

Healthcare Homes Group Limited

# Beaumont Park Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Beaumont Park Nursing and Residential Home is a care home providing personal and nursing care to up to 46 people. The building accommodates people across two floors. Some bedrooms have ensuite facilities. There are communal rooms inside and a shared garden. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 32 people living at the service.

### People's experience of using this service and what we found

People's medicines were not always managed safely. Medicine stocks were not all correct, some medicines were not able to be located and open dates on medicines were not recorded. These errors had not been identified by staff conducting quality monitoring audits.

People's home was not always clean inside of cupboards and other infection prevention and control (IPC) measures were not always followed such as checks on visitors and storage of COVID-19 testing equipment.

People felt safe and were happy with the support provided. They told us staff were kind, caring and patient and knew them well. People felt staff understood safe ways to support them. Staff had received training on safeguarding people and were confident about how to report any concerns.

People had risks to their health or wellbeing assessed by staff and this information was used to feed into their care plan and give staff the right guidance for supporting them.

People were supported by staff who had been checked to ensure they were safe to work at the service and there were sufficient staffing levels in place. People told us they did not have to wait long for staff support after ringing their call bells.

People were supported by staff who used a personalised approach to care and asked people for their preferences and consent.

People, their relatives and staff thought the registered manager was approachable if they had any concerns and they spoke to them regularly about the quality of their care. Where required, the staff referred people to external professionals for more specialised support and advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 23 February 2021).

#### Why we inspected

We received concerns in relation to safe care, suitable personal care needs being met, safe management of medicines, pressure care and meals. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements but found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The registered manager has taken action to address the concerns raised and implemented new tools and systems to reduce the risk of similar concerns in the future.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaumont Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Beaumont Park Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beaumont Park Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beaumont Park Nursing and residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to six people and six of their relatives about their experience of the care. We reviewed written feedback from a further four relatives and spoke with 10 members of staff including the registered manager, deputy manager, housekeeping staff, nursing and care staff. We reviewed four people's care records and six people's medicines records. We reviewed two staff records to check recruitment processes. We reviewed a variety of quality assurance records such as audits and monitoring records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. We found concerns in relation to the stock balances of medicines and medicine administration records which meant it was unclear if a medicine error had taken place.
- Staff were unaware of where to locate one medicine and they did not know if this had been returned to the pharmacist as records did not show what happened to it. One person had two open insulin pens without open dates which would tell them if the insulin was still safe to use.
- Medicines to support pain relief at a person's end of life were not in place, this was in part due to delays with the GP surgery. The person had not required pain relief at that time but it was important to have them available should they be needed.
- We discussed this and the other concerns with the management team. The management team acted quickly to escalate this further and ensure the medicines were available the day after our site visit. They have since addressed the concerns we found and implemented systems to reduce the risks of similar issues reoccurring.

### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. This was because staff were unsure of what checks to make on visitors and therefore checks on visiting professionals to minimise the risk of spreading infection did not occur.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because the service was cleaning most areas of the home including frequently touched areas but the insides of some cupboards were not all clean and items not stored hygienically.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager encouraged visiting and there were a variety of visiting options for people and their relatives to choose from, such as face to face at the home or gardens, telephone or video call visiting. Relatives had been encouraged to become essential care givers and two relatives had undertaken this role.

People and relatives told us they could easily visit when they wanted to. One relative told us, "We feel very welcomed when we visit. [Staff] always bring our [family member] somewhere we can talk and to have a drink, they offer tea or coffees, it's just a very pleasant [place] to come."

We have also signposted the provider to resources to develop their approach.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood how to check people had given consent but were not always aware of the process to follow if a person did not appear to have the mental capacity to make a decision. We discussed staff training and best practice with the management team in relation to showing how people were supported to understand and be involved in the decision being discussed. The management team agreed to review this with staff to ensure they were confident about the process.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to identify and monitor any concerns. Staff had a good understanding of how to report concerns both to internal managers and external professionals such as CQC or the local safeguarding teams.
- Staff had a good understanding of various types of abuse and what this might look like in practice. This helped them to be confident about identifying early signs of abuse so it could be reported if it occurred.
- People told us they felt safe living at the home and while being supported by the staff team. One person told us, "I am resident here [for many years], I don't have anything to complain about, I feel safe in every way. My room is my kingdom: I have my fridge here, my iPad and my music."
- Relatives who told us they visited the home often said they had never seen anything of concern and would report it straight away if they did.
- The registered manager regularly reviewed incidents and accidents to look for trends. These were reported in audits and action plans. Where required, referrals were made to external professionals such as safeguarding teams or specialist health professionals such as dieticians for advice.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing such as risks to choking, falls and skin care as well as for health conditions such as strokes, diabetes, catheter care and dementia had been assessed. Staff were aware of these and felt they gave enough information to safely support the person.
- People were very happy with how risks were managed. One person told us, "I can't look after myself anymore and my diabetes is making me have real problems so it's great [living here]." A relative told us, "I could not praise all the staff enough for the way they are looking after my [family member]. The way they looked after them when they came out of hospital was amazing. [My family member] can even talk and do a little with their hand now. The staff really did a miracle to help."

