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Beaufort Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 10 July 2015 and was unannounced. We last inspected Beaufort Care Home on 30 October 2014 to follow up issues found during a scheduled inspection on 3 July 2014. During the follow up inspection we found the home had not made the necessary improvements to how they assessed and monitored the quality of the service provision or how they ensured that people's personal records were accurate and fit for purpose. We judged both areas to have a moderate impact on people living at the home. We issued enforcement action via two written warning notices to the home. During this inspection we reviewed actions taken by the provider to gain compliance. We found that the necessary improvements had been made.

Beaufort Care Home is on a main road position in Burscough. Accommodation is provided for 32 adults requiring personal or nursing care. At the time of our inspection there were 25 people living at the home. The majority of rooms are of single occupancy, with en-suite facilities. The environment is spacious, well maintained

Summary of findings

and tastefully decorated with good quality furnishings. There is ample car parking available. All amenities are easily accessible within the nearby village of Burscough and public transport links are close by.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and with the staff who supported them although five of the twelve people we spoke with who lived at the home, stated that they felt there were not always enough staff on duty. We have made a recommendation about this.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the nurses who had responsibility for administering medication and observed medication being given to people over the dinner time period. We also observed the nurse on duty giving one resident a controlled drug. All the medicines given were done so in a discreet manner. The nurse was able to explain what people took their medication for and what support they needed.

We saw there were detailed policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA), which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of the MCA. Care staff's knowledge of MCA and Deprivation of Liberty Safeguards (DoLS) was limited. However, nobody living at the home at the time of our inspection was subject to a DoLS authorisation. We have made a recommendation about this.

We received a mixed response from staff when we asked if they received regular supervision. Some of the staff were new but it looked as though supervisions had been held on an ad hoc basis prior to the new manager being in post. We discussed supervisions and appraisals with the registered manager who told us that a staff meeting was planned and supervisions would be discussed within this forum.

People we spoke with told us they were happy with the care they received at the home and that they had positive relationships with staff. Both people and relatives we spoke with all rated the staff very highly and considered them to be kind and caring. All agreed that the staff treated them with respect and also ensured their privacy.

We viewed a number of bedrooms during our inspection. We found rooms to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted individuality and maintained people's interests.

People we spoke with and their relatives told us they knew how to raise issues or make complaints and felt comfortable doing so. We saw that the home had a complaints procedure and that it was on display and made available to people, this was confirmed when speaking with people and their relatives.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as, medication, care plans and infection control. We spoke with the organisation's care and compliance manager who arrived at the home on the morning of the inspection. As well as individual audits for specific areas, there was also a monthly quality audit that she undertook. We saw copies of these audits during our inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

People were protected from abuse and avoidable harm.

Our observations of medication administration showed that this was done safely.

There were sufficient staff numbers to meet people's personal care needs. However, we have made a recommendation to look at staffing levels to ensure that people living at the home have suitable social interaction.

Is the service effective?

Good

The service was effective.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Care staff's knowledge of MCA and DoLS was limited. However, nobody living at the home at the time of our inspection was subject to a DoLS authorisation.

We observed throughout the day that people's consent was sought by staff at all times, either before entering people's rooms, when assisting people to mobilise or when assisting people with their medication. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis.

Is the service caring?

Good

The service was caring.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. Observations we made and the people we spoke with confirmed this happened.

People were supported to express their views and wishes about how their care was delivered.

Is the service responsive?

Good

The service was responsive.

People we spoke with told us that the care they received was personalised and responsive to their needs.

The home had a complaints procedure and it was made available to people, this was confirmed when speaking with people and their relatives. People spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately.

Summary of findings

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Is the service well-led?

Good

The service was well-led.

None of the people living at the home or their relatives spoke negatively about the manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control.

Beaufort Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 July 2015 and was unannounced.

The inspection was carried out by two adult social care inspectors including the lead inspector for the service. An expert-by- experience was also in attendance. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included 13 people who used the service, 10 relatives of people using the service, seven members of staff, including the registered manager, deputy manager, cook, care staff and activities coordinator. The expert-by- experience spent time talking to people and observing how staff interacted with people living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, which included five people's care records, four staff files, training records and records relating to the management of the home which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them although five of the twelve people we spoke with who lived at the home, stated they felt there were not always enough staff on duty. One person told us, "I do feel safe here but I don't think there are always enough staff. The staff we do have here are mostly very nice and treat us very well." Another person said, "Yes I do feel safe here, no I don't think there are enough staff. I see to my own medicines and I think the food is good. We do get enough to eat and drink and the staff treat us very well". One person told us when we first arrived at the home, "There is only one problem here and that is that there are not always enough staff". Several people when asked about staffing did not see it as an issue, comments included, "Yes there are enough staff" and "I've never seen it as an issue."

