Ringdane Limited

The 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 December 2014 and was unannounced.

The Beaufort Care Home provides accommodation for up to 29 people who require nursing or personal care. Most of the people living at the home have complex medical conditions requiring a lot of care and support or highly specialised nursing.

We last inspected the home in June 2014. After that inspection we asked the provider to take action to improve the staffing of the home. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made in the staffing arrangements within the home. This meant the provider met their legal requirements.

This home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. At the time of this inspection there was not a registered manager in post. A manager had been appointed and the process for registering the manager had commenced.

People were not always protected from the risks associated with the management of medicines as there were inconsistencies in recording the administration of medicines.

People and their relatives told us they felt safe at the home. Staff told us they had attended training about keeping people safe and were able to explain what they would do if they had any concerns. Any potential risks to people's health were assessed and managed appropriately. There were processes in place to ensure staff had the skills and competencies to meet the medical needs of people living in the home.

Where people had capacity to make decisions staff respected decisions people had made. Where people did not have capacity, decisions were made in their 'best interests'.

Care plans were detailed and provided staff with clear guidance on how to support people as they wished. Care plans were reviewed regularly with the person and those closest to them. Any changes in health were responded to promptly and where a need was identified, referred to the appropriate external healthcare professional.

During our visit we saw many positive examples of caring. Staff were patient and kind. We observed they were inclusive, respectful and showed humour. People told us that staff respected their privacy and dignity when providing personal care. All the staff members we spoke with felt staff were caring and were able to explain what they meant by this and give examples. It was clear many of the staff enjoyed being at the home and worked well as part of a team.

The new manager had been in post for three months and the consistent feedback from staff was positive about changes that had been made within the home. One member of staff told us, "There has been continuous improvement and the manager is on the right track."

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?
The service was mainly safe.

People told us they felt safe at the home. Staff had been trained in safeguarding and understood what to do if they had concerns.

Improvements were needed in how the administration of medicines was recorded to ensure people received their medicines as prescribed. Medicines were stored appropriately.

Requires Improvement

Is the service effective?
The service was effective.

Staff received training and support to carry out their duties and responsibilities. Arrangements were in place to ensure people received a good diet. People were supported to access appropriate external healthcare professionals to manage their medical conditions.

Good

Is the service caring?
The service was caring.

Staff were patient, kind and showed humour in their dealings with people. Staff could confidently explain how they would care for people to ensure their dignity and independence were promoted.

Good

Is the service responsive?
The service was responsive.

Staff were provided with clear guidance on how to support people as they wished. There were care plans in place to manage specific medical conditions and staff responded promptly to changes in people's needs.

Good

Is the service well-led?
The service was well-led.

People spoken with were positive about the new manager and the improvements made. Staff were well supported in their role. There were effective systems in place to monitor the quality of the service and areas identified for improvement were acted on promptly.

Good

The 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 December 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in nursing and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Over previous months the CQC had worked with the local authority contracts team in relation to some concerns about the service. We considered those concerns when planning the focus of our inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. A PIR was not returned, the provider told us they had not received this request.

During our inspection we spoke with the manager, the deputy manager, five care staff and five non-care staff. We spoke with six people who lived at the home and two relatives. We observed how people received care and support in the lounge areas and the dining room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records about people's care and how the home was managed. We looked at care records for five people to see how they were cared for and supported. We looked at other records related to people's care including medication records, the service's quality assurance audits, records of complaints and incident and accidents at the home and records relating to staff.

Requires Improvement

Is the service safe?

Our findings

During our visit we checked people received their medicines as prescribed to maintain their physical and mental health. We found medicines were stored appropriately in a locked treatment room. Room and fridge temperatures were checked daily so medication was stored at the correct temperature to ensure it remained effective.

However, we found there were some inconsistencies regarding the management and administration of medication. For example, there were gaps on one person's medicine administration record (MAR) where there was no staff signatures to record the administration of a medicine or a reason documented to explain why the medicine had not been given. We could not be sure the person had been administered their medication as prescribed.

People who were prescribed topical creams to be applied directly to their skin had charts recording the application in their bedrooms. We found these charts were not completed consistently and there were gaps in the records. In one person's room we saw records that staff were applying a cream, but the prescription was not on the MAR sheet. We discussed this with the deputy manager who confirmed the cream had been discontinued. This meant staff were administering medication that was no longer prescribed.

Information was not always available to guide staff on when to administer medicine prescribed 'when necessary' or 'as required' for pain relief. There was no supporting information available to enable staff to make a decision as to when to give the medicine. When people had been given a medicine for pain relief, there was not always a record to explain why the medicine had been given. A lack of records could lead to inconsistency in the administration of these medicines.

