

# Barchester Healthcare Homes Limited

# Prestbury Beaumont

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 18 April 2017.

The service was last inspected in December 2014 where we rated the service good. At this inspection we found the service remained good.

Barchester Prestbury Beaumont is located one mile outside Prestbury village. The care home is part of a care complex set in its own grounds, comprising of privately rented bungalows and apartments and a care home. On the day of our inspection visit there were 18 people living in the home. There is also a domiciliary care service registered at the same location. This provides a service to people living in the apartments which are in the same building as the care home and the bungalows that are adjacent to the main building.

Prestbury Beaumont has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that staff were recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care. Staffing levels were observed to be sufficient to meet the needs of the people living in the home.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We did receive varied comments about responses to calls bells, however all our observations and discussions with staff confirmed that there were sufficient numbers of staff to meet the needs of the people living in the service.

People living in the home and their relatives confirmed that staff were kind, patient and knew them and their needs well.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions.

The food in the home was good and we received positive comments about the choices that people were offered and the standard of the food.

The care plans were person centred and reviewed regularly, so staff knew if any changes in care provision had been made. This helped to ensure that people's needs continued to be met.

There was a variety of activities and outings from the home which people told us they enjoyed and met the needs of the people living in the home.

There was a complaints policy and people knew who they could speak to if they were not satisfied with their care and were confident they would receive a response.

Staff members we spoke with were positive about how the home was managed. The staff members we spoke with were positive about the service and the quality of the support being provided.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the services, staff and resident meetings as well as spot checks to check the quality of the service as well as gain the views of the people receiving a service. The provider had an internal clinical governance system into which the registered manager submitted monthly information based on the audits undertaken within the agency to the company's head office. The registered manager was making links with the local community to increase their involvement with the home and vice versa.

## 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 service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Prestbury Beaumont

## 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 18 April 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held on Prestbury Beaumont. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider including notifications prior to our visit. We invited the local authority to provide us with any information they held about Prestbury Beaumont. They said they had no concerns about this service. We also spoke to two healthcare professionals who regularly visit the home to gain their feedback. We also viewed the most recent Healthwatch enter and view report. This helped us gain a balanced view of what people experienced who live at Prestbury Beaumont.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home. At the time of the inspection there were 18 people living in the home. We spoke with a total of eight people living there, two visiting relatives and nine staff members including the registered manager, the deputy manager, the chef, activity co-ordinator and four care staff. We also spoke with a GP after the inspection.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some

bedrooms. We looked at a total of three care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Prestbury Beaumont was a safe environment and all family members said they were more than happy that their relative was safely cared for. Comments included, "Yes, I do feel safe here", "Absolutely safe" and "We all have call bells and I have one near my bed to call for help".

We did receive conflicting comments about staffing, where some people felt there were sufficient staff and other reported having to wait for call bells to be answered. Comments included, "They do come quickly", "Never wait very long as a rule but they are short staffed" and "They don't come all that quickly". We spoke to the registered manager as well as the staff about the staffing in the home. All the staff members we spoke to felt that there were sufficient staff to meet the needs of the people living in the home and they had time to do their jobs effectively and safely. Our observations throughout the day were that there were enough staff to meet people's needs. Staff were busy and purposeful and they seemed well organised and efficient and call bells were responded to in a timely manner. The registered manager monitored and regularly assessed the dependency of the people living in the home and staffing. We viewed the staff rotas and could see there was a care/nursing staff to resident ratio of approximately one to four in the mornings, reducing to one to six in the afternoons and at night. The registered manager and other ancillary staff such as the hostess and activities co-ordinator were in addition to these numbers.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. Staff were aware of procedures to follow and incidents had been appropriately notified to the Care Quality Commission since our last inspection. We saw that staff had been recruited safely, appropriately trained and supported by the management team.

The arrangements for how medicines were managed were safe. Medicines were checked on receipt into the home, given as prescribed, stored and disposed of correctly. We looked at the medication administration records for three people. We could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We did note that the recording of some PRN medication (these are medicines that are administered when needed) was not always clear, which made it more difficult to account for the available stocks. We raised this with the registered manager to address. The registered manager had audits in place to monitor medicine procedures.

Care plans had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. They were regularly reviewed.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The home had been awarded a five star hygiene rating by the local authority and we saw that the kitchen area was clean, tidy and well organised.

The provider had been awarded a Gold Award by Royal Society for the Prevention of Accidents (RoSPA). To achieve this, they needed to demonstrate that their health and safety procedures were robust and every effort was taken to prevent accidents and incidents in the home.



# Is the service effective?

## Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They are trained well, they ask they don't flounder if they need help" and "Staff are super without exception". One relative told us, "They know what they are doing".

People received effective care as they were supported by a staff team that were trained and supported and had a good understanding of people's needs and wishes. Staff we spoke to told us that they knew people well as they had time to read the care plan of any new person receiving a service and had time to get to know the person.

Staff received an induction when starting with the service which was based around the Care Certificate, a nationally recognised and accredited system for inducting new care staff. They undertook a number of classroom days followed by a flexible period shadowing, dependent upon their previous experience. Staff then receiving ongoing training, supervision and appraisals to support them in their roles. Staff told us, they found these helpful and the records we viewed confirmed that training and supervision was happening on a regular basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when it is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We viewed paperwork in relation to MCA and DoLS and could see this was appropriately completed. People receiving a service and their relatives told us, "They encourage me to do things, they don't offer to help unless I ask", "They encourage me when they see I am trying" and "They tell me what they are going to do first before they do it". One relative told us, "They always explain to [name] what they are doing and treat them with dignity. The staff are amazing".