Relatives we spoke with also told us they felt their loved ones were in a safe environment. One relative told us, "The staff are very good and caring." Another relative said, "The new manager has changed some staff which has helped." Only one relative we spoke with raised staffing levels as an issue although most acknowledged that they were only at the home for brief periods.

We spoke with the registered manager and one of the owners of the home regarding staffing levels. Due to the layout of the home, it was formerly a hotel, it was difficult to see all the staff at any one time. The home had a large ground floor with a large reception area, two lounge areas in the centre of the home, which also included a dining room, a large reception area and corridors running from reception, as well as rooms on the first floor. From our observations we saw that staffing levels were sufficient to ensure that people's assessed care needs were met. However there was little time for staff to interact with people on a social basis.

An activities coordinator had recently been appointed, who worked 18 hours per week, and they had begun to introduce more activities into the home. The owner we spoke with said he would listen to the registered manager and staff and consider the findings of our inspection report, if staffing was felt to be an issue. He conceded that the layout of the building sometimes made it difficult to deploy staff efficiently.

The majority of staff we spoke with told us that they felt staffing levels were low. One member of staff told us, "People's basic care needs are being met and everything is done professionally but we don't get enough time to spend with people. An extra person on shift would be great. Don't get me wrong as I think the home is fabulous and the managers and nurses are like family to all the staff and residents but we just need that bit of extra help." Another member of staff told us, "It would make a real difference if we had an extra pair of hands in the morning as the majority of people have high dependency with two-to-one transfers and hoisting. I don't think the layout of the building helps either." We have made a recommendation about this.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the nurses who had responsibility for administering medication and observed medication being given to people over the dinner time period. We also observed the nurse on duty giving one resident a controlled drug. All the medicines given were done so in a discreet manner. The nurse was able to explain what people took their medication for and what support they needed. When giving one person their dinner time medicine we observed that as the person had not finished eating then it was left with them. This person had capacity and the nurse told us that they would take their medicine and not let anyone else take it from them. It was obvious that the nurse we observed and spoke with knew this person well. However it would be considered best practice to observe each person taking their medication to ensure that they had taken it. A discussion was held regarding this with the nurse we observed. We checked medication administration records (MAR) to see what medicines had been given. The MAR were clearly presented to show the treatment people had received.

We saw evidence that a recent visit had taken place via the pharmacist the home used to review practices within the home. This was in the form of a checklist and covered areas

Requires Improvement

Is the service safe?

such as, 'individual patients' medication', 'controlled drugs medication', 'homely remedies', 'refrigerated items', 'records', 'storage' and 'training for new staff'. The outcome of the review was extremely positive. The home confirmed that there had been no medication errors during the previous 12 month period to the inspection.

We found the home to be clean and tidy and infection control procedures were in place and followed by staff. The home had a top rating of 'five' for their food hygiene rating and had met the standards required during inspections from environmental health.

During our inspection we looked at the personnel records of four members of staff. We found that recruitment practices were satisfactory. One file we looked at had references missing from it but that member of staff had subsequently left the home. We were told that references had been sought and we saw evidence of this within the checklist in the file in question. Prospective employees had completed application forms, including health questionnaires and had produced acceptable identification documents, with a photograph. The disclosure and barring service (DBS) had been consulted before people were employed. The DBS checks criminal conviction records, so the provider can make an informed choice about employment in accordance with risk. Staff talked us through their recruitment and told us this was thorough.

Due to the number of comments received regarding staffing levels from people living at the home and staff we spoke with we recommend that staffing levels are reviewed to ensure that people's care and social needs are adequately catered for.

Good

Is the service effective?

Our findings

Most of the people we spoke with were not particularly complimentary about the food provided by the home. Everyone told us they got enough to eat and drink however the majority of people were not impressed with the quality of the food. One person we spoke with told us, "In my opinion the food is just adequate and I am not sure what to do if I don't like it. We do get enough to drink and snacks if we want them." Another person told us, "The food is just ok." One person did however tell us, "The food is excellent. The chef pleases everybody and there is always a choice of food and drink."