This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we last inspected The Beaufort Care Home in June 2014 we found there was a breach of Regulation 22 in the Health and Social Care Act 2008 as there were insufficient numbers of suitably skilled and qualified staff on duty. We asked the provider to send us an action plan telling us how they would make improvements. At this visit, we found improvements had been made to ensure there were enough staff to meet people's needs safely.

Nearly all the staff we spoke with felt there were enough of them to do their jobs properly. Comments included: "I feel there is enough staff", "I have time to do my job" and, "We have enough time with residents – sometimes it's a bit fast in the mornings but we always talk with them." Staff said they worked together as a team. During our visit we observed that staff had time to spend with people and did not appear rushed. Call bells did not ring for extended periods of time and there was a calm and relaxed atmosphere within the home. A relative told us there were always staff around when they visited.

We discussed with the manager how staffing levels were determined to meet people's needs. They told us the service used a dependency tool to assess the number of staff required to meet the specific needs of people living at the home at any one time. The tool was reviewed on a monthly basis or if there was any significant change in the support people required. If an increase in the levels of dependency in the home was identified, staffing numbers would be assessed to ensure people's needs continued to be met safely and consistently.

Records were seen which confirmed staff had been through appropriate checks prior to starting employment such as DBS (disclosure barring service) and reference checks to ensure they were safe to work in the service.

People we spoke with confirmed they felt safe living at The Beaufort Care Home. One person told us they had personal possessions in their room and said, "I feel safe leaving things in there."

Staff told us they had computer based training around safeguarding. We gave various scenarios to staff around keeping people safe. Staff were able to explain what they would do if they had concerns that someone was being abused. The manager understood their responsibility to refer any safeguarding concerns to the CQC and the local safeguarding authority.

We looked at five care records and found that risks to people's health and welfare were assessed and managed appropriately. Risk assessments were in place that evaluated the risks to people, for example, of developing pressure ulcers, malnutrition, mobility and falls. Where risks

Requires Improvement

Is the service safe?

had been identified, there were plans in place to manage the risk and keep people safe. Risk assessments were reviewed regularly to ensure any emerging risks to people's health and safety were identified promptly. During our visit we observed staff followed the guidance within people's risk management plans. For example, records confirmed bed rails were checked regularly and people were repositioned in accordance with their care plans to prevent the risk of skin breakdown. We found risk management plans balanced the need to keep people safe whilst allowing them as much freedom as possible. The manager explained, "We are doing risk assessments so we are not taking away their independence, but maintaining their safety at the same time."

There was a system of internal inspections of equipment such as hoists and wheelchairs to ensure they were fit for purpose. Any identified repairs were entered into the maintenance book and signed off once completed. A member of staff confirmed that fire drills were regularly undertaken and records confirmed emergency equipment was checked regularly. Each person had a personal emergency evacuation plan which explained what support they required to keep them safe if the building had to be evacuated. There were processes in place to manage environmental risks and the environment appeared clean and well maintained.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care delivered by staff at The Beaufort Care Home. We saw staff had a good understanding of the needs of people and had the knowledge and skills to carry out their care and nursing responsibilities effectively. One staff member told us, "I feel adequately trained to meet the resident's needs."

Staff told us they received training in all the areas considered essential to meet people's health and safety needs such as infection control, health and safety and first aid. Most of the training was computer based and many staff said they preferred face to face training because they felt this was more effective. The manager explained they were currently investigating the introduction of more face to face and in-house training to support staff who preferred to learn in that way. During our visit we observed staff putting their training into practice. For example, staff used the correct protective equipment when providing personal care to people.

Many of the people who lived at the home had complex nursing needs. The manager explained that part of their responsibility was to ensure that staff had the competencies and skills to meet people's needs before they moved to the home. For example, one person had recently moved to the home with a complex medical need. All the nursing staff had attended a training session at the local hospital so they were clear as to their roles in managing the person's medical condition. Other specialist training included catheter care, management of syringe drivers and supporting people living with dementia.

Staff told us they felt supported in their roles. Formal supervision had not taken place as regularly as planned, but the new manager had introduced systems to ensure staff received regular supervision. This included observation of staff when they were working in the home. The manager told us they intended to complete appraisals for each staff member in May 2015. They explained this would give them time to get to know the working practices of each staff member so they could have informed discussions about their individual professional development requirements.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The MCA protects people who lack capacity to make certain decisions because of illness or disability. Mental capacity assessments were in place and reviewed regularly. Capacity assessments for individual decisions involved the person, their family and appropriate healthcare professionals. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. For example, one person chose to have little nursing support. Staff explained, "We know [person] has capacity to make this decision. We try to respect their wishes as much as we can."

DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager was aware of a recent court ruling on the legislation which meant the criteria for applying for a DoLS had changed. They were in the process of submitting two DoLS applications to the local authority for their consideration.