- The registered manager reviewed and regularly updated the risk assessments and shared changes with the staff team.
- Staff told us risks to people and changes in their needs were discussed daily at handovers to ensure all staff were aware of any updates.

#### Staffing and recruitment

- The registered manager ensured systems were in place to check candidates were suitable for their role prior to employment. This included checking employment history, references and Disclosure and Barring Service (DBS) checks. provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were sufficient to meet people's needs and people told us they did not have to wait long before staff came when they called. One person told us, "I have this call bell and I never wait too long." Another person said, "When I ring [the bell, staff] do come, not like in a flash, but they do pop in and ask is there anything I need."

#### Learning lessons when things go wrong

- Staff were supported to reflect on incidents and accidents to review what went wrong and how they could reduce the risks in the future. They then agreed new ways of working or put new systems in place to improve practice.
- One recent example involved a person who was scalded from a leaking hot water bottle. The registered manager had ensured all staff were referred to the policy and risk assessments in relation to the use of hot water bottles as well as sharing learning in memos and at meetings. Staff were aware of this incident and the subsequent changes in practice. A staff member told us, "Recently there was an incident where someone got burnt by a hot water bottle and we learnt that everyone can't be given a hot water bottle. There is one person who has the mental capacity to choose, who uses one but that is risk assessed."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had a good understanding of their role and responsibilities and how to monitor and evaluate quality of the service. Staff also had a good understanding of their roles however, some staff felt they had not been given time to read people's care plans and risk assessments.
- Staff told us they had waited over a year to gain access to some training courses under the previous registered manager but the current registered manager had now arranged these for them straight away.
- There were systems in place to monitor and evaluate quality and the registered manager implemented action plans to make improvements. However, the medicine audits had not identified the concerns we found in relation to gaps in medicine records. We spoke to the registered manager about the concerns we had found and they have since addressed these with staff and implemented new systems to improve practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were all asked for their views about the service on a regular basis. This information was used to inform practice and feedback outcomes to people through a process of showing what they said and what the service had done.
- Relatives told us how happy they were with the support given to their family members and the level of contact received by staff. One relative told us, "All we know is that our [family member] is very comfortable and feels loved by staff. Staff are very good to [my family member's] partner too. They also care for them [when they visit]."
- Another relative said, "It's very easy to talk to [the registered manager]. They are in their office and their door is always open and they always come out to say 'hello'. It's easy to find any staff and asked them anything I like about my [family member]."
- Staff told us they were supported well by the registered manager and felt comfortable to approach them with any concerns. One staff member told us, "Our current registered manager is excellent and a breath of fresh air after a parade of sub-par managers in the past. They are approachable, professional and always keen to hear feedback. They are very supportive of their staff." However, staff did not feel senior managers were as approachable and felt they did not spend time with people and staff when they visited the home.

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

- The registered manager promoted a person-centred approach and people told us staff understood their needs well and were very happy with the quality of care they received. One person told us, "A very pleasant [staff member] helped me this morning to wash and to dress up. They asked me if I might feel cold, but I have these long sleeves and I said I will be ok. I like my clothes loose; I don't wear shoes, but I like thick socks."
- People told us staff treated them well and listened to them. Relatives told us about how their family member's health had improved since moving into the service. They had gained weight saying how delicious the food was. Other people were able to move more.
- One person told us how the staff spoke to them to find out more about them and how they preferred their care. The person said, "I think [staff] are still learning about me; they came, and we filled in a lot of forms and questions. I can say what I want, they are very good at asking."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open with those involved when something went wrong and reported to the relevant authorities as well as sharing the outcomes and learning with people, their relatives and staff.

Continuous learning and improving care

- The registered manager supported staff to access professional development courses as well as learning within the home. One staff member told us the registered manager had supported them to attend moving and handling training even though it was not a part of their role. They explained this enabled them to be aware of any poor practice should they observe it and know how to report concerns.
- Some staff had been supported by the registered manager to accept lead roles, called 'champions', in specific areas such as falls, dementia, infection prevention and control and nutrition. They then used this specialised knowledge to share learning with the rest of the staff team.

Working in partnership with others

- The provider told us they had not always been able to access external professionals during the course of the COVID-19 pandemic, but this was starting to improve. The provider had arranged a meeting with the GP surgery to review previous concerns with a view to ensuring the correct medicines were in place for people. People told us they saw opticians and dentists and could access anyone they needed.
- The registered manager had worked with other specialists such as dieticians and hospital discharge staff. Relatives told us how much the GP's were involved and one relative told us their family member who was living with dementia, had been referred to specialist professionals for further assessment and support. A relative told us, "My [family member's] needs are met one hundred percent. [Staff] look into everything. They noticed a lump and it was looked at by a specialist very quickly even though we were in second lockdown."