Care Quality Commission

Beaufort Care Limited

Beaufort House

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?	Requires improvement

Overall summary

The inspection took place on 15, 20 and 21 May 2015 and was unannounced. The previous inspection was carried out on 13 September 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Beaufort House provides accommodation for up to 28 older people. At the time of our visit there were 27 people living at the service. The service had one vacancy.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk.

People were kept safe because the registered manager and the staff team were knowledgeable about safeguarding issues and protected people from harm.

Summary of findings

They knew how to raise and report concerns if they witnessed, suspected or were told about any bad practice or abuse. All staff had received training in safeguarding adults. Medicines were administered to people safely by staff that had been trained.

Staffing numbers on each shift were calculated to ensure that each person's care and support needs could be met. Staff were provided with regular training and were supported by their colleagues and their managers to do their jobs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were on the whole satisfied with the quality of the food and drink provided. Food and fluid intake was monitored where risks of weight loss or dehydration had been identified. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

Staff were caring and compassionate. They understood people's needs and developed caring professional relationships with people. They supported people to express their views and took account of what they said.

People using the service knew what the aims of the service were and they were involved in developing the service. The service was well led and organised. There were effective procedures for monitoring and assessing the quality of service.

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?

Good

The service was safe.

People living at the service said they felt safe.

Staff had a good understanding of the procedures for safeguarding people from harm and who they needed to report any abuse to if it was suspected, alleged or witnessed.

Medicines were well managed and administered safely.

There were sufficient numbers of staff on duty and prospective staff underwent thorough pre-recruitment checks to ensure they were suitable to work at the service.

Risks associated with people's care were identified and managed. Staff understood how to manage risks and at the same time actively supported people to make choices.

Is the service effective?

Good

The service was effective.

Staff were supported through relevant training, supervision and appraisal to deliver care effectively.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and, where restrictions were needed in the interests of people's safety, the manager understood and applied the Deprivation of Liberty Safeguards (DoLS) appropriately.

People received a nutritious and balanced diet. Some people had support from health professionals regarding their nutritional intake.

People's day to day health needs were met because staff supported people to attend appointments and liaised with other healthcare professionals.

Is the service caring?

Good

The service was caring.

People said they were very happy with the care and support they received.

The staff had a good understanding of people's care needs and knew people well.

Staff were respectful of people's privacy and dignity.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life histories.

Summary of findings

Is the service responsive?

Good 

The service was responsive

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

People were supported to pursue social and leisure activities on a regular basis. The activities were based on the needs, preferences and choices of each person.

Is the service well-led?

Requires improvement 

The service was mainly well-led.

There had been one occasion when a notification had not been submitted to CQC as required by law.

The service was well managed and staff were clear about their roles and responsibilities.

There were systems in place to monitor the quality of the care provided to people. Regular audits were carried out.

There were systems in place to gain feedback from people with the necessary improvements made.

Beaufort House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15, 20 and 21 May 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

During the inspection we spoke with 6 people who lived in the service, two relatives and six staff members (including the owner, registered manager and deputy manager). We looked at three care records, three staff recruitment files, training records, staff duty rotas and other records relating to the management of the service.

Two Health and social care professionals were contacted in order to gain their views about the service. However, no comments were received.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the service. Comments included "Yes", "I am safe here the staff are great" and, "When I go out it is with my family or the staff so I feel safe". Some people were not able to tell us if they felt safe. We observed the care and support they were provided with throughout the day. We found people were provided with high quality care and support.

Staff had a good understanding about safeguarding vulnerable people. Staff had received training in safeguarding vulnerable adults. They were able to describe what abuse was and the different types of abuse. Their responses confirmed they understood their responsibilities and recognised all allegations needed to be taken seriously and reported. Staff comments included, "I always report any concerns to the manager on duty. I would also document incidents that have taken place" and "I would not hesitate to report any concerns I have".

The service had a safeguarding policy displayed in the main office. It provided staff with information about different forms of abuse, who could be responsible for abuse and when and how to report any concerns should people suspect that abuse had occurred. The entrance to the service had a security keypad with an access code to ensure unauthorised people could not enter.

Visitors to the service were required to sign the 'visitor's book' kept in the main office. Visitors recorded their name, the time they arrived and left the service. Staff advised people they had a visitor and sought their permission before they allowed the visitor to see the person.

Staff spoke with us about specific risks relating to people's health and well-being and how to respond to these. These included risks associated with falls, weight loss, maintaining skin integrity and behaviours which may challenge. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People were engaged in different activities including going out into the community with staff. Assessments had been undertaken of the risks relating to people's individual needs and behaviour's which could be challenge. An example being one person liked to go out for walks and out with family. The risks had been assessed and a plan put in place to manage these risks. This showed people were assisted to take part in activities which promoted their independence, with risks to the person minimised.

