

Barchester Healthcare Homes Limited

Beaufort Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Beaufort Grange on 11 August 2015. During this inspection, we found six breaches of the Health and Social Care Act 2008. Following this inspection in August 2015, the registered manager in post at the time wrote to us to say what they would do to meet the legal requirements of the Health and Social Care Act 2008.

During January 2016 and February 2016, we received a significant number of concerns about staffing levels and care provision at Beaufort Grange. This information of concern was received from people living at the service, their relatives, staff and from healthcare professionals who had visited the service. As a result of this information we undertook a further comprehensive inspection of Beaufort Grange on 23 February 2016. During this inspection we followed up on the breaches we identified during the inspection in August 2015. You can read the reports from our last comprehensive inspections, by selecting the 'All reports' link for 'Beaufort Grange, on our website at www.cqc.org.uk.

During the inspection in February 2016, we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this the service was rated as 'Inadequate' overall, the service was therefore in 'Special measures'. Services in special measures are kept under review. In addition to being placed in special measures, we imposed a condition on the provider's registration around the assessment of people's personal care, treatment and medicine needs, internal governance arrangements and recruitment progression.

We carried out a comprehensive inspection of Beaufort Grange on 4 October 2016 to review what improvements had been made at the service since they were placed into special measures following our inspection in February 2016.

Beaufort Grange provides accommodation for people who require nursing or personal care up to a maximum of 74 people. At the time of our inspection, 47 people were living at the service. Following our inspection in February 2016, the provider had placed a voluntary cessation on the admission of new people to the service. The current general manager told us this cessation remained in place and that the Commission would be contacted prior to any people being accepted at Beaufort Grange.

There was not a registered manager in post during this inspection. 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. The current general manager had submitted all necessary application documentation to the Commission and was awaiting an interview as part of their registration process to become the registered manager.

During this inspection, we found that although governance arrangements and systems had been improved, there was still no effective system in operation to monitor daily records made by staff. We identified that

some people's medicines records, food and fluid charts and repositioning records had not always been completed accurately. Care records did not consistently reflect people's needs. Despite staff being able to demonstrate an awareness of people's care needs and risks, people were still not fully protected against the risks associated with poor record keeping.

Through conversations with people and their relatives it was evident they were experiencing a better quality of living than they were during the previous inspections of this service. People and their relatives said they felt safe at the service and commented positively on the staff that supported them. Care records had been updated and reflected the risks associated with people's care, however we have made a recommendation about the planning of diabetes care. Incident and accident analysis had been completed to reduce risks to people. We found the service was clean and cross infection risks had been reduced. There were sufficient staff to keep people safe, however we did receive some negative comments about the absence of management at the weekends. Recruitment procedures were safe and there were systems to monitor environmental risks.

Staff received supervision and appraisal, however the manager acknowledged the current completion rate was below expectations and informed us this would be addressed. The service understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS), and we found that staff knowledge in DoLS was good and that people's conditions were understood, where applicable. DoLS is a framework to assess the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff had an understanding of how the Mental Capacity Act 2005 impacted on their work.

People were supported to eat and drink where required, however we found records were not consistently completed. The dining experience was significantly improved since our last inspection. People received the required intervention when needed from healthcare professionals and the service benefitted from a regular attendance from the relevant GP. People told us that staff were caring and we made positive observations of care being provided and a good relationship between staff and people was seen. Staff we spoke with understood the needs of the people they cared for and spoke of the desire to provide a high standard of care. We saw the service had received compliments from people's relatives.

Care records reflected people's preferences and in general had been written in a person centred way. Most of the care plans we reviewed clearly reflected the needs of the person to whom they referred, however we found some examples of where this was not always consistent. There were activities for people to partake in if they wished and we observed people engaged in activities during the inspection. We received very positive feedback from people and their relatives about the activities co-ordinators employed by the service. There was a complaints procedure in operation and where required this had been followed when a complaint had been received.

There were some effective governance systems in operation to monitor the health, safety and welfare of people at the service. People and the relatives we spoke with were aware of the new management structure in the service. Meetings had been held with people and their relatives to communicate key matters in the service and to explain what improvements were being made within the service.

Staff we spoke with were positive about the new management at the service and told us they felt listened to. They told us they were happy in their employment and expressed how they wished to provide a high standard of care. The manager had received support from the provider in relation to quality monitoring and governance.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's medicines records were not always accurate.

Incidents and accidents were reviewed to reduce risks.

The service was clean and good infection control measures were in place.

Staffing numbers met people's needs and recruitment was safe.

The equipment and environment was serviced and maintained.

Is the service effective?

Requires Improvement 

This service was not consistently effective.

It was unclear if the correct level of support with food and drink was given.

Staff understood the principles of the Mental Capacity Act 2005.

People had access to healthcare professionals when required.

Staff received training and induction.

The manager was addressing the shortfall in supervision completion.

Is the service caring?

Good 

The service was caring.

People and their relatives said they were supported by caring staff.

People's relatives had left positive comments about the service.

We made observations of positive interactions between people and staff.

Staff understood the needs of the people they cared for.

The provider encouraged feedback on a national website.

Is the service responsive?

The service was not fully responsive.

The service was not always responsive to people's changing needs.

