Beaufort Care Limited

Beaufort House

Inspection report

High Street
Hawkesbury Upton
Badminton
Avon
GL9 1AU

Tel: 01454238589

Date of inspection visit:
02 February 2017
03 February 2017

Date of publication:
15 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 and 3 February 2017 and was unannounced. The previous inspection was carried out on 15, 20 and 21 May 2015 and there had been no breaches of legal requirements at that time. However we rated the home requires improvement in well led as the home had not notified us of an event that happened. We found at this inspection notifications had been appropriately reported to the CQC by the home since the last inspection.

Beaufort House provides accommodation and personal care for up to 28 people. At the time of our visit there were 25 people living at the home.

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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.
People and relatives told us they felt the home was safe. Staff had received safeguarding training, demonstrated an understanding of key types of abuse and explained the action they would take if they identified any concerns.

Staff followed legislation designed to protect people's rights and ensure decisions were made in their best interests. The deputy manager understood Deprivation of Liberty Safeguards and had submitted requests for authorisation when required. Staff had a good understanding of the Mental Capacity Act 2005.

There were sufficient staff deployed to meet people's care, emotional and social support needs. Activities staff were employed to engage people in planned activities throughout each week.

All medicines were stored, administered and disposed of safely. The home had policies and procedures for dealing with medicines and these were adhered to.

People were supported by staff who had received an induction into the home and appropriate training, development, supervision and appraisal to enable them to meet people's individual needs.

People were supported to have enough to eat and drink and their specific dietary needs were met.
Staff did not always treat people with dignity and we found examples of this within the main body of the report.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

The home was not always responsive to people's needs and care records were not always comprehensive. We found examples of this which we included within the main body of the report.

People and relatives confirmed they knew how to make a complaint and would do so if they had cause to.

The registered manager assessed and monitored the quality of care provided for people. Systems were in place to check on the standards within the home. These included regular audits of care records, medicine management, health and safety, infection control and staff training and supervision.

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 home was safe.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

People's medicines were managed safely.

There were enough staff on duty to support people's needs. Pre-employment checks of staff were carried out before they started work at the home.

Is the service effective?

Good

The home was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Is the service caring?

Requires Improvement

The home was not always caring.

People's privacy and dignity was not always respected by staff.

People had choices about their care. People were supported to maintain relationships that were important to them.

People said they were very happy with the care and support they received.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life histories.

Is the service responsive?

Requires Improvement

The home was not always responsive.

Referrals had not always been made promptly to a range of health professionals. Care records were not always comprehensive enough.

People's needs and preferences were assessed before they came to live at the home. Their care and support needs were monitored and reviewed.
People received the care and support they needed to meet their individual needs.

People took part in daily activities, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

Good

The home was well-led.

The home was well managed and staff were clear about their roles and responsibilities. Staff were supported by the registered manager.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

Audits and checks were carried out to make sure the home was safe and effective.

People's views and interests were taken into account in the running of the home. Feedback was considered and acted on.

The Care Quality Commission (CQC) had been notified of important events within the home, in line with current legislation.

Beaufort House

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, and to provide a rating for the service under the Care Act 2014.

This inspection was completed on 2 and 3 February 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to our visit we reviewed the information we held about the home. This included notifications we had received from the home. Care services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the home. We received a response back from one professional.

We spoke with five people living at the home and three relatives. We observed people being cared for and supported at various times during our visit to help us understand people's experiences. We spoke with three members of the care staff, one agency staff and the deputy manager.

We looked at four people's care records, and pathway tracked people's care to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for staff. We also looked at other records related to the running of the home, such as medication records, complaints, incident and accident records and audits monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

Most people could not directly tell us if they felt safe at Beaufort House. Those people who were able to talk to us said they felt safe. Comments included "Yes I am safe here" and "I feel safe knowing the staff are here if I need anything". Health professionals spoke positively about the home and the staff team. We received the following comment from one professional, "I visit here every week and feel people are safe, well cared for and I have no concerns". One relative said to us "X is looked after very well and we know she is in safe hands".

