Ringdane Limited

The Beaufort Care Home

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 7 February 2017 and was unannounced.

The Beaufort Care Home provides accommodation for up to 29 people who require nursing or personal care. Most of the people who lived at the home had complex medical conditions. The home provided permanent accommodation for people, as well as 10 temporary beds for people who had come from hospital for further nursing care before going back to their own home. At the time of our visit, 21 people were using the service.

The home had a new registered manager. They were appointed in August 2016 and registered in January 2017. 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.

At our previous inspection on 24 August 2016 we identified four breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this inspection the home was placed into special measures.

We asked the provider to improve staffing arrangements; ensure people's individual and social needs were met; improve medicine management; and improve their quality assurance systems and management support. The provider sent us an action plan and was in regular contact with the CQC informing us of the changes they had made to improve the service.

During this inspection we checked improvements had been made. We found sufficient action had been taken in response to the breaches in regulations to remove the breaches. Because of this the home is no longer in special measures. However, there were some areas where further improvements were required. The provider had plans in place for on-going improvements to be made.

Our previous inspection identified there were not enough staff to meet people's needs, and the high level of agency staff meant there was little continuity of care. During this visit we found the home had significantly reduced the level of agency staff used to support people's care, and staffing levels corresponded to the assessed dependency needs of people. People and their relatives were mostly happy with the care provided, but some felt staff did not respond to their needs as quickly as they would like.

Our previous inspection identified that people were not receiving enough personal care such as showers or baths to support their dignity. During this visit we found this had improved but some people still did not have the number of baths or showers they preferred.

Our previous inspections had identified a high turnover in management at the home. Since our last visit, the

home now had a new senior management team who, whilst new to the service, were experienced managers within the company.

A manager from another of the provider's homes had registered with the CQC to be the manager at The Beaufort. They were familiar with the quality assurance systems which were now being completed, and were seen as open and supportive by staff and people who lived there. New senior management were working with the registered manager to continue to improve the service.

Our previous inspection identified that people's risks were not being managed safely. During this visit we found risks to people's health and social care had been identified, and staff were aware of the risks and acted accordingly to minimise them.

Our previous two inspections highlighted concerns about the management of medicines at The Beaufort. During this visit we found the management of medicines had improved and people received the medicines they required.

Staff were kind and caring to people, but did not have time to sit and talk with them. Most interaction with people who lived at the home was whilst staff carried out personal care tasks. People told us staff respected their privacy.

The registered manager met the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider had referred people to the local authority for an assessment when they thought the person's freedom was restricted and when they had been assessed as not having capacity to consent to this. However, some aspects of the Mental Capacity Act had not been acted on.

A new activities co-ordinator was planning individual activities with people, and provided group activities for people's enjoyment. The service aimed to improve activities for people by linking more with local community groups.

The provider had re-decorated many parts of the home which made it more homely for people to live in. The premises and equipment people used was safe and well-maintained.

Checks were carried out prior to staff starting work at The Beaufort to ensure their suitability to work with people in the home. The registered manager responded to complaints in a timely way and in line with the provider's complaints policy and procedure.

People were provided with sufficient to eat and drink and people's individual nutrition needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

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 mostly safe.

There were now enough staff on duty to keep people safe, and there had been a significant reduction in the use of agency staff. Medicines were now managed safely so people received their medicines when they should. These improvements were recent and had not been tested over a longer period of time to ensure they were sustainable. People were supported by staff who had undergone thorough checks on their suitability. Staff understood how to protect people from harm, and knew how to manage identified risks to people's health and well-being. There were systems to ensure the premises and equipment were well maintained.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff training and support had improved although the provider acknowledged further improvements needed to be made. The registered manager and staff mostly worked within the principles of the Mental Capacity Act, and Deprivation of Liberty Safeguards had been applied for when necessary. People enjoyed their meals and were provided with support to maintain their nutrition and hydration. People received health care support when requested or needed.