Records did not demonstrate people's care needs had been met.

People's care plans were personalised.

There were activities for people to partake in.

The provider had a complaints procedure that had been followed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Governance systems had not identified inaccurate record keeping.

People and staff spoke positively of the new management.

There were systems to communicate with people and staff.

There were systems to monitor the quality of service provided.

The service had received support and guidance.

The management had sent notifications to the Commission as required.

Requires Improvement ●

Beaufort Grange

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 was carried out by two inspectors, two specialist nurse advisors 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.

When the service was last inspected during February 2016, we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this the service was rated as 'Inadequate' overall, the service was therefore in 'Special measures'. Services in special measures are kept under review. In addition to being placed in special measures, we imposed a condition on the provider's registration around the assessment of people's personal care, treatment and medicine needs, internal governance arrangements and recruitment progression.

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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. We also looked at 11 people's care and support records.

During the inspection, we spoke with 11 people who used the service, four people's relatives and 11 members of staff who were providing care to people on the day of our inspection. This included nursing staff and care staff, some of which were agency staff. We also spoke with two visiting healthcare professionals. In addition to this, we spoke with the manager, the deputy manager, the training manager and a member of

maintenance staff. During the inspection the provider's acting regional director and clinical development nurse attended the service together with other senior regional figures and we also spoke with them during the course of the inspection.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

At the inspection of Beaufort Grange in February 2016, we found that the provider had not ensured there was always sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of people using the service. In addition to this, people's risk assessments contained unclear and conflicting information. We found the management of medicines was unsafe and people were not consistently protected against cross infection risks.

During this inspection, we found the provider had taken some action to meet the requirements of the regulations. Improvements were noted throughout the service, however we found that further action was still needed to ensure people were fully protected against the risks associated with poor medicines management.

We found improvements in the management of medicines in the home. However, we found further improvements were needed to fully embed the changes that had been made. Medicines were ordered and received into the home each month. Each of the three floors of the home had designated registered nurses who were responsible for the ordering of medicines for that floor. When medicines were received they were checked and the amounts received were recorded on the Medicines Administration Records sheets (MARs). Medicines left over from the previous month were also checked and recorded on the MARs.

Medicines were stored safely in cabinets and cupboards in locked rooms. Appropriate temperatures were maintained and recorded including the monitoring of fridge temperatures for medicines that required cool storage. Suitable storage was provided for medicines that required additional security. We checked and found the recording of administration of these medicines, and the checking of remaining stock balances was sufficient and accurate.

We observed staff administering medicines. One member of staff signed the MARs before they had confirmed that people had taken their medicines. The member of staff told us this was their usual practice. They told us that if a person then declined their medicines, they would cross out their signature and then make the appropriate recording. This was not recognised good professional practice and did not comply with the provider's policy that stated, 'Staff must witness the administration of the medication and only when confident that the medication has been taken must sign the corresponding Medication Administration Record immediately.' This poor practice was highlighted to the manager during the inspection.

We observed good practice when medicines were being offered and given to people. One member of staff checked and asked a person, "Good morning, are you ready for your medicines yet?" Another member of staff asked, "How would you like to take them? You can have two of those if you need." We heard staff explaining the medicines they were giving to people. Each person had a medicine profile that included details about how they preferred to take their medicines. For example, in one person's records their profile stated, 'Likes to take with a glass of water and likes their paracetamol snapped in half.' Where people needed support to take their medicines, this was not rushed and we saw staff sat with people as they took medicines at their own pace.

Staff administered some medicines covertly. This meant people did not know they were being given. Best interest decisions had been made for people who were assessed as lacking the capacity to make decisions about taking their medicines. A covert medication policy was in place. The reasons for covert administration were discussed with people's relatives and a covert administration document was signed by the GP.

One person had their covert medicines crushed. We were told by the registered nurse this had been agreed with the pharmacist. The records were not available and the member of staff told us they had been archived. The provider's policy stated, "Staff must not alter the form of medication unless on the written directions of the individual's doctor, and following consultation with the pharmacist. The alteration of the form of medication may lead to the medication becoming unlicensed and not fit for administration as per the manufacturer's instructions." We asked for the records to be located before the end of the day. The records were not made available for us to inspect. This was highlighted to the manager to follow up.

Where people had medicines prescribed to be given when they required them (PRN), for example, pain relieving medicines, PRN plans were in place. These described the circumstances in which the medicines may be required and the types of pain the person experienced. A further section recorded if the medicines were not having the desired effect. No one in the home administered their own medicines. Arrangements were in place if people wished to and they were assessed as safe to do so.

Some people were prescribed topical creams. These were stored in people's rooms and were applied by care staff, usually when people were being supported with personal care. The creams were recorded on the MARs and additional topical MARs for the care staff to sign when they had applied the creams. The MARs we checked stated the creams were to be applied 'as directed.' The topical MARs did not provide the directions for care staff. We spoke with staff who were able to describe where and when the creams were applied. However the lack of instructions meant there was a risk people may not always receive the treatment they needed and when they needed it. In addition to this, during a check of people's topical medicines records and prescribed medicines records we identified recording errors that were highlighted to management during the inspection.

