

# Barchester Healthcare Homes Limited

# Southgate 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 

## Overall summary

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. Southgate Beaumont is registered to provide care and accommodation for a maximum of 52 older people. At this inspection there were 47 people living in the home.

The home has a registered manager. 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 and associated Regulations about how the service is run.

Two inspectors carried out this inspection. On both days of the inspection staff were welcoming and people in the home appeared relaxed and well cared for. We saw staff talking with people in a friendly and respectful manner. One person said, "The home is regularly cleaned. There is enough staff - usually." Another person commented, "The staff are respectful to me."

Four social and healthcare professionals who provided us with feedback stated that their clients were well cared for and they had no concerns.

Throughout the inspection we saw that staff interacted in a pleasant and friendly manner with people. Staff

# Summary of findings

continuously checked to ensure that people were safe and their needs met. Staff respected people's privacy and knocked on bedroom doors to ask for permission before they went in.

People had been carefully assessed and appropriate care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored. There were regular reviews of people's health and the home responded appropriately to changes in people's needs. People were assisted to attend appointments with health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had been carefully recruited and provided with the training they needed to enable them to care effectively for people. Staff we spoke with demonstrated a good understanding of the needs of people. People and their relatives informed us that staff were able to meet the needs of people and they were satisfied with the management of the home.

The home had a safeguarding policy. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Senior staff had followed safeguarding procedures when safeguarding allegations had been brought to their attention.

Staff assessed people's preferences prior to their admission and arrangements were in place to ensure that these were responded to. The home had resident's meetings and one to one discussions to ensure that people could express their views and their suggestions were addressed. The home carried out annual satisfaction surveys. The record of complaints examined by us indicated that concerns expressed had been promptly responded to.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place to prevent infection. There was a record of maintenance carried out in the home and essential inspections on equipment used. The home was well furnished and bedrooms were comfortable.

# 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 safe. Staff were aware of safeguarding procedures and knew how to report any concerns or allegations of abuse.

Risk assessments had been prepared. These contained action for minimising potential risks to people.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

Good



### Is the service effective?

The service was effective. Staff were competent, knowledgeable and they understood the needs of people. Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were up to date and staff closely monitored the physical and mental health needs of people.

People could access community services and appointments had been made with health and social care professionals to ensure people received appropriate support and treatment.

There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People who used the service and their relatives spoke highly of staff and said staff listened to them. They said that staff were caring and their choices had been responded to.

People told us staff were kind and respected their privacy and dignity. They told us that staff provided them with the assistance they needed.

We noted that staff spoke with people and supported them in a pleasant and friendly manner. People or their representatives, were involved in decisions about their care and support.

Good



### Is the service responsive?

The service was responsive. People informed us that staff were helpful and responsive to their needs. Individual care plans were prepared and these documented people's preferences and choices.

There was a varied and appropriate activities programme and people had opportunities to take part in activities they liked.

The home had a complaints procedure and most people were aware of who to talk to if they had concerns. Relatives informed us that when concerns were expressed, staff responded promptly and appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was well led. People and their representatives informed us that they were satisfied with the management of the home.

The quality of the service was carefully monitored. Regular audits had been carried out by the manager and staff of the home. In addition, the area manager visited the home monthly to speak with people and ensure that the home was well managed.

Health and social care professionals informed us that they had no concerns and there was good liaison with staff.

A small number of staff felt unsupported and there were a small number of complaints made regarding the management of the home. These were promptly responded to.

Good



# Southgate 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 checked 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.

The inspection took place on 16th & 18th December 2014 and it was unannounced. The inspection team consisted of two inspectors. We spoke with ten people living at Southgate Beaumont, nine staff, the registered manager, the area manager and the divisional director of the company. We observed care and support in communal areas and also looked at the kitchen and people's

bedrooms (with permission). We reviewed a range of records about people's care and how the home was managed. These included the care records of five people, recruitment records, staff training and induction records for staff employed at the home. We checked five people's medicines records and the quality assurance audits completed.

Before the inspection the provider completed 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 improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted four health and social care professionals to obtain their views about the care provided in the home.

# Is the service safe?

## Our findings

The home had suitable arrangements in place to ensure that people who lived at Southgate Beaumont were protected from abuse. People we spoke with informed us that they were well treated. One person said, “There is enough staff-usually.”

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The home had the London guidance document “Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse”. This ensured that staff were fully informed regarding what action to take. The service had a safeguarding policy and details of the local safeguarding team were available in the home. The procedure however, did not mention the role of the DBS (Disclosure and Barring Service) and when the service should refer staff who were involved in abuse for inclusion in their register of people who are not permitted to work in care services. This is necessary for the protection of people who used the service.

