and they ask what they have to do."
- We found the provider was improving retention and actively addressing recruitment concerns. The numbers of agency staff had reduced. The service had developed a good working relationship with agencies, so that most agency staff currently in use visited the service regularly and knew people well.

- Senior staff managed staffing effectively to mitigate risks from the lack of detail in written risk assessments. We looked at how staffing was managed on a specific weekend and found that although agency staff were used, the senior carer changed the shift to ensure the permanent member of staff visited the people with more complex needs.

Systems and processes to safeguard people from the risk of abuse

- People and families told us they felt safe and trusted the staff who supported them.
- The provider had better systems in place such as more detailed quality checks which helped them safeguard people from abuse. A social care professional told us improved communication meant safeguarding issues were investigated more thoroughly and openly.
- Staff continued to have a good understanding of what to do if they were concerned about a person's safety.

Preventing and controlling infection

- Staff helped minimise the risk of infection, whilst respecting people's rights within their own home. Where appropriate, staff used gloves when carrying out care.
- Support from staff was enabling, for example we observed a member of staff check people's food was fresh before assisting with a meal and encouraging out-of-date food to be thrown away.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before staff started to provide care. A senior member of staff described an effective process to ensure the service was able to meet a person's needs.
- As outlined in the safe section of this report, care plans were not sufficiently detailed to provide guidance to staff. This was being resolved and new care plans had improved information for staff.
- We found staff knowledgeable about people's needs and communicated well about their changing circumstances. We observed a staff daily meeting where discussions were varied and included detailed information about people's complex needs, such as how to support someone whose mobility had decreased.

Staff support: induction, training, skills and experience

- When we last visited the service we were concerned staff were not supported to develop skills to meet people's complex needs. At this inspection, we found the provider had taken action, though this was an ongoing process which would take time to implement fully. Staff had attended new training courses, for example, on catheter care, and further new courses were still being arranged.
- There was a comprehensive programme for the induction of new staff, which included the opportunity to learn from working alongside more experienced staff.
- Staff told us they met with senior staff and had the opportunity to discuss concerns and training needs. The new care coordinators were key to developing staff skills and ensuring care was provided consistently.

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

- Staff offered choice to people at each visit to ensure they remained in control of what they ate and drunk. A person told us, "They cook breakfast for me. Sometimes it's porridge, sometimes it's poached egg and bacon. It's whatever I choose."
- Staff were able to describe people's individual nutritional needs and preferences. They were vigilant about encouraging people to remain hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff promoted people's independence, enabling them to be in control of their health and wellbeing. Staff monitored people's health, encouraging and supporting them to get in touch with health and social care practitioners. This support helped people achieve positive outcomes, such as an improvement in the management of a long-term condition.

- During a visit to a person with complex needs, we observed a member of staff skilfully check their mobility, health condition and weight loss, while chatting informally. The staff took action to sort out one urgent health concern and encouraged the person to independently focus on the other areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At our last inspection we found people had capacity to make decisions. However, there was a lack of understanding about the MCA and the service had not prepared well for possible changes in capacity. At this inspection we found the provider had addressed this concern effectively.
- Staff knowledge in this area had improved and we found they were passionate about promoting people's rights to make their own decisions. A relative told us, "They do ask [Person] what they want each time. They are never forced to do anything."
- The service had communicated well with a social care professional over a key decision about a person's capacity, which had led to a positive outcome for the person.
- New care plans meant guidance about people's ability to make decisions was improving.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people with good humour and compassion. All the people we spoke to told us staff were enthusiastic about how caring staff were. One person said, "They always ask me how I am. They give me a hug when they go, and they take an interest in me. We talk about our families and I like that very much."
- We found better organisation had improved the time staff had to spend with people, although some people told us staffing issues meant some visits were still rushed. A social care professional said most people had told them, "Staff are doing tasks and then sitting and chatting with people."