We observed that staff supported people to eat their meals wherever they wished. Staff offered a choice of drinks including alcohol where this was requested. Staff were patient with people who needed assistance with eating. We observed that people had a variety of choice in terms of the menu and were offered alternatives if they did not like the meals on offer. Comments about the food were good. People told us, "The food is very good, overall there is plenty of it and I like most of the food here", "I like the food, good choices, if you don't like something they offer you something else" and "I like the food, I can eat what I like and can ask for other things".

The information we looked at in the care plans explained what people wanted which meant staff members were able to respect people's wishes regarding their chosen lifestyle including food preferences. This was also kept in the kitchen. People were weighed regularly and more frequently if loss or increase were observed. We found that staff assessed people against the risks of malnutrition.

We saw care records contained information about other healthcare visits in order that staff were aware of the outcomes of these visits. The healthcare professionals we spoke with advised that staff in the service referred appropriately, acted upon advice and they had no concerns about the care offered to people living in the home.

# Is the service caring?

## Our findings

We asked people receiving a service from Prestbury Beaumont and their relatives about the staff that worked for the service. Everyone that we spoke to about the staff was positive about the care and attitudes of the staff. Comments included, "Staff are very helpful and friendly" and "Friendly, not an issue on that score". One relative told us, "They are so kind, they make [name] laugh".

We were able to view thank you cards that had been sent into the service. One card read, "Thank you for the care and companionship that you provided for our Grandad. Thank you for providing him with lots of laughs. You had an immeasurable impact on his quality of life".

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. Comments included, "I'm happy in my job. We want to provide all they want and we all try and go that bit further to preserve their dignity". They were clear on their roles in helping people maintain their independence and ability to make their own choices in their lives. All our observations were that the staff engaged with people in a caring and relaxed way. They spoke to people at the same level and used appropriate humour and touch.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day and those being nursed in bed looked comfortable. Everyone in the service looked relaxed and comfortable with the staff and vice versa. We saw that staff had an appreciation of people's individual needs around privacy and dignity. For example we saw that staff always knocked on people's doors before entering.

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well-furnished and contained items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, and complaints. A copy of the service user guide was available at the entrance to the building.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

We saw that the provider was aware of equality and diversity issues and responded to these. For instance people living in the home had requested that the minutes of meetings were produced in larger print and this had been implemented.

## Is the service responsive?

### Our findings

People who received a service and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. Comments included, "I have a care plan and had a review of my care plan about three months ago" and "I have a review every six months, we have changed the routines in the morning".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved, to add to the assessment if it was necessary at the time. We saw pre-admission paperwork had been completed appropriately.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. Any additional monitoring sheets for instance for food or pressure care were fully completed and up to date. The health professionals we spoke to prior to and after our inspection confirmed that the staff were proactive and acted upon advice given.

The plans were being reviewed monthly so staff would know what changes, if any, had been made. A sample of plans were also audited each month as part of the quality assurance system within the home. The care files we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them.

The home employed two activities co-ordinators. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. The people using the service were asked what kinds of things they liked to do during the assessment and care planning processes as well as at residents meetings. A varied programme of events was completed on a weekly and monthly basis and these were on display around the home. On the day of our inspection two outings took place; one to the local supermarket and another to a local garden centre. People were positive about the activities in the home. Comments included, "Board games are good and they show you baking and what to do", "I like to play cards and dominoes and keep fit" and "I like the music things they do".

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us when they had any concerns they would raise them with the manager. Minor issues were dealt with as they

occurred and people confirmed that minor issues they had raised had been dealt with. A concern was raised with us during our inspection which we passed to the manager to address.

## Is the service well-led?

### Our findings

There was a registered manager employed at Prestbury Beaumont who was responsible for the running of both the home and the domiciliary care agency. She had been registered with the Care Quality Commission since December 2016.

Staff members we spoke with were positive about how the agency was being managed and the service being provided. The staff we spoke with described the registered manager as approachable and supportive. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the registered manager. All staff, people receiving a service and relatives were positive about the manager. Comments included, "Manager very friendly, very good", "Very approachable and recognises you when you walk in" and "She's very approachable, any concern she'd deal with it and appreciate it being raised".

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service. The registered manager completed regular audits, spot checks and held meetings to gain feedback from staff, residents and relatives. Staff told us that regular staff meetings were held and that these enabled managers and staff to share information or raise concerns for both the home and DCA. We looked at the most recent minutes and could see that a variety of topics, including people's needs, documentation, recruitment and staff skill mix had been discussed. Relative and residents' meetings were held every two months. We viewed the last minutes from the meeting held on 4 April 2017 and could see they discussed a number of issues including activities, signage around the building, staffing and other issues around the building. We saw that issues raised had been acted upon.

The registered manager had begun to forge links with the local community to increase their involvement with the home and vice versa. She had joined the local Women's Institute with two residents and joined the board of the local fundraising community. The home was hoping to host a fundraising event in the summer to raise money for the local youth group.

Barchester used a separate company, Ipsos Mori to undertake annual surveys on their behalf. We were able to view the most recent 'Your Care Rating' report undertaken in 2016; this showed that the overall performance rating for the home and agency was 918 points out of a possible 1000.

Barchester had its own monthly internal clinical governance system whereby the registered manager had to submit monthly information based on the audits undertaken within the agency to the company's head office. This included, accidents, incidents, safeguarding allegations and complaints. In addition to the monthly return Barchester also undertook a 'Regulation Team Audit' annually. We looked at the most recent one that was carried out on the 4 January 2017 and could see that a variety of areas were looked at during the visit including speaking to people using the service, safeguarding records, assisted care plan reviews, risk assessments and staff training. There were no actions following this visit.

Barchester had a rewards system for staff to recognise where people had made a contribution above and beyond their role and an 'employee of the month' award. Two residents and one relative told us that they had nominated care staff from Prestbury Beaumont for this award.