There were systems in place to protect people from the risk of abuse and potential harm. Staff had undertaken training in safeguarding adults and had a good understanding of how to recognise abuse and report it. All spoke knowledgeably about what would constitute abuse and harm. They knew who to contact within the home if they were concerned. They told us that they could easily locate the details of how to report any concerns externally to the Local Authority safeguarding team or the Care Quality Commission. Records demonstrated that where any safeguarding incidents had occurred they had been reported appropriately and additional advice sought.

In each person's care records, there were comprehensive risk assessments. These risk assessments covered areas important to people and aimed to protect them from harm. People's capacity to make specific decisions had been assessed and their best interests had been taken into account. Risk assessments provided clear guidelines for staff on how to provide care and support. Where there were specific risks such as the use of equipment, assessments were in place and reviews carried out on a regular basis.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. We found there were sufficient staff on duty to meet people's needs. Five care workers were on duty in the morning and one person on activities. Fours care workers and one person on activities in the afternoon of the first day we visited. People and their relatives told us they thought there were enough staff to support people with their needs. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and spend time chatting to people and assisting them with some pastimes or activities. The registered manager was currently in the process of recruiting three care staff.

We looked at three staff recruitment records and spoke with staff about their recruitment. We found that recruitment practices were safe and the relevant checks were completed before staff worked in the service. The provider had recently recruited a number of staff from overseas through a recruitment agency. A minimum of two references had been requested and checked. Disclosure and Barring Service checks (DBS) had been completed and evidence of people's identification, the right to work in the UK and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

We recommend a checklist is put into place within staff recruitment records. This will ensure the provider can be certain checks have been made throughout the recruitment process.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a designated area for storing people's medicines upstairs and downstairs. Medicines trolleys were clean and well organised. A fridge was available to store medicines which required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately. There were safe systems in place for the receipt and disposal of medicines. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by trained staff.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care. There were regular tests of fire alarms and associated fire safety equipment. Staff knew what action to take if there was a fire in the home and there were evacuation plans in place in case of an emergency. The living environment was well maintained throughout to ensure there were no hazards compromising people's safety such as, for example, trip hazards posed by worn flooring or emergency exits restricted by clutter.

Good

Is the service effective?

Our findings

We asked people at the home and their relatives if they found the care provided at Beaufort House to be effective. We received positive feedback. Comments included, "I am so happy with the home. Before my relative lived here they did not wash or eat properly. The staff have empowered X to take pride in themselves".

The registered manager carried out regular supervisions and appraisals to ensure staff understood their roles and that they maintained good standards of practice. Supervision is a dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager. The registered manager kept a matrix of when supervisions were held, so they could monitor and plan for these sessions. Staff told us that they had the opportunity within their supervisions to discuss their personal career development and learning. Staff received an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people's needs.

Training was planned to support staff development and to meet people's care and support needs. This included training in moving people safely, safeguarding adults, first aid, and nutrition, end of life care, diabetes, pressure care and dementia awareness. Staff were positive about training, they told us it was readily available and they felt supported by the deputy manager and registered manager to access it. Training was also provided to support staff in meeting people's specific needs, such as catheter care.

New staff received an induction to the home when they first started work. This included working alongside more experienced staff so they could get to know the individual needs of people. Induction training included staff undertaking the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff with skills and knowledge that prepares them for their role as a care worker. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. A member of agency staff we spoke with told us they felt safe and supported working at the home because there was always a staff member to go to if they had any concerns.

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no applications had been authorised by the local authority for people. Records showed 14 application forms for people were awaiting assessment by the local authority or were awaiting a decision to be made. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be

deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

People had their mental capacity assessed. Having mental capacity means being able to make decisions about everyday things. For example, decisions about how personal care should be given, decisions around treatment and who information should be shared with. It also means being able to take more important decisions, for example agreeing to financial matters and decisions around resuscitation.