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

- Most of the people at the service were able to communicate their choices and be fully involved in making decisions. We observed staff promote this by asking clear questions throughout a visit.
- Staff were passionate about being guided by people when providing care. One person told us, "I choose what I'll eat every day. I don't think they would even consider doing it for me."
- Staff were committed to promoting people's right to make decisions about their life and support, even when this differed from the views of their relatives.
- Care plans were not sufficiently detailed to provide staff with information if a person was unable to fully communicate their wishes, or require extra support, for example due to the effects of dementia. Whilst the impact of this was minimal as staff knew people well, the management team assured us this would be addressed in a person-centred way through planned improvements in the care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff were skilled in promoting independence. We observed a member of staff taking the time to support a person to make a drink, providing encouragement and only stepping in when needed. A relative told us, "They give people their independence as well as care."
- Staff promoted people's dignity and choice when they received personal care. A person told us, "The door is always closed so no-one can get in while I wash and dress. They keep me covered too with a towel. It feels very respectful." Shifts had been re-arranged when a person requested a female member of staff to support them with applying newly-prescribed medicated cream.
- People lived in individual flats and staff respected their privacy. We observed them knocking on the door before entering and checking the person was happy to be visited by a member of the inspection team.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided flexible personalised care in line with peoples' preferences. A member of staff told us, "[Person] likes sandwiches cut into four and presented in a line so we do it because that's what they like."
- Care was adjusted to accommodate people's changing needs. A person told us they had an annual review; however, staff had reviewed and changed the care provided after they had a fall.
- Care plans were written in a personalised manner. The new style care plan provided more detail about peoples' individual tastes and preferences.
- People told us staff completed agreed tasks. Shift leaders skilfully adjusted visits to accommodate staffing changes. Although this meant visit times were sometimes affected, we found people's care needs were met.
- We noted there was ongoing discussion between people and the management team, to help set realistic expectations about call times and communication over any delays.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a personalised manner, in line with their needs and preferences.
- Care plans included information about people's communication needs, such as advising staff to ensure a person had their hearing aids in, or to communicate appropriately with a person who lip reads.

Improving care quality in response to complaints or concerns

- Most people told us they felt able to complain and be confident they would get a positive response. One person said, "I know where the office is I've been there to complain. The ladies were lovely to me and helped me."
- The provider had worked to promote people's right to speak out, though further time and effort was needed to ensure everyone felt able to raise concerns.
- The provider had a complaint procedure in place. The registered manager responded promptly to complaints, investigating and taking action as required.

End of life care and support

- Since our last inspection, staff had attended training on end of life care. A member of staff described how they had worked alongside a person's family and health professionals to provide dignified, compassionate

palliative care.

- Most of the people at Beaumont House had families who were responsible for arrangements when a person died. There was a need to ensure care plans provided clearer guidance to staff so they understood their role and the personalised actions to take should someone require end of life care. The management team assured us this was being reviewed as part of overall improvements in the care plans.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes were not operating effectively to ensure people received a good quality and safe service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke to during the inspection told us there was a more positive culture at the service. However, the poor atmosphere at our last inspection had left an impact on people's quality of life. For example, one person told us they still feared reprisal if they raised concerns. Although outcomes for people had improved, management of staff was not yet consistent.
- Staff told us they were proud of the person-centred culture where people had control over the lives they lead. One member of staff said, "If they want to stay in bed for a pyjama day they can. We give them choices." People and relatives gave overwhelmingly positive feedback about the attitude and commitment of care staff.

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

- The registered manager was absent on the first day of our inspection and resigned before we returned for our second visit. They were replaced immediately by an experienced temporary manager. Although the provider took effective action following their departure, further time was needed to ensure improvements continued and were sustained.
- Feedback from people and relatives about the management of the service was mixed. One person said, "On the whole it's good but that's because of the carers, the biggest problem is management and the rotas and not enough staff." Another person told us, "It seems to be running well, all the carers know their job and if I'm worried about anything I can speak to the manager."
- Roles and responsibilities were more clearly defined than at our last inspection. People, families and staff told us the registered manager was responsible for managing care.
- The provider had started addressing concerns raised at our last inspection about how a lack of knowledge

and skill impacted on people with more complex care needs. The Head of Senior Living showed us the improved risk assessments and care plans, however they were not yet in place. The management team agreed to address areas of potential risk, such as care planning for people with more complex needs, in a more timely manner.

- People and staff gave us positive feedback about the two new care coordinators who had been appointed. We found the service had benefitted from these appointments as they promoted more consistent and safe care. A member of staff told us, "They have done the role and understand. They also know the people living here."
- There were more effective and improved checks in place to monitor the quality of care and take action to address concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since our last inspection there were more effective meetings representing people who used the service. This had given people a voice and improved communication across the service. For example, there had been discussions on what people should do if they were concerned staff were late for a visit.
- We had mixed feedback from families about the service's communication with them. Care plans did not clearly record people's views about staff communicating with their families and this lack of clarity had led to some raised expectations and misunderstanding. The management team agreed to address this as part of overall improvements in care planning.
- Staff told us the provider supported their individual needs, such as adjusting their working hours to accommodate staff with caring responsibilities.
- Throughout our inspection we found some families and people knew detailed information about management and staffing of Beaumont House. We discussed this with the Head of Senior Living who acknowledged the need to ensure confidentiality and professional boundaries were maintained across the service.

Continuous learning and improving care; Working in partnership with others

- The provider had taken on board the concerns we had raised at our last inspection and used this learning to improve the service.
- Since our last inspection, senior members of staff had encouraged staff to reflect daily on their practice. This had promoted a learning culture as staff shared good practice.
- Registered managers met across the provider's similar services to discuss and share best practice examples and continually improve care, such sharing learning about the improvements which had taken place around medicines.