The provider's policy contained a list of medicines that may be used for homely remedy administration. These included simple cough linctus and paracetamol. The GP's had agreed, and recorded on a homely remedy form, the people who may receive these medicines for agreed periods of time, without a prescription. Accurate records were kept. We checked at random the stock amounts of these 'over the counter' medicines and found they were correct. Medicines were disposed of safely and in accordance with the provider's policy. They were recorded in a medicines disposal book. We saw the records were updated and records of recent medicines that were no longer required had been recorded.

People and their relatives were mostly positive about how safe they felt at Beaufort Grange. One relative we spoke with said, "My Husband gets the care he needs - the environment is lovely for him with varied spaces to sit rather than sitting in rows in front of a TV, which is what I saw at other care homes." When asked, people told us they felt safe. One person commented, "(I've) been here for quite a while, nothing has ever happened to make me feel not safe." Another person told us they, "Feel very safe."

Incidents and accidents within the service were monitored and reviewed. Incidents and accidents were reported. Investigations had been undertaken and actions taken had been documented as appropriate, such as changes to care plans, informing relatives or notifying the Commission. Falls were analysed by time and location to identify any trends.

Staff we spoke with had a good awareness and understood their responsibilities with regard to safeguarding. Whistleblowing and safeguarding information was displayed on the walls in the nursing offices. Staff told us they had received training. They were all able to explain how they would recognise different types of abuse and the actions they would take if they suspected a person was being abused. One member of staff told us, "I would report straight away to one of the managers if I had any concerns. I know I could report to you (The Commission) and to safeguarding (the local authority safeguarding team)."

All of the care plans we reviewed contained risk assessments which had all been reviewed monthly. The risks associated with people's care had been assessed such as not being able to use the call bell, for falls, moving and handling, tissue viability and choking. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example, one person had been assessed as having a high risk of falling. Safe working systems had been clearly documented, including hoist and sling details and the use of a low level bed. A falls diary was in place so that staff could monitor any trends in relation to falls. The risk assessment had been reviewed monthly, and the plan had been changed as the person's needs changed.

Another person had been assessed for their moving and handling needs. The physiotherapist had been involved and a suitable chair had been ordered for the person so that they were able to sit comfortably when not in bed. When people had been assessed as being at risk of falling out of bed, bed rails assessments had been completed and regular checks had been undertaken by staff to ensure the bed rails were being used safely.

Within one person's record we noted they were assessed to be at high risk of falls on their pre-admission assessment. A falls risk assessment had been recently completed and within the person falls diary we observed there had been a significant decline in reported incidents. This therefore demonstrated risk reduction measures had proven effective in maintaining the person's safety. Within another record we observed the person's risk assessment stated they were, 'unable to use the call bell and may be at risk if unable to alert staff - ensure call bell to hand in case he does use it'. It also stated, 'Staff to observe throughout the day' to check that [person's name] is safe hourly at night and document on observation chart'. We saw from record that the checks were being documented therefore showing the person's assessed needs were met to ensure their safety.

Within some records it was evident the inclusion of some additional records would ensure people's risks were fully documented. For example, within these records it highlighted the people were diabetic. Records showed that blood sugars had been recorded. It was noted however that there was no guidance that showed how the person's diabetes should be managed to ensure their safety. For example, there was no record of what the person's normal blood sugar level range should be, or the actions staff should take if the person's blood sugar was outside of either the maximum or minimum safe range. Within one person's record there was an entry showing two abnormal blood sugar level readings on the same day. The person's blood sugars were retested after the first abnormal reading and were noted to be significantly lower the following day and stabilised. Despite this there was no indication of how this was achieved or what may have triggered it.

We recommend the service follow guidance produced by Diabetes UK and produce an individual care plan for all people at the service living with diabetes.

The service was clean throughout. We spoke with a housekeeping member of staff who commented, "It's so much better now. When you were here last, we didn't have a domestic on each floor, but we do now." There was evidence that people had their own hoist slings. At the last inspection we found that on occasions

people's slings were shared presenting a cross infection risk. We checked a selection of people's bedrooms and found personal slings that were stored for use. We observed staff to be wearing appropriate personal protective equipment such as gloves and aprons when required. We made an observation of a member of care staff asking a person, "Before I take you into lunch shall we go and wash our hands?" This showed that staff followed good infection control practice. Equipment within the service such as baths, hoists and mobility equipment was clean.

Sufficient levels of staff were deployed to meet the needs of people at the service. Staff told us there were sufficient staff to meet the needs of the people in the home. Comments from staff included, "It's so much better now," "Staffing has got a lot better," "If we are short at all, there is a senior care staff on each floor responsible for organising staff to come or to book agency if we need to" and "We've got more staff for the number of residents and the quality [of care] has improved so much in the last few months because we've got more time." Another staff member commented, "Staffing has really improved, but if we get more residents we will need more staff." A member of agency staff regularly employed at the service who was responsible for the running of a unit commented there were, "No issues with staff – we can manage."

People we spoke with in general commented positively on the staffing levels at the service. We highlighted to the manager that a recurring theme we received from people and their relatives was the reduced staffing levels at weekends. From reviewing the rota this had evidently been caused by unplanned, short notice staff sickness. We saw supporting records showing agency staff had been used to cover this sickness when possible. Another matter highlighted by people and their relatives was the absence of management over the weekends. We also saw this was raised in a recent relatives meeting but relatives were told there would be no management of a weekend.