People told us they enjoyed the food and menu choices available to them. Comments we received included, "The food is lovely and tasty", "Very nice food". Menus were on display for people to see what was on offer and there was a choice of two options and if necessary an extra alternative was available. A large chalk board on the wall in the dining room also displayed the daily menu with choices available.

Peoples care records showed there nutritional needs were assessed and kept under review. People's care records contained information about people's nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs were met. Staff were aware of people's nutritional needs. Food and fluid intake charts were completed where relevant. Fluid balance charts showed that the target amount was identified and the fluid was totalled at the end of 24 hours.

Communication within the home was effective between the management team, the staff, people and their relatives. Methods used included a communication book which passed information to staff on people's needs and demeanours. Daily diary notes, memos placed on the staff work station in the dining room, meetings, notices and face-to-face conversations were also used. We saw people and visitors asking for support and information from staff, which indicated that communications were good.

Requires Improvement

Is the service caring?

Our findings

There were mixed observations about people being cared for in a dignified way throughout our inspection.

People's dignity was not always respected. During the first day of the inspection both inspectors were sat in the down stairs dining room having lunch with people. Staff were sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. We observed the lunch time medicines administration round was also carried out at this time. During this time we observed that staff gave peoples eye drops to them whilst they were sat at the dining room table. One person stopped drinking their drink to allow staff to administer there eye drops. Although people gave their consent to have eye drops given to them we felt this was undignified and not appropriate to of had this administered in the dining room. This was also in front of other people who were eating lunch. Staff were not aware of their actions until we spoke with them. The deputy manager and senior care staff told us this was the daily practice they carried out. They recognised after we spoke with them that this did not respect people's dignity.

During the second day of our inspection, we observed people having lunch in the downstairs dining room. People who chose to stay in their rooms were served their meals in their bedrooms. Those who needed support downstairs were assisted by staff that encouraged people to do as much as they could by themselves. However when we visited the upstairs lounge two people were sat on their own eating lunch with no staff present. One person had fallen asleep with their main meal and pudding left in front of them. Another person was eating their main meal and pudding at this same time with a spoon as staff had left both together. The person was not wearing anything to protect their clothing which was heavily stained by food; We went to find a staff member straight away as it was clear both people required assistance. One staff member came up stairs to assist both people however by this time one person had completely mixed there pudding and hot meal together and eaten this. The other person was still asleep and their meal was cold. The staff member did go to get another meal for the person. This meant people were left for periods of time and did not have constant attention by staff. People's dignity was not respected.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The atmosphere in the home was calm, relaxed and friendly. It was apparent that positive, caring relationships had been developed with people. For example, one person was seen sitting in a communal area holding a teddy but then dropped this on the floor. As a member of staff walked through the area they went and knelt down by the person, picked the teddy up and had a lovely conversation together.

People's privacy was respected. People told us that staff respected their privacy. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. Support was provided in a discreet and caring way. Staff addressed people by their preferred name, which was usually their first name.

Regular newsletters were published in order to inform people of events and occurrences at the home. For

example, the Autumn 2016 newsletter celebrated the queens 90th birthday and reflected on the Rio Olympics. It also informed people about the upcoming events such as the homes Christmas party. Newsletters included the use of photographs to aid communication with people who lived with dementia.

Visitors were acknowledged by staff and staff knew their names and offered them drinks. This meant people could maintain personal relationships at a time convenient to them and visitors had built up positive relationships with staff who knew them. An example of this was on the second day of our inspection we observed a person sat in the dining room with their family. The staff offered them a selection of afternoon cakes and a hot drink. The staff told us this meant a lot to the person as they enjoyed the company of their family.