Care records confirmed that people were referred to other healthcare service providers when a need was identified. For example, people who had difficulties swallowing had been seen by the speech and language team to determine whether they required a soft food diet or thickeners in their drinks. Another person had complex nutritional needs and was supported by external specialist nurses. Professional visits were recorded in detail. Advice given was added to the relevant care plans so that care and support was adapted and delivered in accordance with the directions of the relevant healthcare professional.

During our visit we observed that people received effective support to eat and drink and maintain a good diet. Records showed that people's nutritional risks and needs were assessed, monitored and managed to ensure they had sufficient foods and fluids. Where people were at risk of malnutrition or dehydration staff completed food and fluid charts to ensure people's nutritional health and wellbeing was supported. We spoke with the cook who was aware of which people required a modified diet to manage their health needs.

We observed a lunch time in the dining room. Most people required one to one care from staff to assist them with eating. Staff supported people to eat their meals in a relaxed manner and at a pace that allowed them to enjoy their meal. People were offered a choice of food which they confirmed they enjoyed. Comments included: "The food is

Good

Is the service effective?

okay, they come round in the morning to see what you want", and "We get a drink mid-morning and mid-afternoon and at night time. There's water in my room if I need a drink in the night."

We looked at the records of a person who required support with nutrition through a percutaneous endoscopic gastronomy (PEG). This is where the person has foods and fluids through a tube which goes into their stomach because they are at risk of choking. There was a detailed care plan in place about the nutrition to be provided through the tube and the actions to be followed to minimise the risk of infection. We found the daily notes about the PEG feed administration were not always consistently completed as to whether nutrition had been given or not. However, we were confident the person was receiving their nutrition as directed as their weight had remained stable. The deputy manager confirmed the person had received their nutrition but told us they would address the need for consistent records within supervision and staff meetings.

Good

Is the service caring?

Our findings

We asked a person who lived at The Beaufort if they were happy with the way staff looked after them. They replied, "Oh yes." A relative told us, "I've no concerns. They [staff] are all lovely and friendly. They're great with [person]." Another visitor confirmed they visited the home regularly and "always feel welcome".

We asked staff what caring meant to them. One staff member said, "It's the way you speak and act with residents, being inclusive, asking their advice, it's like family." Another member of staff replied, "It's about having time to talk and listen to people, the little things make the difference." During our visit we saw staff were caring and unrushed when they provided support and interacted with people. Staff were friendly, approachable and kind to people who lived in the home and their visitors.

Staff were proactive in understanding people who were unable to verbally express their needs. Staff told us they got to know people so they could understand non-verbal cues and behaviours. One staff member told us, "We use a common sense approach." They explained how they used picture cards where appropriate to support people to communicate without speech. One visiting relative told us, "[Person] tries to talk but I can't get what she says, but the carers can understand. They get the best out of her." Another visitor told us, "Staff understand [person], they talk to him all the time."

During lunch time in the dining room we saw staff interacted with people with respect and humour. There was a pleasant, sociable atmosphere with easy conversation between staff and people being supported to eat. One person chatted with staff and other people alike, and we could see this was a normal lunchtime experience for them.

During the day staff offered people choices about different aspects of their day to day lives such as what they wanted to eat and where they wanted to spend their time. One staff member told us, "I do go around in the morning and offer everyone choices and if they are not sure, if it is too early say, I will go back later." Staff demonstrated how they promoted people's ability to remain independent and how they changed this as people's ability and mood changed. We asked one person who was independent and liked to do things for themselves whether staff had the balance right between helping them and promoting their independence. They replied, "I can always ask them if I need any help with anything. They will always help me."

People and their relatives told us that staff promoted their privacy and dignity when providing personal care. One visitor told us how a person's door had been closed when they arrived because staff were supporting the person with personal hygiene. One person explained that staff had a caring attitude and respected their privacy. They told us, "I have a bath once a week, they cover you up." The person went on to say that they did not mind personal care from male care staff but said, "They always ask me if I'm okay about it."

Good

Is the service responsive?

Our findings

People spoke positively about the nursing care they received. One person told us they had been very ill when they moved to the home and said, "When I arrived I thought I had come to die. I didn't expect to still be here so they must be looking after me too well."

We looked at the records relating to five people who lived at The Beaufort Care Home. Prior to moving to the home, people's health needs were assessed to ensure the service was suitable and could meet their needs. Once people moved to the home, care plans were completed. Plans were very comprehensive and contained information relating to people's medical diagnosis and the care and treatment they required to manage their medical conditions. People and those closest to them had been involved in planning their care and discussing how they would prefer their medical and care needs to be met. Staff were provided with clear guidance on how to support people as they wished. Care plans were kept under review and meetings were regularly held with people to ensure their needs continued to be met in a way they preferred.

Staff had up to date and relevant information about people who used the service. There was a handover of each person's individual needs between each shift. We looked at the handover sheet from the night staff to the day staff on the day of our visit. We saw the handover contained a brief overview of people's health, together with alerts about any potential issues so staff could be aware and respond promptly.

