

Barchester Healthcare Homes Limited

Prestbury Beaumont DCA

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced and took place on the 18 December 2014. An arranged visit to complete the inspection was then undertaken on the 22 December 2014.

The last inspection took place on the 24 July 2013 when Prestbury Beaumont Domiciliary Care Agency [DCA] was found to be meeting all the regulatory requirements looked at and which applied to this kind of service.

Barchester Prestbury Beaumont DCA is located one mile outside Prestbury Town Centre. This Domiciliary Care

Service is managed from Prestbury Beaumont Care Home, which is on the same site. The DCA service is provided to people in the fourteen bungalows and nine apartments owned by the people themselves.

Prestbury Beaumont DCA is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 provider had appointed a new

Summary of findings

management team with responsibility for the DCA and Prestbury Beaumont care home approximately six months before this inspection visit. As part of this re-structure a new home manager was appointed in May 2014, she is also the registered manager for the DCA.

New systems such as the arrangement of regular resident/relative meetings and a manager's surgery had been put into place. The meetings and surgeries enabled people to discuss any issues.

At the time of the inspection six people living in the bungalows and apartments were receiving a service from the agency. Many of the services provided to the people living in these were from staff and resources within the home. For example meals could be prepared and served in the home and people could join in with any social activities organised. The 'Independent Living' accommodation also has an emergency call system so that the people living in them could summon assistance if needed.

Since the previous inspection the care home had undergone a refurbishment and the lounge and dining areas that can be used by the people living in the bungalows and apartments had been re-furnished and redecorated. In addition a new Spa providing a range of treatments such as manicures and a hydro pool had been built and had opened approximately two weeks before the inspection took place. This can be used by the people living in the independent living accommodation. One person using the DCA told us, "it is the best of all worlds. I can spend time in the home [care home]. The care is great – so well cared for. The best move I ever made".

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

There had been no new staff members specifically employed to work in the DCA so we looked at the files for the three most recently appointed staff members who were employed to work in the care home to check that

effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked two staff members working in the DCA about training and they both confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions.

We saw that the relationships between the people using the service and the staff employed were warm and respectful.

The care plans were reviewed when needed so staff knew what changes in care provision, if any, had been made. The two care plans which the service called, assisted living care profiles we looked at all explained what each person's care needs were. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the agency was being managed. The staff members we spoke with were positive about the service and the quality of the support being provided.

The provider, Barchester also had its own monthly internal clinical governance system into which the registered manager had to submit monthly information based on the audits undertaken within the agency to the company's head office. This included, care plans, accidents, incidents, safeguarding allegations and complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

Risk assessments were carried out and kept under review so the people who used the agency were safeguarded from unnecessary hazards.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people receiving a service from the agency.

Good



Is the service effective?

The service was effective.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date.

The information we looked at in the assisted living care profiles explained what people wanted which meant staff members were able to respect people's wishes regarding their chosen lifestyle.

Good



Is the service caring?

The service was caring.

We asked the people using the service about the agency and the staff members working for it. One person told us; "it is the best of all worlds. I can spend time in the home [care home]. The care is great – so well cared for. The best move I ever made".

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

Good



Is the service responsive?

The service was responsive

We looked at two assisted living care profiles to see what support people needed and how this was recorded. We saw that each profile was personalised and reflected the needs of the individual. We also saw that they were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The profiles we looked at were being reviewed monthly and were well maintained.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in place.

Staff members we spoke with were positive about how the agency was being managed and the service being provided. The staff we spoke with both described the registered manager as approachable and supportive. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager.

The agency had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

Good



Prestbury Beaumont DCA

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.

We carried out an unannounced inspection on the 18 December 2014 and then undertook a second announced visit on the 22 December 2014. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Prestbury Beaumont DCA.