We observed that people were not waiting for long periods of time for their care needs to be attended to. On one occasion, we called for a staff member on behalf of a person in their room. The person was not able to use the call bell. However, we learnt that staff were already aware the person needed help and were gathering the equipment needed for the person. This showed that care was being delivered to meet people's needs. We saw staff present in communal areas during the day and available to attend to people in a timely manner. Call bells were ringing for short periods of time only. People in bed, who were able to use call bells, had these within reach. We noted where people were not able to use call bells this was recorded in the care records. Where people needed checking every hour at night, to make sure they were safe, an hourly safety check sheet was completed.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. Where required, the service had ensured that staff were appropriately registered with the correct bodies, for example the Nursing and Midwifery Council.

The environment and equipment used within the service was maintained to ensure it was safe. The provider had systems that monitored the environment and the equipment within the service. There were systems that monitored the maintenance of the service in relation to hoists, slings and other mobility equipment such as wheelchairs and specialist bathing equipment. The nurse call bell system was serviced to ensure it was serviceable and regular water temperatures were completed. There was fire folder that showed emergency evacuation plans for people and we saw supporting records that showed the fire alarms, emergency doors and lighting were regularly checked and tested. People also had an evacuation plan in the

event of a fire.

Is the service effective?

Our findings

At the inspection of Beaufort Grange in February 2016, we found that people were not always effectively supported with their nutritional and hydration needs. The service was not meeting the requirements of the Deprivation of Liberty Safeguards or consistently acting in accordance with the Mental Capacity Act 2005. During this inspection, we found the provider had taken action to meet the requirements of the regulations. However, additional improvements were required in relation to the maintaining of appropriate records for nutrition and hydration.

When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff. For example, in one person's plan it was documented that they needed a high calorie diet due to weight loss. Staff had asked the GP to review the person and they had subsequently been prescribed some food supplements. However, although it was documented the person should have '4-5 supplementary drinks per day' the person's food and fluid chart did not reflect the care plan guidance. The chart had been signed by staff to indicate they had given the person the prescribed drink, but it had not been signed 4 or 5 times making it unclear how many supplementary drinks the person had received. On 01/10/2016, staff had signed three times. On 02/10/2016, staff had signed three times. On 03/10/2016 staff had signed twice. This meant it was not clear the person had received the required supplements as prescribed.

We looked at another person's plan who had complex nutritional needs. They had been reviewed by the Speech and Language Therapist (SALT) and recommendations had been made to staff on how best to support the person. When we spoke with staff they were knowledgeable and knew the care that had been planned for the person. However, the associated documentation was not always clear. For example, the care plan stated the person should have a texture C diet, which means the person should have food that was a thick puree. The food chart for the person had a box marked "diet type" for staff to indicate which diet was required, but the box was not always filled in and also had conflicting information on different days. For example, on 30/09/2016, the diet type was not indicated. On 01/10/2016 and 02/10/2016, staff had circled, 'fork mashable'. On 03/10/2016, staff had circled, 'thick puree.' In addition, the same person had been prescribed food supplement drinks, but the associated chart entitled 'Supplementary Feeds Record' had not been signed by staff, although they had been written on the food chart and had been given as directed. Food charts had generally been completed and showed how much people had eaten throughout the day. When food had been offered but refused this had also been documented.

When people were having their fluid intake monitored, fluid charts were in place. Some of these had target intakes documented on them, but not all. The charts also had boxes for staff to sign to indicate they had checked the charts throughout the day, but these had also not been consistently signed throughout the day. In addition, when daily targets had not been reached, it was unclear how this would be identified if regular checks had not been completed. In turn, this meant it was unclear how concerns in relation to a person's fluid intake would be escalated. For example, one person's care plan informed staff, 'Oral intake can vary greatly and staff must support with eating and drinking and encourage a good oral intake.' We looked at the fluid charts for this person. On three days out of four a daily target of 1200mls had been documented.

However, the charts showed that this target had only been achieved on one day out of four. On 03/10/2016, the documented intake was 750 mls. The chart had not been signed as checked and the entry for the night of 03/10/2016 in the progress and evaluation notes made no reference to the poor intake.

Another person's care plan informed staff, 'Requires full assistance' in relation to nutrition and hydration. The associated fluid charts had a daily target listed as 1200mls on two days out of four demonstrating inconsistent recording. The documented fluid intake fell well below the target on the four days of records we looked at. On 02/10/2016, the person's total intake was documented as 'sips' and on 03/10/2016, the total intake was documented as 330mls. The progress and evaluation notes again made no reference to the poor intake. On 02/10/2016, the night entry read 'Had a settled night' and 'No concerns.' On 03/10/2016, the entry was, 'Had tea and coffee' and 'no concerns.' This meant it was not consistently clear how concerns in relation to fluid intake were escalated or addressed.

We spoke with a chef who told us he was kept up to date with people's needs and preferences and he was kept up to date with information about people's health care needs. For example, he was provided with a monthly 'Clinical governance' sheet that included details of people who had lost weight. The chef described how food was fortified with cream and butter if needed. He also provided milk powders to each unit. The chef was able to describe the current needs of people living in the home. Details about people's specific dietary needs or preferences were recorded on a whiteboard in the kitchen. The chef told me that he was also updated when there were other changes, at the daily meetings he attended with other heads of department and the manager or person in charge. The chef told us most people chose their meals at the time of service.