Staff confirmed they felt there were enough staff on duty each day to ensure people's safety. Four care staff were on duty during the inspection visit. Also on duty was the deputy manager and activity's coordinator. At night two staff on duty worked waking nights.

We looked at the staff roster for the previous two weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people. Vacant staff posts were covered by permanent staff as overtime and by agency staff with no shortfalls identified. Staff we spoke with confirmed this was the daily allocation of staff. Relatives also said they felt there were enough staff on duty and that they had not encountered any difficulties in requesting staff help. The registered manager looked at people's needs to understand staffing levels and was flexible in increasing staff as required.

We looked at three staff recruitment records and spoke with staff about their recruitment into their role. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked.

Disclosure and Barring Service checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed recruitment procedures were robust and they did not start work until all necessary checks had been completed and signed off by the registered manager.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had been no errors involving medicines in the last 12 months. Staff were aware of the appropriate action to taken upon discovering a medicine error. This included, seeking medical advice on the implications to people and referral to the safeguarding local authority.

During the inspection we observed the medicines administration which was carried out safely by senior care

Good

Is the service safe?

staff. Staff told us medicines were administered by the senior care staff on duty. The supplying pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities.

Good

Is the service effective?

Our findings

We received positive feedback which confirmed people felt their care needs were met by the service. Relatives we spoke with said they thought staff at the service were suitably trained and experienced to support their relatives. Comments included, “The staff seem very good at what they do” and, “They appear very confident, nothing is too much trouble”.

Newly recruited staff received a comprehensive induction. The service used the Skills For Care Common Induction Standards as a more in depth induction for all new staff. This was completed over a 12 week period. Staff confirmed during their induction they spent time reading people’s care files and the policies and procedures of the service getting to know how the service was managed. Each new member of staff was appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff before they worked unsupervised.

Training was planned and was appropriate to staff roles and responsibilities. Staff we met said they received ongoing training. We viewed the training records for the staff team which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, dementia care, nutrition, pressure care, safeguarding vulnerable adults and moving and handling. All senior staff that administered medicines had received the appropriate training. The registered manager told us 10 staff had successfully undertaken a Level 2 or above NVQ or Diploma in Health and Social Care.

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed each member of staff had received supervision on a regular basis. Records confirmed staff had received an annual appraisal to discuss their development.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their liberty if it is assessed by the appropriate authorities as being in their best interests. All staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing.

Staff demonstrated good knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. For example, people were involved in decisions about how they wished to be cared for and if they consented to care and treatment. Staff said they always asked people's consent before providing any care and continued to talk to people while delivering care so people understood what was happening.

Where people did not have the capacity to understand the choices available the registered manager acted in accordance with legal requirements. The registered manager said if people lacked capacity then this would be assessed. There was information readily available on the multi-agency approached to MCA and DoLS, as well as information on independent mental capacity advocates (IMCA) and guidance notes for relevant people.

The manager was aware of their responsibilities in making sure people were not deprived of their liberty. Care records demonstrated Deprivation of Liberty Safeguards (DoLS) applications had been submitted to the local authority for people who used the service. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. At the time of our inspection two people’s application had been authorised by the local authority. Records confirmed the information was recorded within people’s care plans to inform staff how they should care for each person. The service had submitted further applications for people to the local authority and were awaiting the outcome.

The registered manager told us five people were at risk of malnutrition. People’s care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people’s weight gain or loss was monitored so any health problems were identified and people’s nutritional needs met. Special

Good

Is the service effective?

diets were provided to people who required them and people were referred to a dietician when needed. This showed people at an increased risk of malnutrition were provided with food choices which supported their health and well-being. We noted where people's intake of food or fluid was being monitored, the charts were completed accurately.

We observed a variety of drinks and snacks were available for people throughout the day. People had access to jugs of juice and water in their rooms. A tea trolley was taken around during the morning and again in the afternoon.

People spoke favourably about the quality, quantity and choice of food available. Comments from people included, "The food is nice here. We have a good choice" and, "The food is fresh and always looks and taste nice". Menus were displayed within the dining area and people said they could have an alternative meal if they did not want what was on the menu.

Records showed staff spent time talking to people each month about their health and well-being. People had access to local healthcare services such as dentists, nurses and chiropodists. People were registered with the local GP surgery. Staff supported people to attend appointments at the local surgery and for those people who were not able to attend the surgery the GP visited the service. The registered manager said they were supported by their local GP practice and by the District Nurses. Contact details of relevant health professionals and local authority services were kept in care records which meant referrals could be made quickly. This meant that people were supported to have their health needs met appropriately.

Good

Is the service caring?

Our findings

The atmosphere was welcoming within the service which was reflected in the comments we received from people, their relatives and staff. Relatives said they were able to visit whenever they wanted to. Relatives said “It is homely here and we are made to feel welcome” and “It is nice to sit and have a cuppa with when I visit X”.