People were offered choices and encouraged to retain their independence .We observed one person at lunch time being given assistance at lunch time to eat and drink. The staff member sat with the person assisting them to eat there meal. After they assisted the person several times with food they encouraged the person to pick up the spoon and have a go themselves. With encouragement the person went on to feed themselves. The staff member gave the person praise for achieving this.

Each person had a personal calendar and memory book in their room which relatives and care staff were encouraged to use to provide prompts about visits, events and activities. People also had a life history book which was completed with each person. This contained person centred information about people past life's so far, personal interests and about family members. This was kept in peoples rooms and family's supported their relatives and staff with the information about people's histories.

Requires Improvement

Is the service responsive?

Our findings

Relatives and professionals we spoke with felt the home was responsive and staff were positive in supporting people's needs. One relative told us, "The staff are good at monitoring the wellbeing of X. They will call the doctor if they are unwell and ask them to be seen". One professional told us, "The staff have a good awareness of people's needs. I would say they are responsive and they will inform me if a person is unwell or if they have had a fall". However, there was an incident where the home had not taken responsive action.

During the month of December over the course of a two day period two people had left the home without staff knowing and without supervision due to a fault with the keypad system on the front door which had since been replaced. Both people were confused and were brought back to the home by members of the public. We looked at people's daily notes to see what had been recorded about the incidents and how they occurred. At the time of both incidents the weather was extremely cold with freezing temperatures outside. It was recorded one person was very cold upon their return and the other person had been found in a ditch by members of the public. On both occasions the home had not been responsive in obtaining advice from medical professionals such as a GP or NHS 111. Daily notes were not comprehensive in recording information about people's wellbeing regarding the incidents or how people were monitored and if they were checked for injury. We looked at the homes missing person's procedure and found this was not comprehensive and did not record that staff should check people for injury or that advice should be sought from medical professionals. The deputy manager told us at the time of the incidents the home was under pressure as a sickness bug affected other people. This meant the home did not always assess the risks to people's health and safety during any care or treatment.

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

Assessments took place before people moved to Beaufort House to determine if the home could meet their care needs and expectations. A relative confirmed they visited before their family member had moved and their first impressions had been "The best out of the bunch of homes they visited." On the first day of the inspection the deputy manager visited a person in the local community to carry out an assessment as a family crisis had occurred. The deputy manager was responsive towards the persons needs and after the assessment the person came to stay at the home the same day.

Information from the assessments were used to develop care plans based upon people needs. These plans were kept in a folder in the office and explained the support people required for their physical, emotional and social well-being. There was information about what a person could do for themselves and what support they required from staff. Care records reflected how specific health conditions might impact upon people's care and how this affected their daily lives. For example, dementia. People's diverse needs were understood and supported and they were asked about their preferences as part of the admission process. Care plans included details about people's needs in relation to age, disability, gender, religion and belief. The deputy manager said the home recognised how important people's faith was to them. Church services

were part of the activities; some people in the home were members of the Methodist Church and Catholic Church. The deputy manager said Lay preachers also visited people at the home.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists, opticians and advice sought regarding wound management plans. The deputy manager told us the local doctor surgery visited the home each week to provide an in house surgery. Outside of the weekly visits, the GP's would visit as and when required.

People said that they were happy with the choice of activities on offer at the home. One person told us how they particularly liked activities which involved singing. Some people told us that they did not participate in many of the activities but this was their choice. During the inspection we observed people participate in a 'music and sing along' afternoon. Large music books were given out to people to follow whilst singing to music. We heard conversations where staff had helped people reminisce about music from the past. One person said "I used to listen to this song at the pub" another person said "They used to play this at the WI group I belonged to". It was apparent people enjoyed the activity from the smiles on their faces and how they became alert and aware of their surroundings.

Information about forthcoming activities was displayed within the home so that people knew in advance events that were going to take place. Activities on offer included arts and crafts, bingo, armchair exercises, pampering sessions, knitting club and singing. People and their relatives were particularly complimentary about the themes that had taken place. These had included a 'Dignity Action Day' where people helped to knit small patterns. The home had also celebrated the Chinese new year and this was decorated with Chinese new year themes.