We observed the lunchtime experience on Draycott unit. People who were able to ate their lunch at dining tables, whilst others were assisted to eat in their rooms. Staff asked each person individually what they wanted. People had a choice of main meals, but when they didn't want either of these, alternatives were available. For example, one person preferred to have sandwiches for lunch and these were provided. When people required assistance this was provided, however, we did observe one staff member assisting two people to eat at the same time. We observed the staff member encouraged the people to eat, and did not rush them. Although one of these people then proceeded to eat their lunch unaided, there was a period of time when the staff member was assisting both at the same time, which demonstrated a lack of respect for people. We discussed this with the manager during the inspection.

People and their relatives spoke positively of the staff at the service. Nearly all of the comments we received about the staff and the care provided was good, however we did receive some negative comments about the standard of the food provided. One person we spoke with said, "It's terribly good here - everything runs on time." Another person commented, "Attention is there is you want it." One person's relative said, "Staff seem very well trained in dementia care and are very kind."

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 Act 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. We spoke with staff who told me they had received training and they had a basic understanding of the MCA. The staff we spoke with all understood they needed to obtain consent from people before they provided support with personal care or treatment.

Consent to care and treatment was sought in line with legislation and guidance. Care plans contained mental capacity assessments for people and when people did not have the capacity to consent to their care,

a best interests meeting had taken place. The notes from these meetings were held in the care plan and relatives had signed these to indicate their involvement and agreement. Examples we looked at included meetings with relatives to discuss people's personal hygiene needs, and the use of bed rails.

We observed staff asking people for their consent prior to assisting them. For example, we observed a staff member asking one person if they would like to go downstairs and join other residents for an activity. During lunch, we observed another staff member asking a person if they were happy to have a clothes protector to prevent spills on their clothes.

People living in care homes can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed the current DoLS file within the service. This was currently being reviewed by a recently appointed senior staff member at the service. We spoke with this senior staff member and the manager. It was acknowledged that work was required to ensure all authorised DoLS were currently clearly recorded. The senior staff member had recently compiled a list of every person in the service who had an authorised DoLS and this showed when the person's DoLS expired and required authorisation. The manager told us that some of the issues around DoLS had arisen due to changes in the service management.

Some of the staff we spoke with understood the conditions attached to people's DoLS. For example, a member of care staff told us about one person, "As part of her condition, we try to take her out into the garden or if not, to an activity each day." The member of staff told me this was not always achieved because sometimes the person did not want to go out or to an activity. However, the staff member demonstrated awareness of the legal condition on this person's DoLS and was aware of how the condition was to be achieved.

Care records showed that people had access to specialist nutritional support and advice and that this was sought appropriately and in a timely manner. There was a visiting GP that attended the service twice a week to review people's health needs and respond to concerns. People also had access to other healthcare services. For example records showed when people had been reviewed by the GP, the physiotherapist, the Speech and Language Therapist (SALT) and the chiropodist. Nursing staff told us that they had regular contact with various health professional teams such as SALT, dietetics, physiotherapists, tissue viability and foot health.

The provider had an induction process which encompassed the new Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection there were newly employed staff completing the certificate.

All staff completed a corporate induction over the first four weeks of their employment that was tailored to their role. This included learning about the provider's visions and values, training and periods of shadowing more experienced staff. I spoke with staff who told me they had received a good induction. Staff also commented they felt well supported and received regular supervisions. They told us they were well supported with training and all of the staff I spoke with told me they were up to date with their mandatory training.

There was a training schedule that ensured staff received appropriate training to carry out their roles. Staff felt they were given sufficient training to effectively support people and meet their needs. Staff had received training in a variety of relevant topics to meet the needs of the people. This included moving and handling, health and safety, fire and safeguarding. It was highlighted to the manager and acting regional director that staff had not received training in relation to behaviour that may be challenging. There were systems in place to ensure staff received supervision and appraisal. It was observed the supervision completion rate was low at approximately 30%. The manager told us this would be addressed in the near future to ensure staff received the appropriate level of support and guidance in development within their roles.

Is the service caring?

Our findings

At the inspection of Beaufort Grange in February 2016, we found that people's needs were not always met in a consistently caring manner. People and their relatives gave mixed responses about the caring nature of staff and staff told us they felt they could not always provide personalised care due to the staffing levels. We also observed that not all interactions we observed promoted people's dignity and privacy. During this inspection, we found that improvements had been made.

People and their relatives were mainly positive when we asked them about the caring nature of staff. People commented on improvements in staffing levels since our previous inspection and how this had positively impacted on their care. One person we spoke with told us, "I don't regard staff as just staff, they have become a bit like friends." Another person told us they felt they "Couldn't do better," and another said they were, "Treated with respect." One person's relative we spoke with could not speak highly enough of the service and told us, "This home surpassed all others we looked at. My Mum couldn't have been in a better place."