Is the service caring?

Requires Improvement

The service was mostly caring.

People's dignity was mostly respected, but sometimes people's dignity was compromised by having to wait for staff to support them going to the toilet. Staff did not always knock on people's bedroom doors when entering their room, but ensured people's privacy when undertaking personal care. People thought staff were kind and caring, but most engagement with people was undertaken when personal care was being delivered.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

People's personal care needs were not always responded to as much as some people would like. Activities were being provided to people, and the provider hoped to engage the local community to improve this provision. People felt able to complain, but some did not know what the procedure was. Where the manager was aware of concerns, they had addressed complaints quickly.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

After frequent changes of management, the service now had a permanent registered manager and senior management support team in place. People, relatives and staff were starting to see improvements in the management of the home and felt the management team were open and approachable. There had not been sufficient time between this and the previous inspection to determine whether improvements would be sustained over time.

The Beaufort Care Home

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 7 February 2017 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector, a specialist nursing advisor, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit, we contacted the commissioners of the service. These are people who pay the provider to provide care to people their authority is responsible for delivering health and social care to. The commissioners were pleased with the improvements made in the service since our last inspection visit.

The provider sent us a Provider Information Return. This provided us with limited information about the service, and did not cover all KLOEs (key lines of enquiry) for each of the five key questions we ask as part of our inspection visit.

During our visit we spoke with five people who lived at the home, and four relatives. We spoke with two nurses, three care workers, the chef, the maintenance worker, a housekeeper, the registered manager and three senior managers.

We spent time with people in communal areas to see how they were supported. We also looked at records to help us determine how well care was provided. These records included two staff records, four care records, health and safety records, complaints, 13 medicine records and management audits.

Requires Improvement

Is the service safe?

Our findings

At our inspection in May 2016 we found the provider was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). In August 2016 we found whilst there had been some improvements, the provider continued to breach this regulation. This was because there was a high number of agency staff who did not know people's needs, there were not enough staff on duty to keep people safe and people had to wait long periods of time before call bells were answered.

During this visit all people we spoke with felt safe in the home. They responded to our questions about safety with, "I'm quite safe thank you", and, "I've never felt unsafe." We found there were enough staff on duty to keep people safe and the number of agency staff working with people had significantly reduced.

After our last visit, senior management volunteered to stop taking new people into the home until staffing had stabilised and they could respond to people's needs. This meant the staff team were used to managing a smaller number of people and got to know their needs well. The provider had continued to recruit new staff to the service and they were now in post. This had led to a reduction in the number of hours agency staff needed to work with people. For example, at our last visit, three out of four members of staff on duty were agency workers, but during this visit, all staff were permanent staff employed by the provider. The provider was continuing to recruit new staff to further reduce and remove the need to use agency staff.

At our last visit we found that that people's level of need and dependency had not always been properly assessed. The staffing levels were linked to how many people had high, medium or low dependency needs, and inaccurate assessment of need meant less staff had been identified as being required to meet people's needs. Since then, the registered manager reviewed the dependency needs of all people who lived at The Beaufort to ensure the level of staff kept people safe.

The provider had started to admit new people to the home from 28 November 2016. This was because they had contracted with the Clinical Commissioning Group (CCG) to provide 10 beds for people who had been in hospital and required further nursing care and support before going back home. People using the contracted beds stayed at the home for a period of between six to 12 weeks instead of permanently. The registered manager told us this required both nursing and care staff to work differently to the way they had previously because of the temporary nature of the contracts and because of the increased involvement with other healthcare professionals.

On the day of our visit there were 21 people who used the service. Staff and people told us that whilst there had been an improvement in the number of staff on duty during each shift, with the number of people in the home increasing, they were beginning to get concerned that people's needs might not be met as well as they had recently been.