We spoke with the chef who had been at the home for just over three weeks. He was knowledgeable about the dietary needs of the people at the home and knew who needed pureed diets or soft diets, as well as how many people needed sugar controlled diets due to diabetes. He confirmed there was nobody at the home who needed a specialist diet for religious purposes. He told us that there was always two choices for lunch and dinner and that these meals were provided by a specialist catering company that was well known to the care home industry, which meant that all meals were nutritionally balanced. Meals were delivered ready-made and heated up on the premises. He also said that if people were not happy with the meals on offer then sandwiches or alternative snacks could be provided. We were told that breakfast was either cereal, toast or a choice of a full cooked breakfast, which was made from scratch. People we spoke with told us that breakfast was, in their opinion, very good.

We looked at meal planners, which were planned on a four weekly basis, and saw that on some days, there was no vegetarian option. The chef told us that currently there were no vegetarians living at the home but an alternative option would be offered via consultation with the company that provided meals if needed.

We observed both lunch and dinner being served. We saw that some people chose to eat their meals at dining tables and some chose to eat in easy chairs in the lounge or in their own room. Staff were seen to be polite and helpful and people appeared to enjoy the food given to them.

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act 2005 (MCA) and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of the MCA. Care staff's knowledge of MCA and DoLS was limited. However nobody living at the home at the time of our inspection was subject to a DoLS authorisation.

Staff confirmed they had access to a structured training and development programme via 'distance learning' workbooks. There was also evidence that the organisation had provided more specialist training such as catheter care and venopuncture training. This helped to ensure people in their care were supported by a skilled and competent staff team. However, some staff told us that they had not received training within areas such as MCA or Infection control. One staff member told us, "I'm quite new and have already been told I am being put forward for my NVQ training. We also have workbooks to go through." There was evidence of staff training taking place within staff files and we were sent a training matrix following our inspection that also indicated training did take place.

We spoke with two members of the care team who were relatively new in post. Both told us they had received a good induction which involved being supernumerary to the staff team and shadowing more experienced members of the staff team before working independently. They also told us that the managers and staff at the home were approachable, they felt comfortable asking for advice and assistance and that this was always given when requested. Both were aware that they were still within their induction period and that this would be signed off when their probationary period was completed.

We received a mixed response from staff when we asked if they received regular supervision. Some of the staff were new but it looked as though supervisions had been held on an ad hoc basis prior to the new manager being in post. We discussed supervisions and appraisals with the registered manager who told us that a staff meeting was planned and

Good

Is the service effective?

supervisions would be discussed within this forum. The manager was looking to set up a new supervision and appraisal process based on setting goals for staff and working towards the new care certificate for appropriate staff.

We observed throughout the day that people's consent was sought by staff at all times, either before entering people's rooms, when assisting people to mobilise or when assisting people with their medication. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis. We asked both people living at the home and their relatives if consent, privacy and dignity was ever an issue. All the comments we received were positive in this area.

We recommend that all staff receive appropriate training in relation to the MCA and DoLS to ensure that they are familiar with the codes of practice and latest guidance in respect of current court decisions to ensure that nobody in the home is unlawfully deprived of their liberty.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received at the home and that they had positive relationships with staff. Both people and relatives we spoke with all rated the staff very highly and considered them to be kind and caring. All agreed that the staff treated them with respect and also ensured their privacy. Staff clearly knew people and their visitors, who told us that there were no undue restrictions on visiting. Relatives felt that staff interacted well with their loved ones and everyone thought that the care provided was very good. One person told us, "Staff are very good, caring and respectful." Another person told us, "The staff are very good, very caring towards me and all the other old folk here."

Relatives we spoke with backed up the views of the people living at the home. One relative we spoke with said, "I have confidence in this place and, given the chance, I am sure they will do very well for (name of relative)." Another relative spoken with told us, "Care is personalised, staff are caring and the environment is relaxed."

We spoke with a visiting professional from the Community Emergency Response Team (CERT). CERT had a contract in place with the home to use vacant rooms as a 'step up/ down' facility so assessments could take place outside of a hospital setting. They told us there had been issues with the home in the past but that the new manager looked to have turned things round so as a result they were beginning to use the home more frequently.

People we spoke with told us they were involved in the planning of their or their loved one's care and were able to make decisions and choices. A relative commented, "I'm informally involved in care planning. I know (name) has been assessed for nursing care and possible further funding."

Through discussion, we were able to determine that people who used the service were enabled to make every day choices and decisions for instance, what time they got up or went to bed.

We looked at people's care plans. We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, district nurses and peoples GPs. Care plans were kept securely, however staff could access them easily if required.