At the time of the inspection the service was providing a service to six people living in either the bungalows adjacent to or the apartments within Prestbury Beaumont Care Home. The vast majority of these calls were welfare checks lasting a few minutes to ensure that people were alright. Help with personal care was only being provided to one person. We spoke with two of the people using the service, two senior carers who provided the checks and care [One senior on each of the two days of our visit] and the registered manager. The senior carers who worked in the DCA only worked for part of the day supporting the people receiving a service. When they had finished their visits to the bungalows and apartments they then worked alongside the staff members in the care home as an extra person.

The people using the service often spent some of their day within the care home so we only visited one person in their own accommodation during the inspection. We looked at a total of two assisted living care profiles and looked at other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

Although we did not receive any specific comments regarding whether people felt safe the people we spoke with told us that they were happy with the service being provided.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager confirmed that she was aware of the relevant process to follow. She would report any concerns to the local authority and to the Care Quality Commission [CQC]. Agencies such as Prestbury Beaumont DCA are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there had been no safeguarding incidents requiring notification since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The two agency staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when supporting people. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to the agency manager. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who used the agency were safeguarded from unnecessary hazards. We could see that the agency's staff members were working closely with people to keep them safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, on the environment were kept within the assisted living care profiles.

There had been no new staff members employed to work in the DCA so we looked at the files for the three most recently appointed staff members within the care home to

check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that potential employees had to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employee had completed a suitable induction programme when they had started work at the home. This process was the same as that which would be used if an agency staff member was needed.

At the time of our inspection visit no one required any assistance with their medication. There were policies and procedures in place if this situation changed and staff had to administer medication in the future.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people receiving a service from the agency. This was confirmed by the two people we spoke with who were receiving support. The service provided a service to six people living in either the bungalows or apartments. The vast majority of these calls were welfare checks lasting a few minutes to ensure that people were alright. Help with personal care was only being provided to one person. The senior carers who worked in the DCA only worked for part of the day supporting the people receiving a service. When they had finished their visits to the bungalows and apartments they then worked alongside the staff members in the care home as an extra person.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Is the service effective?

Our findings

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. The initial induction would be carried out by the home trainer who would spend time with the new employee. Although there had been no new staff members employed by the agency recently we were able to speak to a staff member who was due to start working in the care home and who had just completed the first day of their induction. The new staff member explained that she had started her induction training programme, this included hygiene and fire safety. She told us that she now had her own personal induction work book and that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own). A new staff member employed specifically for the agency would follow the same induction process.

We asked two staff members who worked within the DCA about training and they both confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the staff training records and saw that they had undertaken a range of training relevant to their role. This included safeguarding and moving and handling. The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. The manager explained that the training records were constantly monitored in order to ensure they were kept up to date. The staff members competency was assessed through the supervision system and through the auditing of records such as medication and care plans.

The two staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked records which confirmed that supervision sessions for each member of staff had been held three to four times

during the previous year. We saw that the new manager had increased the frequency of supervision meetings since her appointment and had drawn up a schedule that would increase them to six times per year which was the standard expected by Barchester. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

The information we looked at in the assisted living care profiles explained what people wanted which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care or support.

Visits to and from other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. One of the people using the service told us that the carer who had visited her earlier in the day had called the GP on their behalf.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act. This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected.

Although the two staff members we spoke with told us they were aware of the MCA the training records showed that they had not completed training in this area. We discussed this with the registered manager who confirmed that she and the home trainer were due to undertake training in February 2015 that would enable them to cascade the training to all of the staff in both the agency and the home. In the meantime staff had been made aware of these areas through the supervision system in place and through the daily meetings that were held.

Is the service caring?

Our findings

We asked the people using the service about the agency and the staff members working for it. One person told us; “it is the best of all worlds. I can spend time in the home [care home]. The care is great – so well cared for. The best move I ever made”.

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

The people using the service often spent some of their day within the care home so many of the services provided to the people living in the bungalows and apartments were from staff and resources within the home. For example meals could be prepared and served in the home and people could join in with any social or other activities organised.