The registered manager and regional manager acknowledged there was more work for staff to undertake, however they were adamant there were enough staff to meet people's needs well. They told us they were in the process of monitoring how staff worked their shifts and the deployment of staff and they felt this

monitoring would lead to staff being more productive. They re-assured us they would increase the number of staff on duty if they felt it was necessary.

At our last visit we found people waited for long periods of time before their call bells were answered. During this visit we found people's call bells were answered in a timely way. However, we found one person without a call bell in their room. The nurse on duty told us the person should have had a call bell, and on the same day of our visit we saw the maintenance worker provide the person with one.

This meant the provider was no longer in breach of the Regulation, however improvements were still required to further reduce the number of agency staff and to ensure the deployment, productivity and levels of staffing continue to meet people's needs as the number of people who used the service increased.

People were protected by the provider's recruitment practices. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. It was previously known as the Criminal Records Bureau (CRB).

At our inspection in May 2016 we found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). In August 2016, we found the provider continued to breach this regulation. This was because people did not always get their medicines as prescribed, and medicine stock was not safely managed.

The provider also breached this regulation because of concerns that risks relating to people's health and welfare did not always contain accurate and up to date information to support staff in keeping risks to a minimum. We found risk assessments were not always followed by staff putting people at further potential risk.

During this inspection we found medicines were managed safely. People told us they received their medicines when they expected them. For example, one person said, "I have three tablets a day, it seems on time". Another said, "I'm, quite happy with 18 pills a day. I take them twice a day, it seem on time."

Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their prescribed medicines when they needed them. People's medicines were kept safely and securely and were available to people when they were needed. Medicines that required additional controls because of their potential for abuse (controlled drugs) were stored securely and recorded correctly. Temperature checks were undertaken to make sure that medicines were stored safely.

We saw nursing staff administer people's medication and saw this was done safely and respectfully. Medicines administration records showed staff had signed that people had been given their medicines at the right time. Care workers administered most of the creams to people, and completed a separate topical administration chart. Where patches were used to deliver a specific dose of medication through the skin and into the bloodstream, staff used patch application record charts to record where they applied the patches to people. This enabled staff to rotate the sites of application as per manufacturer guidance. Three people who were prescribed medicines that required monitoring such as blood tests prior to medication being administered, had those tests to keep people safe.

Staff handwrote some interim medicine administration charts (MAR) charts for new people until the pharmacy could supply a printed MAR chart. It is good practice to have two staff sign these charts to ensure people receive their medicines safely, consistently and as prescribed. We found this was not always the case.

People were prescribed medicines, on an 'as required' basis. These medicines had detailed information with the MAR charts, to show staff how and when to give these medicines. This meant staff were able to give them in a consistent way that met people's individual needs. People told us they received these medicines when they wanted them. One person told us, "If I am in pain, I have to wait half an hour at most."

During this inspection we found care plans identified people's risks, and staff acted on the advice given to reduce these risks. For example, people who were at risk of skin damage had the right equipment to relieve pressure on their skin, and staff where necessary, changed the person's positions when lying in bed to ensure they did not put further pressure on their skin. They also monitored people's skin so that early action could be taken if they saw skin had started to become damaged.

At the front of the person's care file, the service had identified what they called 'Clinical Hotspots' for people. These were areas considered to be of significant risk to the person such as falls, or choking. They were highlighted with yellow and black warning signs so they were easily noticed by staff.

The service had introduced a 'Vulnerable Resident List'. This provided the registered manager with up to date information about the risks related to people who lived in the home, so they could monitor and ensure staff were working to minimise such risks. These included nutritional risks, risks of falls, mental capacity and skin integrity.

This meant the home was no longer in breach of this Regulation.

The provider employed a maintenance worker to maintain the building to a satisfactory level of safety, and a housekeeping team supported cleanliness in the home. Both were on duty during our visit. We saw the home was in good repair and was clean.