Staff demonstrated positive caring relationships with the people they were supporting. For example, during lunch a staff member sat with people to assist them with their food. They noticed that one person looked cold and asked them if they were. When the person confirmed this, the staff member immediately switched off the fan that was in the ceiling above the person's head.

Staff knew people by name and whenever they saw someone, they said hello to people and asked them how they were. We observed staff crouching down to people's level to maintain eye contact when speaking to them.

In general, staff were knowledgeable about people's care and treatment needs. Staff understood personalised care and demonstrated this when they told us how different people liked to be cared for. This showed they understood the people they cared for. It was evident through our observations between people and staff that there were good, caring relationships and people always appeared relaxed and happy during interactions with staff. Staff comments showed a positive attitude towards promoting a good quality of life. For example, one member of staff we spoke with said, "We want to provide excellent care."

In the reception area we overheard one person speaking to a member of kitchen staff. They were telling them that they didn't want what was on the menu that evening and asked if they could have an omelette instead. The member of staff replied, "Sure, no problem, I can sort that for you."

A member of the activities team came into the lounge singing. There was a calm and friendly atmosphere throughout. People's privacy and dignity was maintained. All personal care took place in privacy. Staff we spoke with had a focused and committed attitude to providing good care.

We also saw and heard other kind, caring and respectful interactions between staff and people living in the service. Another member of staff we spoke with told us, "I'm happy. I really believe we give good care." We observed the music therapist walking down a corridor with a person in the morning. The music therapist was playing the guitar whilst they were walking. We heard the person was making noises which the therapist

was mirroring, making it into a song. The person was very engaged in this and was smiling. Other caring interactions were heard at lunchtime, for example we heard one person being supported to the dinner table by staff. The staff member said, "I'll help you to the table and get you a nice beer."

We reviewed the compliment cards sent to the service that showed very positive feedback and was consistent with people's views about the staff employed at the service that we obtained during the inspection. For example, within one card a person's relative wrote, 'How can I say thank you to you amazing human beings, what you did for Mum and indeed for all of your residents is beyond my imagination.' Another card read, 'Thank you for providing such a positive and supportive environment for [person's name] placement and for being so welcoming to us all.' A further comment from a relative was, 'Thank you very much for the wonderful care and entertainment you gave my Dad over the last year.'

The provider encouraged people or their relatives to use a national website to give feedback on the service. There was information about the website displayed in the main entrances to the service and in different areas around the service. Since our last inspection, one review had been left by the relative of somebody living at the service. An extract from the review read, 'I visited the care home today, (06.04.16) and as always the residents were having a great time but the staff member who really sticks out for me every time I visit is the lady on Activities, she is simply one of the best activity coordinators I have ever seen, not only does she create a great program for the residents and encourage them all to join her but her utter natural enthusiasm and personality shines through and reflects on all of the residents in Beaufort Grange and simply brings out the best in every single one of them.' This person also rated all aspects of the service as either good or excellent.

Is the service responsive?

Our findings

At the inspection of Beaufort Grange in February 2016, we found that the provider had not ensured people always received care in line with their assessed needs and care records did not demonstrate that a person centred approach to care was consistent. Care records did not always provide enough detail for staff on how best to support people.

During this inspection, we found the provider had taken some action to meet the requirements of the regulations. Some improvements were noted throughout the service in relation to care provision, however we found that further action was still needed to ensure people consistently received care that met their needs.

Some people's care plans we looked at provided clear guidance for staff, however this was not yet consistent. For example, one person had communication difficulties and the guidance for staff was, 'Use simple, clear short questions.' The person had epilepsy and the plan for staff on how to deal with a seizure was detailed and straightforward. Another person with communication difficulties had a plan in place to manage their pain. The plan provided detail for staff on where the person experienced pain and explained to staff how to look for signs of pain which the person might not be able to verbalise. The same person also experienced agitation and the plan detailed things staff should look for to find the cause of the agitation, rather than administer medicines to relieve the agitation. This evidenced that the service had ensured care records reflected people's care and treatment needs.

We also found that in general, care plans were person centred and showed that the service had reviewed people's needs regularly with them. The plans we looked at contained personal life histories and included details of people's preferences and choices. For example, people's food likes and dislikes were listed. In one person's plan there were details in relation to their personal hygiene preferences, such as, 'Does not wear perfume or jewellery' and in another person's plan it was documented how often they liked to shave.

However, not all of the plans we reviewed provided enough detail about how staff should meet people's needs, and plans were not always followed. There were senior managers supporting the service to ensure that all care records were reviewed and accurate. This was part of the conditions placed on the service's registration as a result of the last inspection. Within one person's records, it was noted they lived with complex nutritional needs. They were assisted to eat using a method that had been agreed by the Speech and Language Therapist. However, the therapist had documented the exact amount in millilitres that staff should help the person with in order to minimise the risk of choking. This detail had not been included in the care plan to ensure all staff were aware of the requirements, however when we spoke with staff they were aware of the SALT guidance which reduced the risk to the person.