People were supported to access their local community and to maintain links with people who were important to them. The home had taken part in a local scarecrow trail and had made its own scarecrow with the theme "little things mean a lot". People had also taken part in the local flower festival and Christmas tree decorating event. During the month of December children from the local school visited to perform for people. Some people visited the local pre-school to watch the graduation morning of the pre-school children. The activities coordinator told us the home had one volunteer who lived local to the home and visited to gain experience towards completing their Duke of Edinburgh award by playing the flute and piano. We were told how the volunteer had made an impact on the home. An example of this was when one person who previously liked to spend time in their room during the day has now started taking part in activities since the volunteer has been visiting.

People had their comments and complaints listened to and acted on. The complaints procedure was displayed within the home and included the contact details of people to talk with. A record was in place of complaints received, investigations undertaken and the outcome of these. The records also referenced if an apology had been sent to the person who raised the complaint.

Good

Is the service well-led?

Our findings

People spoke very highly of both the registered manager and deputy manager. Relatives visiting the home said they had confidence in the management and felt it was well-led. Speaking about their member of family a relative told us, "The management are approachable and friendly", "I feel welcome when we visit are relative" and "The managers and carers have a good insight into my relative's needs. We have no concerns".

We found the provider had taken some action to address the concerns that were raised at our last inspection. The registered manager was aware when notifications of events had to be sent in to CQC. A notification is information about important events that have happened in the home and which the home is required by law to tell us about. Notifications had been appropriately reported to the CQC by the home since the last inspection.

We received positive feedback about the leadership within the home. Staff told us management were approachable and supportive toward them. The registered manager was not present during the inspection as they were on planned leave. During this time the deputy manager covered the management duties of the home. The deputy manager had a good understanding of the day to day running of the home and knew people well and understood their needs. They talked with us about individuals and displayed a depth of knowledge about their individual circumstances.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run.

The home had a positive and inclusive ethos that welcomed the involvement of staff and people living at the home. Care staff were confident about their roles and enjoyed their work. Care staff told us the registered manager was supportive and encouraged them to develop their skills. An example given was supporting people through the Qualifications and Credit Framework (QCF) process. QCF is a new credit transfer system which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits. All staff had a clear understanding of their role and responsibilities.

Senior carers had responsibility for leading shifts and administering medicines. At the beginning of each shift staff were given tasks which clearly outlined everyone's responsibilities for that shift. This demonstrated roles and responsibilities had been clearly defined. There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The deputy manager said the provider recognised staff achievements and hard work. During the month of December the home had an outbreak of infection causing people living at the home and staff to be unwell. This caused staffing problems due to sickness absence. Staff went out of their way to cover extra shifts to

care for people and to support the staff team. Staff were made to feel valued and given recognition for the work they carried out. This demonstrated a positive culture in which staff achievements were recognised.

Systems were in place to monitor accidents and incidents within the home. Accidents and incidents at the home were recorded appropriately and reported to the registered manager and deputy manager. Accident and incident records were reviewed and analysed by the registered manager monthly to help identify any trends and potential situations which could result in further harm to people.

We recommend the missing persons procedure is reviewed and updated. The procedure did not contain comprehensive information to advise staff to check people for injury and to obtain advice from medical professionals. This will ensure that staff are provided with clear guidance and risks to peoples wellbeing are minimised.

The registered manager understood the importance of quality. The registered manager ensured that audits were in place and this included building maintenance, health and safety, infection control, training, care provision and medicines. Other audits consisted of a range of weekly, monthly, quarterly and annual checks.

This section is primarily information for the provider

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 10 HSCA RA Regulations 2014 Dignity and respect The registered person failed to ensure people were treated with dignity and respect.10. (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to take responsive action and seek advice from professionals to ensure people received the necessary treatment. 12 (2)(b).