The maintenance worker carried out weekly checks of fire alarms, doors and emergency lighting to keep people safe. Fire drills were held regularly, and these included drills with night staff to ensure all staff knew what to do in the event of a fire. The emergency 'grab bag' contained up to date information about the contact details of the manager, but did not contain each person's individual emergency evacuation plans (PEEPs). We found it difficult to find PEEPs in people's care records, and in two we found none at all. These are important as they give emergency services details of who might need extra assistance with evacuation. We informed the registered manager of this who said they would make sure this was addressed.

Checks were also made to ensure people were safe from the risks of waterborne viruses such as legionella, and electrical appliances were tested to ensure their safety. Equipment to support people's safety was also checked to ensure safe use. On the day of our visit a hoist had been taken out of action because it had been found unsafe to use. However, the hoist had been out of action for seven days at the time of our visit and this had meant there was only one hoist in use for all people who lived at the home.

People were safe and protected from the risks of abuse. In their response to different safeguarding scenarios, staff demonstrated they knew the importance of reporting allegations of abuse or reporting witnessed abuse. Staff also knew who to whistle-blow to (a whistle-blower is a person who raises a concern about a wrongdoing in their workplace) if they did not feel the registered manager had acted on their concerns. The registered manager had notified us when concerns had been raised about a person's safety.

Requires Improvement

Is the service effective?

Our findings

We checked whether staff had been trained to provide effective care to people. At our last visit in August 2016, people and their relatives told us they did not think that all staff had received enough training and support to understand how to meet their needs. During this visit all people and their relations told us staff had the knowledge and skills to support them effectively. Comments by people included, "They are well-trained I think," and, "I would say they are well trained."

At our last visit in August 2016, some staff also felt they had not received the training they required to meet people's complex needs. During this visit we found staff had received sufficient training to meet people's needs. The majority of training provided was through e-learning modules. The regional manager informed us they were looking to continue to improve training by offering staff more face to face training to help them with their skills, and to improve the training provided to nursing staff to support them with their clinical skills.

Previously, the organisation told us they were enrolling new staff to undertake The Care Certificate. During this visit we spoke with relatively new staff who confirmed they had undertaken this. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care

We checked whether staff felt supported in their roles. During our previous visits, staff had not felt supported by management, largely due to the continual changes in the management team. During this visit, staff told us they felt supported by the registered manager both on an informal basis, and through formal mechanisms such as individual and group supervision. One member of staff told us, "I think things are getting better, changes are being made. It has been chaotic with managers coming and going."

We looked at whether people received food and drink which met their needs. At our last visit we found people mostly received the food and drink they needed to maintain their health and well- being. However, we could not be certain this was the case with people who could not communicate their needs. This was because food and fluid monitoring charts were not always completed and as such we did not know whether people had received the food and drink as required.

During this visit people were mostly complimentary about the meals provided. They thought the food was good, but not all people remembered getting a choice of menu. One person told us, "I have breakfast in bed and eat in the dining room for lunch. You get two choices, three sometimes. I don't always get what I order, they run out I think. The food is good." Another person said, "I think the foods' alright, I can't remember a choice." And, "They come around 10.00am (to ask you what you want for lunch) and you get three choices of main (course) and dessert. The quality is average." We found all eating and drinking records were up to date and provided us with information as to whether people who could not communicate, had received their food and drink as required.

We saw lunch being served in the dining room. Lunch smelled appetising and was well-presented to people.

Staff provided support to people who needed assistance with eating, and we saw them re-assured people during this process. There was one large dining room table for people to sit at, although there were only three people who ate their lunch in the dining room and lounge, with others choosing to eat their meal in their bedrooms. The registered manager told us they were expecting a delivery of new dining tables and chairs and they hoped to encourage more people to have their meals communally in the dining room once these had been delivered.

We checked whether the service was following the requirements of the Mental Capacity Act 2005 (MCA). The 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.