All staff we spoke with were aware of the provider’s whistleblowing policy and they said they would report any concerns they may have. Staff also told us that the registered manager was supportive and approachable.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with choking when eating food, falls, and certain healthcare conditions such as diabetes and pressure sores.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home. The temperature of the room where medicines were stored had been monitored and was within the recommended range. We looked at the records of disposal and saw that there was a record that medicines were returned to the pharmacist for disposal. Controlled

drugs were stored in a designated controlled drug cabinet. Two staff checked and signed the controlled drug register. The home had a system for auditing medicines. This was carried out internally by the registered manager and externally by a pharmacist. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records seen by us indicated that staff had received training on the administration of medicines. People who used the service said that care staff administered their medicines each day. We noted that there were no gaps in the medicines administration charts examined. No medicines were left lying around in bedrooms.

People we spoke with informed us that the home had sufficient staff to attend to their needs. In addition to the registered manager and deputy manager, there was a minimum of 3 nurses and 9 care staff during the day shifts and during the night shifts there was a minimum of 2 nurses and 4 care staff. Other staff employed included kitchen and cleaning staff. People who used the service felt there were enough staff and that staff were always available if they needed help. Some staff stated that there were times when they were very busy and this usually happened when a staff member was off sick at short notice. The registered manager said that she had informed nurses in charge that replacement staff can be brought in if that happened and she would remind staff again. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. These checks included obtaining two references and criminal record checks to ensure that staff were suitable to care for people.

The training records indicated that staff had received training in Health & Safety. Staff were aware of the need to ensure that the premises were safe and people who used the services were protected from harm. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills for staff had been carried out within the past year and at least one of them was carried out during the night shift. The fire alarm was tested weekly. We noted that the fire procedure on display in the home did not specify the assembly point and the fire risk assessment had not been updated within the past twelve months. The manager told us that she would ensure that these were attended to.

## Is the service safe?

The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. We however, noted that the list of portable equipment tested was not sufficiently comprehensive. This is needed to provide evidence of all equipment tested.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room. There

were suitable arrangements for the laundering of soiled clothing and linen. Soiled linen were placed in colour coded bags and washed in the washing machine using a special healthcare cycle.

We examined the record of accidents. This contained adequate details and was signed by the staff member involved. Where necessary, we noted that there was guidance in the record regarding how to prevent a re-occurrence of the accident(s).

# Is the service effective?

## Our findings

People who used the service received effective care and support from staff who were well supported and had received appropriate training.

People we spoke with informed us that they were well cared for and staff were competent and capable. One person who used the service said, “The staff are very good. They come when I press the buzzer. They also come and check on me each day. The food is really good.”

With two exception, staff we spoke with said they worked well as a team and they were well supported by their managers. Two staff felt unsupported and were of the opinion that management was not always sympathetic. This was discussed with the divisional director of the company who agreed to look into these concerns. Records we saw indicated that staff appraisals and supervision had been held. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people’s needs. A training matrix was available and contained the names of all staff currently working at the home and outlined when training had been completed and when training was due. Staff felt that the training available was good and covered all the topics required for them to do their job well. Staff we spoke with demonstrated a good understanding of care issues and how the needs of people can be met.

People were cared for by staff who had the necessary knowledge and skills they needed to carry out their roles and responsibilities. The registered manager carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people’s needs. Staff demonstrated a good understanding of the needs of people and how to meet them.

Care plans had been prepared and these were up to date and had been regularly reviewed with people and professionals involved. People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as the dentist, dietician and GP. The weight of people had been recorded monthly and staff

knew what action to take if there were significant variations in people’s weight. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation. This meant that potential problems and risks could be minimised or defused. We noted that people interacted and responded well towards staff.

The arrangements for the provision of meals were satisfactory. Most people we spoke with said the meals were good and they felt able to ask for an alternative meal if they didn’t like what was on the menu. A person said, “We have our menu given to us each week and we have lots of choice.” Another person felt there were too many stews on offer although they did say the lunch looked better on the day of our inspection. The chef provided us with documented evidence that they had sought the views of people regarding the meals provided. The kitchen had a list of people who were on special diets and this included diabetic and pureed meals.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. The kitchen had been inspected recently by the local environmental health department and recommendations had been made to improve standards. We noted that these had been responded to. We observed people having their lunch and spoke with them. The dining room had flowers on each table and was spacious. We saw people enjoying their food. People we spoke with told us they were satisfied with the meals provided.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. Staff were aware that when a person lacked the capacity to make a specific decision, people’s families, staff and others including health and social care professionals would be involved in making a decision in the person’s best interests.

