

Healthcare Homes Group Limited

Beaumont Park Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Beaumont Park Nursing and Residential Home is a residential care home providing personal and nursing care to up to 46 people. The service provides support to people who may be living with a physical disability or dementia. At the time of our inspection there were 28 people using the service.

Beaumont Park Nursing and Residential home is split across two floors. People have access to their own personalised bedrooms and shared communal areas such as lounges, bathrooms, dining areas and a garden.

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

People and relatives were positive about their or their family members support. One relative said, "[Staff] are lovely, kind and helpful and I have no concerns at all."

People were safe living at the service and staff had training to recognise and report potential signs of abuse. Risks to people had been assessed and risk assessments were in the process of being reviewed to ensure they were more detailed. There were enough staff to support people safely, although we received mixed feedback about the amount of time staff had to socially engage with people. Staffing levels and allocations was being continually reviewed. People were supported safely with their medicines and minor improvements to medication documents were being made. The service was clean and good infection control measures were followed by staff. Systems were in place to review incidents and accidents so lessons could be learned and shared with staff.

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.

There was a positive culture at the service and people were happy and relaxed being supported by staff. The management team completed audits to monitor the quality of the service and acted where improvements were identified. People, relatives and staff were encouraged to feed back about the service, and this was used to drive improvements. The management and staff team linked and worked with health professionals to help promote good outcomes for people. The management and staff team had worked hard, and improvements were being made and sustained at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 25 May 2022).

Why we inspected

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.

We received concerns in relation to the management of medicines and unsafe staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaumont Park Nursing and Residential Home on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

Inspection team

This inspection was completed by two inspectors 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.

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 the 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 with ten people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including care workers, senior care workers, domestic care workers, the cook, the registered manager, the deputy manager and members of the senior management team.

We reviewed a range of records. This included three people's care records and numerous medicine management records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt they or their family members were safe living at the service. One person said, "I feel very safe. If I do not feel right, then [staff] look after me. I have [health appointment] when I need it and staff help me to stay safe and healthy. I know [health professional] is visiting today too to try and help me be more independent." A relative told us, "I am glad [family member] is safe here. I do not have to worry."
- Staff had training and a good understanding of what abuse might look like. They knew how to report concerns outside of the service to authorities such as the local authority safeguarding team or CQC.

Assessing risk, safety monitoring and management

- People had risk assessments in place for their support needs such as living with specific health conditions, moving around the service and eating and drinking. Some of the risk assessments would have benefitted from being more detailed and specific to the person it was meant for. The registered manager was in the process of reviewing and improving these.
- We received mixed feedback from relatives about staff following a specific professional's advice. One relative said, "I know [health professional] has suggested [family member] walk a few times a day but I do not think staff are supporting with this." The registered manager acted on this immediately and improved the systems in which this support would be recorded and shared with relatives.
- Staff monitored people's needs in relation to their support needs such as pressure area care or food and fluid intake if this was needed. A relative said, "[Family member] needs a lot of support to make sure they are not in pain due to [health condition]. The staff make sure they help them move regularly to stop pressure areas developing."
- Systems were in place to make sure equipment people used was serviced and checked regularly. Regular fire safety checks and evacuation practices were also carried out. One person said, "[Staff] stay on top of all the checks to make sure I am safe. They will let me know if the fire alarm is going to go off."
- People were safely supported in relation to food and drink. The cook was passionate about supporting people with this aspect of their care. People were extremely complimentary about food and drink and this looked and smelled appetising. One person said, "You would never go hungry here and there is such a variety of things to eat." A relative told us, "Food is excellent here and [family member] has been gaining weight as [cook] fortifies their food and makes them milkshakes."

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs and people did not need to wait long periods of time to have their care needs met. Call bells were answered promptly. However, staff were very busy and had little time to speak with people other than for support with essential interactions such as personal care.
- We received mixed feedback about staffing levels from people and relatives. One person said, "I think we need more staff, especially in the morning. It can be very slow getting up." A relative said, "I do worry sometimes as there seems to be a lot of people in the communal lounge, but it is hard to find a staff member to support."
- Staff also told us some shifts could be very busy, particularly if agency staff on shift were unfamiliar with people's needs. This left little time to spend engaging with people. We fed these points back to the registered manager and management team. They assured us they would be reviewing staffing levels and consider how to maximise staff time so they could spend more quality time with people.
- Whilst staff were busy, we observed that people's needs were met in a timely manner. One person told us, "Sometimes I call to get up and staff let me know they are helping someone else but I never have to wait long. Staff work hard and I have a good relationship with them." A relative said, "[Staff] do as well as they can do and [family members] needs are met. [Family member] loves the staff team and enjoys seeing them."
- The registered manager had taken positive steps to ensure staffing levels remained safe. This included booking agency staff for extended periods, so they were consistent and planning rotas well in advance to cover any potential shortfalls.
- Recruitment checks for potential new staff were thorough and completed in line with legislation.