Staff had undertaken training and understood the principles of the MCA. They understood the importance of getting consent from people who had capacity to give this before delivering care, and about making decisions in the person's best interest if the person did not have capacity to make their own decisions.

We saw the service routinely used bed rails to keep people safe. People who had capacity had consented to this practice, but for both people with capacity and for those with a lack of capacity to make their own decision, there had been no consideration as to whether this was necessary and in their best interest, and whether a lesser restrictive option had been considered.

We found one file where the person's relative had the power of attorney over the person's financial matters, but was making decisions about their health and welfare. There was nothing in the file to confirm the person had the legal right to make these decisions. The registered manager acknowledged this and said as a matter of priority they would check whether the relative had this right and act accordingly. They told us this person had lived at the home for some time, and they were more rigorous in checking this information with new people who had come to live at The Beaufort.

People 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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where the service had identified a person who lacked capacity was having their freedoms restricted, they had applied to the local authority as the authorising authority for DoLS.

We looked at whether people received support from other health and social care professionals to maintain their health and well-being. People and relatives told us professionals were contacted as and when necessary. One relative said, "The doctor comes regularly and the chiropodist, every six weeks. He had an eye test four months ago." A person told us, "I would tell them if they need to get a doctor, but haven't needed to. The chiropodist comes once a month. I've had an eye test."

People who used 'contract beds' and who stayed temporarily at the home, had recently been allocated a GP to support them during their time at the service. Nursing staff welcomed this provision as they told us it helped them manage people's healthcare needs more effectively.

Requires Improvement

Is the service caring?

Our findings

At our inspections in May 2016 and August 2016 we had concerns about people's dignity being compromised by the lack of bathing and showering offered to them. This was because people were not being bathed for long periods of time. We found the service in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) (Person Centred Care).

During this inspection people told us they were getting a bath or a shower once a week, but some did not have them as much as they would like. Staff told us there had been an improvement in how often people received showers and baths, but they too said they would like to offer more to people. We saw the registered manager was monitoring care records to make sure people received a minimum of one shower or bath a week.

This meant the service was no longer in breach of the regulation but still required improvement in this area.

During this visit we found people's dignity was sometimes compromised by having to wait for staff to support them going to the toilet. One person told us, "Staff are always available, except I have waited a while to go to the toilet. Apart from that it's fine." Another said, "Sometimes at weekends… you have to wait to go to the loo. Waiting an hour to go to the toilet is not unusual. It's like being at school in the lounge; you have to put your hand up." A relation told us their relative was very happy at The Beaufort, but went on to say, "My only concern is when she wants to go to the toilet she has to wait a long time either in her room or down here (lounge area). I'm quite happy otherwise."

At our last visit we saw staff knock on people's doors before they entered their rooms. During this visit whilst the majority of times we saw staff doing this, there were occasions where this was not the case. For example, we were talking with one person in their room and a member of staff walked into the room without acknowledging the person, looked at the care record, smiled at us (not the person) and walked out. We asked people if staff always knocked on their door. One person said, "Sometimes they knock, sometimes they don't. They just do it, don't ask." Another said, "They come in, they don't knock." The registered manager was made aware of this at the time of our visit.

People and their relatives told us staff were caring. For example, one person said, "The carers are nice", and another told us, "They are nice to me." A relative said, "He's very contented…They know him. They say, 'you look uncomfortable' and change his position and his pillow." Another relative told us, "We know them all [staff], they are lovely and approachable." One relation told us the service had arranged a birthday party to celebrate the 96th birthday of their relative with other people who lived in the home.

We saw a member of staff had acted kindly by bringing a soft ball from their home to give to a person to help them with hand exercises to improve their grip. We heard positive interaction and re-assuring communication from a housekeeper whilst they were undertaking their duties in a person's room. They brought the person's soft toys closer to them because they could not reach them. The housekeeper enjoyed chatting to people whilst undertaking their duties.