Within another person's care plan, staff had documented a weight loss of 6.3 kg in one month. The person had been weighed on 15/09/2016 and the entry in the plan was to, 'Monitor food and fluid intake for three days and weigh again in one week.' In the progress and evaluation section it had been documented, 'Weigh in 7 days' time to ascertain if referral needed for further assessment.' This demonstrated good practice as

the service had identified the weight loss and commenced monitoring. However, the person had not been weighed again since the initial weight loss was noted. We asked staff about this and were informed that the scales in the service had not been working, although they were fine now. They said they would weigh the person that day, but this still meant that despite noting a significant weight loss, and despite recognising the person may require a referral for specialist advice, no action had been taken. In addition, we noted that two different weights had been recorded in the person's plan on 15/09/2016. Weights of 69.8kg and 70.2 kg had been documented. When we discussed this with a member of staff they said one entry was an error, but the entry had not been highlighted as an error. This inaccurate recording may lead to the person not receiving the required level of support.

We found other examples of where the service had not been consistently responsive to people's care and treatment needs. Although we found examples of where healthcare professionals had been involved in people's care, this was not consistently evident. We found examples of where the service had not met people's care and treatment needs. For example, during a review of one person's care record we saw they had experienced a choking incident in July 2016. A care plan was put in place following this incident, and part of that care plan was to consult with the person's GP to arrange an assessment with a Speech and Language Therapist. There was no evidence this was ever followed up or the person's GP contacted or any subsequent assessment completed. Staff we spoke with said the person currently had a 'normal diet of their own choice' with no special requirements which may indicate the assessment was no longer required, however there is no supporting record of this. None of the nursing staff on duty were aware any such referral was required and it was not clear the initial referral was needed.

Records did not clearly demonstrate that people's care needs had been met. We reviewed the file of one person who was nursed in bed. The person required support to reposition every two hours during the day and every three to four hours during the night to meet the person's needs in relation to pressure area care. Staff we spoke with were aware of the person's needs however the records we reviewed did not demonstrate the person's needs had been met. For example, on 01/10/2016 there was a period of 12 hours overnight where no entry on the person's repositioning record was made. Entries on the following day show the person was repositioned on two occasions after three hours and not the required two hours. On 03/10/2016 records showed a period of three hours where the person wasn't repositioned followed by a five hour period. On the day of the inspection, an entry was made at 10am and we went to see the person just after 2pm. We noted the person was on a specific side of their body which indicated they were repositioned between 10am and 2pm but this was not recorded. We spoke with the person, who appeared to be well hydrated and settled. They told us they were, "Snoozing the day away." Shortly after this, care staff told us the person required repositioning which indicated staff were aware of the person's needs.

We received mainly positive comments from people about the responsiveness of staff. People were very positive about the activities provided and in particular the staff that provided the activities. One person we spoke with told us, "(My) overall health needs are met." Another person commented, "The staff are in charge and I am confident that they will sort everything out." One person's relative we spoke with told us, "Staff sit with us and talk through my husband's care." A further comment we received from a relative was, "Very personalised care, staff anticipate what my husband wants."

We discussed the activities with the two dedicated activities staff employed at the service. The activities have recently evolved based on people's suggestions and feedback. The current activities plan was being reviewed with the manager to offer more one to one activities with people to compliment the group work to give options and more choice. The activities staff told us they had a 'generous' budget to meet people's preferred activity needs. There was community links with the local school and church and the staff arranged for school children to come in and do concerts at Christmas which was enjoyed by people. We observed the

excellent relationships that the activities staff had with people.

People's feedback reflected the observations we made. One person commented, "The activities are good and there is never any pressure to do them, but I feel encouraged." Another commented, "The entertainments are wonderful." We observed an activity occurring in the afternoon run by a music therapist together with the activities co-ordinators. It was popular with the nine people participating and was enjoyed immensely by them. The music therapist and the activities staff engaged people throughout and we observed this brought joy and laughter.

A complaints policy and procedure was in place. We reviewed the complaints records and discussed the management of complaints with the manager and supporting manager. Seven complaints had been received this year, four of which had been received since our last inspection. The complaints had been managed in accordance with the provider's policy and there were no outstanding or unresolved complaints.

People and their relatives had recently been given the opportunity to feedback about the standard of care they received. A 'Your Care Rating' survey had just been completed by people at the service. This survey asked people for their views on whether they were happy at the service, if they had enough privacy and if their visitors were welcomed when they wanted. People were also asked about their accommodation, the cleanliness of the service and meal choices. The manager told us that the results would be compiled soon and an action plan would be produced if required to address any areas of concern people raised.

Is the service well-led?

Our findings

At the inspection of Beaufort Grange in February 2016, we found that the provider had not ensured governance systems to monitor the welfare of people were used effectively. People's inaccurate care records placed them at risk of unsafe or inappropriate care or treatment and staff did not feel supported by the current management or provider. The provider had not ensured the service had received the necessary level of support.

During this inspection, we found the provider had taken some action to meet the requirements of the regulations. Improvements were noted throughout the service in relation to governance arrangements and regional support for the service. Staff commented positively about the service and the management. However, we found that further action was needed to ensure governance arrangements identified shortfalls in meeting people's care needs and record accuracy.

Following the last inspection, we placed a condition on the provider's registration relating to the internal governance systems at the service. During this inspection, we observed governance systems had significantly improved following guidance and direction from senior Barchester Healthcare personnel. However, systems to identify, reduce and stop staff recording omissions and errors had not been implemented to identify the recording errors we have highlighted in this report. This meant the provider had failed to ensure the health safety and welfare of people who use the service through the risks associated with poor recording keeping.