There were care plans in place to manage specific clinical needs, for example catheters and pressure ulcers. Staff were responsive to changes in people's medical conditions. For example, we heard a member of care staff mention to one person that they sounded "a bit chesty". We later heard the member of staff inform the deputy manager who took appropriate action.

We asked staff how they got to know the people who lived there as individuals. We were told that people had a journal in their room called 'Connecting with the Community' which gave information about interests, hobbies and the background of the person.

We spoke to the activities co-ordinator who had recently been appointed. They told us about some of the activities they had arranged. These included visiting musicians, a theatrical screening through a local theatre and a guide dog visit. On the day of our visit some people enjoyed decorating Christmas biscuits and there was chatter about cooking and baking. The activities co-ordinator explained that they were introducing activities on a one to one basis for those people unable to participate in activities in the lounge. For example, they had brought some magazines in to read with one person and another person liked to have bible stories read to them.

We found that people were provided with information in the 'service user guide' about how they could raise any concerns or complaints about the service. Information was also displayed in the entrance hall. People confirmed that they felt confident to raise any concerns about the care provided at The Beaufort. One relative told us, "I would speak to [the manager], she is very helpful." They told us that a concern they had raised had been dealt with quickly and to their satisfaction.

We looked at the complaints record. The service had not received any formal complaints since our last visit in June 2014. Two informal concerns had been recorded in detail together with the outcome of the concerns. This meant the provider took informal concerns seriously and acted to improve the quality of service provided.

People and their families were also encouraged to provide feedback about the service at residents meetings. The manager explained, "It is vital you have touch ins with your relatives so you can identify any issues and deal with them then and there."

Good

Is the service well-led?

Our findings

The manager was appointed in September 2014 and was in the process of applying with us to become the registered manager of the service. For three months prior to the manager's appointment there had been no manager in post. People we spoke with were positive about the new manager and the improvements they had made in the short time they had been at The Beaufort. One staff member told us, "The atmosphere is much better; staff are not dying to leave after their shift, it is a nice homely atmosphere." Another told us, "[The manager] is very proactive. The atmosphere is noticeably better. Everyone is more cheerful."

The manager had taken time to get to know the service, the people who lived in the home and the staff who worked there. Improvements and changes were being managed on a phased basis. One staff member told us, "[The manager] is addressing one thing at a time rather than taking too much on and not finishing anything." Another told us, "There has been continuous improvement and the manager is on the right track."

People told us the manager was available and accessible. One person told us, "Management are approachable. If it's a small issue, I'd approach a senior care assistant, but otherwise, I speak to the manager." A staff member told us, "[The manager] is for the residents, she does interact with them." The manager explained that being out of the office helped them to identify areas that required improvement. They said, "I spend time on the floor, working alongside staff and listening to any concerns they have."

We looked at the results of a recent satisfaction survey within the home. An emerging issue was around the atmosphere within the communal areas and a lack of activities. One person had written, "The activities co-ordinator left suddenly which has left a big gap in the resident's lives." Another person described the atmosphere as "dead" in the lounge areas. We found the new manager had already identified these areas of concern and taken appropriate action. A new activities co-ordinator had been appointed and more people were being encouraged and supported to get up and access the communal areas. On the day of our visit we found a number of people spent time in the lounge area and chose to eat in the dining room. One member of staff told us, "The home is noisier in a good way. It means more residents are up and there are more relatives in communal rooms." A visitor said, "It's a happy, jolly atmosphere."

The manager spoke positively about the support they received in their managerial role from the provider. They told us they had received formal supervision from the area manager and were due to attend a manager development course in January 2015. The manager confirmed that they felt supported to make improvements within the home and said, "I think care is good, but I think it could improve as well. Getting the residents up more is a real improvement." The manager was also aware of their responsibility for submitting notifications to the CQC so we can monitor the care provided by the service.

We found the manager had introduced a system of regular meetings with staff to discuss any issues or concerns. We looked at the records of the last meetings held in October 2014. We saw the meetings ensured staff had the opportunity to discuss issues and make suggestions on how the service could be improved.

Records showed staff completed accident and incident forms which were analysed regularly to identify any emerging issues. We found issues identified had been dealt with by the manager. For example, where a medication error had been identified, the staff member involved had been given further training and support to prevent a reoccurrence.

There was a system of checks and audits in place at both a managerial and provider level to monitor the quality of care and the health and safety of people. The regional manager completed monthly quality audits, environmental checks and care plan audits. We looked at a selection of the audits which showed where areas of concern had been identified and actions the manager and staff needed to take to address those concerns. The regional manager checked that actions had been completed as required. The manager told us, "Audits help me identify issues in the home so I can nip them in the bud."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who used the service were not protected against the risks associated with the unsafe management of medicines.**