Most staff interacted positively with people when they undertook care tasks. However they had little opportunity to interact with them at other times as they always appeared busy. For example, in the afternoon we sat in the communal lounge and noticed there were long periods of time when staff were not present with people because they were busy undertaking tasks elsewhere in the home.

We saw that when staff provided people with personal care, they shut the person's bedroom door so they had privacy. A relative told us, "They are very caring, she has never complained about any privacy issues. I would say they know what she likes."

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. During our visit, we spoke with four visiting relations who came at their time of choice.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, many of the staff were agency staff and did not know the needs of people they supported. During this visit, we found that whilst the service continued to use some agency staff, the numbers had reduced and this meant people were more likely to be supported by a team of permanent staff who knew their needs.

We found that whilst the service had identified what people's choices were, some people did not always have maximum choice or control over their lives. This was because people did not always have the opportunity to shower or bathe, or to get out of bed when they wanted to. For example, one person told us, "It's not possible to have a shower, I like to have a shower every day, but in here it's once a week when they can fit it in." They went on to explain they needed two people to assist them out of bed and to have a shower, and they felt there was not enough staff to help with this.

Another person wanted to get out of bed in the morning because they were 'hot and uncomfortable.' They told us they were unable to, because staff told them they were busy with other people and the home was having, "A bad day." This person needed the use of a hoist to move them out of bed, but one of the two hoists were broken and staff had to use one hoist to support all people who lived in the home. Staff told us it had been difficult supporting people in a timely way with only one hoist in use. During our visit the Managing Director of the region gave the registered manager permission to have a 'spare hoist' in the service so that they could avoid this happening in the future.

We asked people if they were involved in their care planning. None of the people we spoke with could recall being involved. One person told us, "They never discuss my care, I think it's due to being short staffed…I don't know about a care plan". Another person said, "No, they don't" (discuss care). I haven't seen a care plan." The registered manager acknowledged people had not been involved as much as they should have in determining how they received care. As a result the provider had introduced the 'Resident of the Day' system. This meant each day in the month care staff focused on one person, making sure the person was receiving the care they wanted and in the way they wanted. Part of this process involved discussing the person's needs with them or with their relatives if they had the consent or legal authority to do so.

Whilst people did not feel involved in their care planning, the care plans we saw provided up to date information about people. Where people had capacity to make choices, the care plans reminded staff that people should make their own choices (for example when choosing clothes), and to ensure they gave consent to care provided. At our last visit staff told us they did not have time to read people's care plans. During this visit, staff said the same but also said they found out about people's needs at the shift changeover meeting, and by talking with nursing and senior staff.

We looked at how people's social needs were catered for. The provider employed an activity co-ordinator. We found the staff member providing activities to people was new, and had been in post for approximately eight weeks. People, relatives and other staff at the home felt the new co-ordinator had started to improve people's social lives. The activity co-ordinator told us about the individualised and group activities they had

provided. They told us that similarly to the previous co-ordinator, they had continued to offer bible readings to two people who found this important. They spoke with each person who lived at the home at least once a day and had tried to find out what people's interests were to incorporate these into their activity planning.

We found there were group activities which took place two or three times a week, with seven people who lived at the home taking part. These included painting and we saw people's art work displayed in the corridor on the ground floor. The activity co-ordinator also supported people to go out shopping and to go to the pub. On the day of our visit, people went to the shops. A relation of a person who went shopping told us the activities co-ordinator, "Has been brilliant, she came out with us today to go shopping. We have been out with her once before, she's quite new. She is very open and will organise things for you."

Other people we spoke with were either not interested in undertaking activities or not aware of what activities were available. A person told us, "There are no activities I care to be involved in. They don't suit me...the activities lady agreed to do some Indian cooking with me but it hasn't materialised yet". The activities co-ordinator told us they were arranging for this person to have the cookery they requested. They also told us weekly activities were put on the notice board in the lounge to inform people what activities were available.