The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said they had received relevant training. We however, noted that assessments of mental capacity had not been carried out. These were needed for the protection of people and should include details of who should be consulted if a person lacked capacity to make a decision. The registered manager agreed that these would be carried out.



# Is the service caring?

## Our findings

We spoke with ten people who used the service. They spoke highly of the manager and staff. One person stated, “They treat me nicely. They do talk to me about things.” Another person said, “The staff are very helpful. They come when I press the bell.” One visitor said “The staff are very caring.”

On both days people who used the service were dressed appropriately and appeared well cared for by staff who smiled and were continually interacting with people. When a person started coughing and appeared uncomfortable a staff member promptly checked with the person concerned to determine how they could help the person. This staff member was gentle in their approach. We saw staff sitting down in the dining room and assisting people with their meals. The activities organiser said she spent time chatting with people who had mobility problems and who may not be able to join in group activities in the lounge. This ensured that people feel cared for.

The registered manager, deputy manager and care staff we spoke with had a good understanding of the needs of people and their preferences. They were also able to tell us about people’s interests and their backgrounds.

Staff were aware that all people who used the service should be treated with respect and dignity. The home had

a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. The manager informed us that religious services had been held at the home and arrangements could be made if people required special diets that met their cultural and religious needs. A relative and person who used the service said the home provided vegetarian meals if requested. In addition, she informed us that various festivals and special days such as Chinese New Year, Diwali and St. Patrick's day were celebrated.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

We looked at five care records of people. The care plans were up to date, comprehensive and addressed the individual needs of people. People and their relatives told us that people received care that was appropriate. They stated that staff had consulted with them regarding their care plans. Some people had signed their care plans.

The care plans set out people’s preferences and activities they liked to engage in. Regular reviews of care had been carried out by staff with people who used the service, their relatives or their representatives.

# Is the service responsive?

## Our findings

People told us that they could express their views and staff responded to their suggestions and choices. One person stated that staff responded promptly when they activated the buzzer. A visitor said, “the managers and staff are very approachable.” Another person stated, “I join in the activities. We had children here playing the violin and it was wonderful.”

One to one sessions had been organised for people with the activities organiser and the views of people regarding their care and activities in the home had been recorded. Residents meetings had also been organised where people could make suggestions regarding the meals and activities provided. We noted that suggestions made by people had been responded to and this included having more outings and improved parking facilities, signposting outside the home and the provision of special drinks including wine at meal times. The minutes of meetings had been recorded and we noted that people expressed satisfaction at the services provided.

To further improve the care provided, the home had invited various community groups to hold meetings at the home so that people could join in the activities. These included meetings held by The Stroke Society action group and drop in association, a local over 50s Forum, a local lunch club, and a Bridge Club.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The care records of people contained details of their daily routine and activities programme.

Assessments of people’s care needs had been carried out with their help. These assessments contained details of people’s background and care preferences. Following the assessments care plans were prepared which were person centred. The care plans contained information about people’s preferred routines, likes and dislikes, interests and their care needs. We looked at five care plans and noted that they were up to date and saw had all been prepared to meet individual needs.

The home had a complaints procedure. This procedure was however, not included in the service user guide. The registered manager stated that the procedure was displayed in the reception area and we noted that this was so. Not all people we spoke with said they knew who to complain to if they were dissatisfied with any aspect of their care. However, all people we spoke with said they were satisfied with the care provided and they had no complaints. We examined the complaints record. We noted that with one exception, complaints recorded had been responded to. The manager explained that in the one instance concerned, she had already contacted the complainant by phone.

We activated the buzzer on three occasions in people’s bedrooms. On two occasions the buzzers were responded to within 2 minutes. On the third occasion there was no response. The registered manager explained that it was because the person concerned had taken their own portable buzzer with them to the lounge and this meant that staff would not have heard the buzzer.

# Is the service well-led?

## Our findings

People who used the service and professionals who provided us with feedback stated that they were happy with the quality of care provided. One person who used the service said they found staff and the manager to be excellent and they were happy living in the home. One relative informed us that the home kept them informed regarding the progress of their relative.

One professional whom we spoke with said that staff took good care of people and there were no concerns regarding communication. We however, noted that there had been a complaint associated with lack of communication with a

healthcare professional. The manager stated that following this staff had been instructed to ensure that they always accompanied professionals who visited the home and provided feedback to their team regarding instructions given by professionals about the care of people. Another professional informed us that the management of the home had improved and they had no concerns.

During the inspection we found the area manager, registered manager, deputy manager and other staff were welcoming towards us. Information requested was readily available. The home had a comprehensive range of policies and procedures to ensure that staff were provided with appropriate guidance.