Everyone using the service had a six monthly assisted living review during which there was a review of the support being provided, the dependability and continuity of staff

members and their attitudes. We looked at one of these and could see that the person using the service had fully participated in the meeting and had signed to agree to its contents.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw that the relationships between the people using the service and the staff members, including those that were working in the care home were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

The provider had developed a range of information, including a service user guide for the people using the agency. This gave people detailed information on such topics as key staff, the services provided, communication and complaints.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

Everyone using the agency had received a pre-service assessment to ascertain what support and assistance they wanted to receive. We looked at the pre-service paperwork that had been completed for two people currently using the service and could see that the assessments had been completed.

We looked at two assisted living care profiles to see what support people needed and how this was recorded. We saw that each profile was personalised and reflected the needs of the individual. We also saw that they were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The profiles we looked at were being reviewed monthly and were well maintained. Visits to and from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why.

The profiles we looked at contained some relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them.

Prestbury Beaumont care home employed two activities co-ordinators and the people living in the apartments and bungalows were able to join in with any activities organised. The people using the service were asked by the activities co-ordinators what kinds of things they liked to do in exactly the same way as the people living in the care home were consulted. A programme of events was completed on a weekly and monthly basis and these were on display around the home. Events that took place during the two days we visited the home included: a Christmas service, musical workout, a sherry social, and a visiting entertainer. A talk by Trading Standards on bogus callers had also been organised.

The agency had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no recorded complaints since the last inspection took place. People were made aware of the process to follow in the information provided to them. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. Minor issues were dealt with as they occurred.

Is the service well-led?

Our findings

The provider had appointed a new management team with responsibility for the DCA and the care home approximately six months before this inspection visit. As part of this re-structure a new home manager was appointed in May 2014, she is also the registered manager for the DCA.

New systems such as the arrangement of regular resident/relative meetings had been put into place and posters showing the 'diary dates' for forthcoming meetings and the manager's surgery dates were on display around the home. The people using the agency were able to join in with these if they wished to do so. The surgeries allowed people to 'drop in' or make an appointment to see the manager and discuss any issues.

We looked at the minutes from the most recent Independent Living meeting held on the 3 December 2014 and could see that all of the people using the service had attended as well as the registered manager and other senior representatives from Barchester. Issues discussed included lease arrangements and charges for additional services.

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service. We were able to confirm this when we saw one of the people being supported by the agency having a conversation with the registered manager in her office. We spoke to this person shortly afterwards and they confirmed that they spoke to the manager regularly. The registered manager 'walked the floor' regularly in order to check that the home and agency was running smoothly and that people were being cared for or supported properly. The people we spoke with confirmed this.

In order to gather feedback about the service being provided Barchester used a separate company, Ipsos Mori to undertake surveys on their behalf. They produced a report called, 'Your Care Rating'. The registered manager gave us a copy of the most recent findings from the survey undertaken in 2013; this showed that the overall performance rating for the home and agency was 888 points out of a possible 1000. This result is based upon the survey findings from four key areas; staff and care, home

comforts, choice and having a say and quality of life. This showed that the people who had completed the survey were happy with the service being provided by the home. This is a yearly process.

Barchester also had its own monthly internal clinical governance system into which the registered manager had to submit monthly information based on the audits undertaken within the agency to the company's head office. This included, accidents, incidents, safeguarding allegations and complaints. In addition to the monthly return Barchester also undertook a 'Regulation Team Audit' annually. We looked at the most recent one that was carried out on the 31 July 2014 and could see that a variety of areas were looked at during the visit. These included a discussion with some of the people using the service, safeguarding, a review of the care profiles, risk assessments and staff training. An action plan to address any shortfalls had been drawn up and the registered manager had since addressed the actions needed.

The whole clinical governance system had an overall 'Action Plan Management Tool' for the agency. The registered manager explained that anyone could add to this; this included the action plan referred to above. We looked at the plan and could see that it was in effect a running 'log' of areas that were being worked upon at any point in time.

Staff members we spoke with were positive about how the agency was being managed and the service being provided. The staff we spoke with both described the registered manager as approachable and supportive. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting held on the 10 December 2014 and could see that a variety of topics, including quality, health and safety, care issues, human resource issues and training expectations had been discussed.

Is the service well-led?

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.