Since our last visit we saw the provider had redecorated much of the home. Redecoration was still in process but we found that this had already improved the atmosphere of the home. One relative told us, "It has definitely improved here. The decoration is the main thing (which has improved)."

The provider's complaints process investigated both informal and formal complaints. The provider had introduced an electronic system where people or their relatives could use an electronic device to input any concerns or queries and these would go straight to regional management to make them aware of concerns raised at the service.

One relative had written to the service to complain that their relation had not been showered enough and had dirty nails. The registered manager had acted on this straight away.

One person told us they had complained to one of the care workers, a month prior to our visit about the length of time it sometimes took staff to assist them to the toilet. Despite this they did not feel any improvement had been made. We asked care workers what they would do if they received a complaint from a person who used the service. They told us they would report this to a senior member of staff or to the manager. We asked the registered manager if they had been informed about this complaint. They said they had not, and would have dealt with it straight away if they had known.

Whilst people felt able to talk to the registered manager about any concerns, they did not know about the formal complaints procedure. We asked the registered manager if people who used the 'contract beds' were provided with this information. They told us, they had not as yet, but would make sure they did in future. Most people told us they had not felt the need to complain. For example, one person said, "I wouldn't like to complain, it's alright here". Another said, "I've got nothing to complain about".

The service had started to meet with people and their relatives to get feedback from them about how they wanted the home to function. Two people told us they were aware monthly 'resident meetings' had been held, and relatives told us a relatives meeting was taking place during the week of our visit.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in August 2016 we had serious concerns about the leadership of the service. This was because the service had experienced constant management changes at both service level and at regional level. This inconsistent leadership and managerial oversight had resulted in poor outcomes for people who lived at the home and the staff who supported them. This meant the home was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Governance).

At our last visit, the manager had been in post for two weeks. They had come from another of the provider's services and were familiar with the systems and processes of the organisation. Since then, the manager had been registered with the CQC as the registered manager of The Beaufort. The service continued to be without a deputy manager, but the home was actively recruiting for the right person to take on this responsibility.

Since our last visit, the registered manager has been supported by a senior management team who were new to the region, but not to the organisation. The registered manager told us they felt they received good support from this team.

We asked people to give us a score out of 10 to indicate how well the service was managed. Four gave the home a score of 8/10 and one gave the score of 7/10. One told us the manager was "Sound." They said they saw her once a day, and that, "She does a great job." Another told us, "It's run very well as a whole. They all seem very kind." Relatives were also positive about the new management. One relation gave the home a score of 9/10. One told us, "It's very nice here. All the care has been good." Another was happy with the management but wanted improvement in the time it took for their relation to be supported going to the toilet.

Staff told us they were happier with the new management at the service. One member of staff told us, "I get on well with the manager she is trying to achieve a lot and is very fair." Another told us they liked that the registered manager "Puts on an apron and gloves," and helped when necessary. A third staff member said the home had, "Changed. We have a nice manager who is very good, she listens to us." All felt the staff morale had improved since the last inspection visit, and they were benefiting from having a permanent manager in post.

At our last visit we had concerns that the provider's systems and processes, to monitor the quality of care the service provided. We found they were not being followed to assure the provider that quality was being maintained and improvements sustained. During this visit we found the systems and processes were now being followed and identified concerns were acted on.

The new management team were open and transparent about the service. They told us they knew they had made improvements but there was still a lot more work to be done to provide the quality of care they wanted. They told us they wanted to ensure stability in the home and to make sure quality continued to improve rather than 'Yo Yo' back and forth. They went on to say they wanted to improve the quality of

training provided to staff, improve links with the local community to help people access more activities, and improve the culture within the staff group. The regional manager confirmed they would be visiting the home each month to support the registered manager in her role.

This meant the home was no longer in breach of The Regulation. However, because the changes were recent, there had not been enough time between the previous inspection and this visit to determine whether the improvements would be sustained over a longer period of time.