Using medicines safely

- People were supported safely with their medicines. However, some protocols about 'as and when required' (PRN) medicines and covert medicines lacked specific detail to help guide staff. We fed this back to the registered manager and they reviewed and updated these protocols.
- People received their prescribed medicines on time and in their preferred manner. One person said, "I am glad the staff look after my medicines as it saves me a lot of stress and trouble." A relative told us, "[Family member] has [health condition] but the staff team are very thorough with the medicines and their pain is the most well controlled it has ever been."
- Regular audits and stock checks of medicines were completed to help ensure staff were administering medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- People were supported to have visitors to the service if this was their choice. One relative said, "I cannot fault the service and [staff] have been very accommodating regarding visits over the COVID-19 pandemic."
- People and relatives were positive about how clean the service was. One person said, "[Staff] keep everything nice and clean. It always smells nice in my bedroom."
- The service looked clean and smelled fresh. Domestic staff were trained in infection prevention and control and told us they had time to complete their duties.

Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents to see if any trends could be identified or lessons could be learned. For example, one person had a high number of falls and the registered manager referred them to the falls team.
- Staff attended meetings where any potential lessons that could be learned were discussed with them.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive atmosphere at the service and people felt comfortable and happy being supported by staff. People's comments included, "[Staff] are very caring and extremely patient. I cannot fault them." and, "[Staff] are most accommodating and they are all very friendly, even the agency staff who I do not know as well."
- Relatives also gave positive feedback about the way their family members were supported. Their comments included, "The care is very good, and the staff know [family member] very well." and, "[Staff] are absolutely amazing. They have provided [family member] with a whiteboard so they can communicate more easily."
- However, we received some mixed feedback about the amount of social engagement people had. One person said, "There are sometimes a few things to do but I often spend time by myself." A relative said, "I know [staff] are trying their best but I do think a bit more one on one time would brighten up [family members] day."
- People's care plans were detailed, however could have contained more information about people's likes, dislikes and preferences. We raised this with the registered manager and they assured us they had already started work looking at how people's social engagement could be improved. Reviews of care plans were also already underway.
- People were supported to achieve good outcomes. One person told us they had been supported to walk further than they had been able in a long time. One relative explained how their family member had gained weight and had been in very good health since they started living at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management and staff team were clear about their roles and spoke confidently about them. The registered manager had organised specific training for staff in areas such as specific health conditions and supporting people living with dementia. Staff told us this training had been beneficial to them in their job roles.
- The management team completed a number of audits to monitor the quality of the service. These were effective in identifying areas for improvement and actions were taken to put these in place. The registered manager was continuously reviewing audits to ensure they remained effective. A relative told us, "The home is very well run. I have not had to make a complaint."

- The registered manager was open and honest with people and relatives if things went wrong. They notified the CQC and local authority safeguarding team about incidents they were required to.

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

- People and relatives were encouraged to feedback about the service. Regular discussions and meetings took place to help facilitate this. One person said, "Since [registered manager] has started I feel like we have been asked how things are a lot more." One relative told us, "I have regular reviews about [family members] care and [staff] let me know if they need my opinion on anything. They communicate well and I like the newsletter."
- Staff had noted an improvement in how they were asked to feedback about the service since the registered manager took over the role. Staff were encouraged to discuss their performance and issues affecting the service in meetings and one to one discussion.
- The registered manager was focusing on people's individual ways of communicating. They had organised training in relation to staff communicating with people, for example using pictures and symbols.

Continuous learning and improving care

- The management team were passionate about making improvements at the service. There was a service improvement plan at the service, and this was carefully monitored to ensure actions were completed. There had been improvements made at the service since our last inspection thanks to the efforts of the management and staff team.
- People, relatives and the staff team gave positive feedback about the changes the registered manager had made. One person said, "Things have definitely got better since [registered manger] has been here." A relative told us, "Things are much better organised since [registered manager] started. Any issues are rectified quickly."

Working in partnership with others

- The management and staff team linked with health professionals such as GP's and dietitians to help support good outcomes for people.
- The registered manager told us they had plans to link with amenities in the community such as colleges and churches. This would give people the opportunity to access and engage with their local community more easily if they chose to do this.