We spoke with staff and asked them how they ensured that people's dignity and respect were maintained at all times. Staff were knowledgeable in this area and talked us through day to day issues such as assisting people with personal care, bathing and eating.

An advocate is an independent person who can provide support to someone to express their views and choices about their care and treatment, for example. The registered manager and care staff we spoke with were aware of the role of external advocates and confirmed they would signpost people in the direction of the service if they felt it was appropriate. We also noted there were contact details of local advocacy services displayed in the home for people's information, enabling them to contact the services independently, should they wish to.

Good

Is the service responsive?

Our findings

People we spoke with told us that the care they received was personalised and responsive to their needs. One person said, "There is always a choice, whether that be what to eat or what time I get up and go to bed." Another person said, "I'm more than happy, staff are pleasant and ask me what I want. It's a nice place." However one person did say tell us that they felt they sometimes had to fit around schedules rather than the service being delivered to their own needs. They told us, "The carers here are very good and the care they give is excellent. My only gripe is that, as I need two carers to help me to bed of an evening, I have to sometimes be prepared to fit in with them. This means that I am sometimes in bed earlier than I would like." This was an isolated comment.

Relatives we spoke with were also happy with how the service responded to the needs of their loved ones. One relative told us, "I can give you lots of examples of when staff here have recognised (name) needs something doing that unless you knew him that wouldn't happen. He is happy so I am happy."

We saw some evidence that activities were beginning to take place again at the home. From speaking to people and their relatives it appeared that activities had not been happening with any regularity prior to the new registered manager coming into post. We spoke with the newly appointed activities coordinator who worked 18 hours per week. She told us about several recent events that had been organised including a mid-summer party that had been well attended by people, relatives and friends. She was also beginning to gather information via 1-1 sessions with people to formulate social histories so that all staff could use the information to relate to people and their life stories. She was also looking to put memory boxes in place and gave us several other examples of plans she had for activities and outings in the future.

We viewed a number of bedrooms during our inspection. We found rooms to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted individuality and maintained people's interests.

People we spoke with and their relatives told us they knew how to raise issues or make complaints and felt comfortable doing so. We saw that the home had a complaints procedure and that it was on display and made available to people, this was confirmed when speaking with people and their relatives. The majority of people spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately. We saw the home's complaints folder and saw that any complaints received were acknowledged and investigated appropriately.

We looked in detail at people's care plans and other associated documents. We saw that people's care plans were reviewed on a monthly basis and notes were written twice daily that documented how each person had been throughout that period. We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals.

We spoke with the organisation's care and compliance manager who told us that care files were audited randomly. A new system was due to be implemented which would ensure all care files were audited regularly throughout each 12 month period. We saw evidence that random audits had been carried out. They also told us that a key worker system was being introduced following a 'matching process' which would involve pairing care staff to people.

Good

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who had worked at the service since 3 March 2015. There was also a deputy manager in place who had worked at the service for approximately 12 months. None of the people living at the home or their relatives spoke negatively about the manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had.

Staff we spoke with confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. Most of the staff members confirmed they were supported by their manager and their colleagues. One staff member we spoke with told us, "Everyone gets on. I can raise issues with (registered manager) and have done. There are handovers at the beginning and end of each shift, communication is good." Another member of staff said, "There has been a big improvement since the new manager has come in. There has been a big focus on personalised care as opposed to everything being task based. There are still a few things to put in place but we are definitely going in the right direction. She puts the emphasis on compassionate care."

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control. We spoke with the organisation's care and compliance manager who arrived at the home on the morning of the inspection. As well as individual audits for specific areas there was also a monthly quality audit that she undertook. We saw copies of these audits during our inspection.

We looked at the home's accident and incident log which was contained within a well organised file. The file contained a monthly summary of all incidents and accidents, which included the person's name, who the accident or incident pertained to, as well as the date, time, location and nature of the incident. We could see that families had been informed, each entry was signed by staff and individual incident reports were completed.

Service contracts were in place, which meant the building and equipment was maintained and safe for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

The organisation had a whistle-blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

The registered manager told us that the support she received from the organisation was very good. She had 24 hours supernumerary hours per week to concentrate on implementing some of the changes she had made, and was wanting to make going forward.

We spoke with one of the owners of the home who visited on the day of the inspection. They told us that they listened to the registered manager and would consider any requests made from them to help the service improve. We were told by the registered manager and other staff that the owners of the home visited the home regularly and were approachable.