For example, within the safe section of this report we have highlighted recording errors within people's medicine records that had not been identified by the service management. Within the effective section, we have identified numerous recording omissions within people's food and fluid charts. Within the responsive section of this report, we have evidenced poor record keeping in relation to people's weight records and repositioning charts. Although staff demonstrated an awareness of people's needs and we saw them being put into practice, this absence of record monitoring continues to place people at risk of unsafe or inappropriate care and treatment.

The service had failed to implement an effective system to monitor the accuracy of daily records.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In general, people living at the service thought the service was well led and spoke positively of the new management. People's relatives also generally spoke positively about the new management at the service. Staff said the morale was, "Much better." Staff said they were committed to improvement following previous inspections, which was reflected as some staff we spoke with during the inspection asked members of the inspection team if there were things they could do better.

All of the staff we spoke with told us the management of the home had improved in recent months. One staff

member we spoke with told us, "The managers here now really listen and we've managed to get things we needed such as a door sensor for one person, new bed rail bumpers and bed sheets." Another staff member told us, "There's a lot more leadership now." Other comments from staff members included, "If I need to speak to a manager I can," "We have staff meetings where we talk about change. We get told about things as well, like making sure we keep our charts up to date," and "It feels ok to come into work now, the managers seem to care more."

Messages were communicated to staff through meetings. Different levels of meetings were held at the service. For example, meetings involving all staff were held that discussed matters such as accident and incident records, team working, people's needs, communication, care delivery and care records. Additional meetings were held for nursing staff that discussed matters such as medication, pressure ulcers, hospital admissions care planning and training. Staff we spoke with told us they attended the meetings and felt able to contribute.

There were systems to communicate with people and their relatives through meetings. We saw that meetings were held with people to discuss matters within the service. The minutes from the most recent meeting in September 2016 discussed matters such as communication and medicines, staffing, meals, inspections by regulatory bodies and an introduction of the new management at the service. Relatives meetings had been held and we reviewed the minutes for the most recent meetings in August and September 2016. It showed matters such as staffing, performance, low pay for staff, keyworkers and what improvements the new service management were intending to make were discussed. The minutes of this meeting, together with the responses made by the service were displayed within communal areas of the service for people to see.

The manager had received support from the provider's regional and national staff at the service. A range of auditing had been completed since the new manager has assumed post. For example, in July and August 2016, the provider's regional clinical development nurse had completed a care and quality support visit. These focussed on the presentation of the home and welcome documentation. Other completed audits in August 2016 included a hospitality audit, a property services audit, a business manager's audit and a visit from the health and safety team.

A 'Quality First' audit had been completed in August 2016 which was based on the key questions asked by the Commission during an inspection. This audit had been completed by a senior member of the provider's management team who was not employed at the service. We saw that this had identified areas for improvement in relation to recording similar to that we had identified during our inspection. For example, this audit had identified that some areas of people's care records required completion. In addition, it also highlighted that staff had failed to accurately complete some people's food and fluid records and repositioning charts and described in the 'Effective' and 'Responsive' sections of this report. This demonstrated the service did not have robust internal systems to identify these record keeping shortfalls as these errors had been identified during an external audit.

The manager and newly appointed deputy had recently introduced unannounced service visit systems to monitor the quality of service and care provision in the home. Unannounced visits were completed to ensure that people still received a high level of care and support when the manager or other senior staff were not present. These focussed on areas such as if the service was running safely, observations of care provision and that staff were appropriately dressed in accordance with the provider's policy. A sample of records, for example food and fluid monitoring records and turn charts were reviewed and any actions requiring attention were recorded.

There were systems that monitored the quality of service provided. The service had a 'Resident of the Day' scheme in operation to ensure people were happy with various different aspects of their care and support. For example, the nominated 'Resident of the Day' would be visited by various different departments throughout the service. For example, somebody from maintenance would visit to ensure people were happy with their room, a chef would visit to ensure people were happy with the meals provided. A member of the activities staff would ensure people were satisfied with activities and housekeeping staff would ensure the person's room was at a cleanliness standard that was satisfactory. The person would also be visited by care staff and a nurse to ensure their care and support needs were met. We saw from records this had been regularly completed.

There was a clinical governance audit completed and relevant information submitted to the regional clinical development nurse who maintained a record of people's clinical needs. For example, a record showing how many people had a pressure ulcer, if they had any skin tears or had experienced a significant weight loss. There were also additional clinical governance systems in relation to nutrition reporting to ensure people who had suffered a significant weight loss or gain were effectively monitored and infection control monitoring was completed. The service were effectively supported by the regional clinical development nurse in the monitoring and recording of this.

The manager told us they felt supported by the provider in their role. The manager had completed a 'Wish List' of things they felt they needed at the service and this was being reviewed. The new manager was also actively involved in the completion of the action plan completed following our previous inspections. The manager confirmed they had received support through quality assurance visits and additional clinical support through the provider's regional clinical development nurse. The manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured governance systems were used effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The provider had not ensured records relating to service users were accurate.</p> <p>Regulation 17(1), 17(2)(b) and 17(2)(c).</p>