Staff treated people with respect and referred to them by their preferred names, which had been documented in people’s care records. People’s care plans included information to help staff understand what was important to them, and how they wished to be supported. This gave clear guidance for staff and we observed staff working in accordance with these plans. We observed relationships between people who lived at the service and staff were positive. An example being we observed a member of staff showing patience by encouraging and reminding someone to eat there meal. The member of staff sat with the person and encouraged them to eat at their own pace.

Staff spoke with people with respect and gave them time to express their own feelings and choices. They engaged in conversations about topics which were meaningful to them. For example places people had visited during their life and their past careers.

People were supported to make sure they were appropriately dressed and their clothing was arranged properly to promote their dignity. Staff prepared people for their meal by providing them with protective clothing and ensured they were sitting as comfortable as possible. An example being one person was sat with their teddy bear at the dining room table. We observed this had a calming effect on the person.

All the staff we spoke with told us they always knocked people’s doors before they entered their rooms. We observed this happening and people confirmed to us this was the case. We observed when staff went into people’s rooms to support them with their care needs; they closed the doors to maintain people’s dignity and privacy. Peoples names were displayed on bedrooms doors with pictures of their individual interests. Staff told us this was useful as people could identify their own rooms and it made the environment familiar to them.

Staff interacted well with people throughout the day as well as supporting them. We heard people have fun in the presence of staff and heard laughter. The activity’s coordinator told us, “My role is create a happy environment which is fun” and, ”I get great satisfaction from my job as I see the positive effect it has on people”.

The registered manager was aware local advocacy services were available to support people if they required assistance. However, we were told there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People said staff met their needs and knew their personal likes, dislikes and how they liked to be cared for. We spoke with people and asked them if staff knew how they wanted to be supported. Comments included, "Yes" and, "They know me well and what help I need". Relatives said they were pleased and satisfied with the quality of care their family members received. Relatives said the staff responded quickly to any changes in their family member's health, and sought assistance from external healthcare professionals where required. Relatives confirmed they were always kept informed about their relative's health, especially when there had been a change.

People's needs were assessed and care and treatment was planned and recorded in people's care plans. Pre-admission assessments and ongoing assessments were completed for all people and covered areas including; falls, skin integrity, nutrition, personal care and moving and handling. The assessments showed people and their relatives had been involved in the process wherever possible and were signed by all parties present. Care plans were reviewed by senior staff on a monthly basis and updated to reflect changing care needs where appropriate. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. An example being one person had become unwell. The deputy manager contacted the persons GP and arranged for them to be visited at the service.

Risk assessments were completed for a range of areas including, mobility, skin integrity and environmental hazards. Where people required mobility aids these were left positioned so people could reach them easily. Where people required hoisting, their slings were kept in their bedrooms. We observed one person sat on a pressure cushion in the lounge. We noted the pressure cushion was facing the wrong way round in accordance with the instructions. We brought this to the attention of the deputy manager who took the appropriate action to change the position of the pressure cushion.

Handover information between staff at the start of each shift ensured that important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us it was useful to know if people had any concerns or health issues since they were last on shift. Daily communication records were completed for each shift to ensure continuity of care was delivered to people.

Staff had a good understanding of people's care needs. They told us people received their care in line with their care plan, and if they had concerns they would refer to peoples care records for guidance. They gave good examples of how they ensured people received individualised care. For example the routines people liked to follow when getting ready for bed, what time they preferred to get up in the morning and whether they preferred to spend time in their own bedrooms or lounge areas. Care plans accurately reflected people's choices and confirmed the information the staff had told us.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. The service employed an activities coordinator who planned daily activities for people. The activities coordinator told us how they supported people to go out in the community and attend events of interest. For example, some people attended the local over 50's club in the village, trips to the pubs, cricket matches, local walks, shopping trips and attending church services. People were also supported to pursue hobbies and interests inside of the service. Examples being arts and craft, quiz's, puzzles, cooking, maintaining the herb garden and bird watching. During the inspection visit the local nursery school children visited the service to sing nursery rhymes to people. We noted people were singing along to the songs, clapping, smiling and having fun. Staff told us they had formed good relationships within the local village and the nursery school would often visit the service.

People we spoke with said they have not had the need to complain. People knew how to make a complaint if they were unhappy. Comments included, "I have never had to complain and hope I never have to. I am happy here but if I wasn't I would tell the office" and, "I have absolutely nothing to complain about. If I was unhappy I would speak up and tell the staff".

The complaints procedure was clearly displayed within the service and a copy was displayed on the manager's office door. There had been one complaint within the last 12 months. This had been recorded, investigated and concluded in accordance with the complaints policy and

Good

Is the service responsive?

procedure. The registered manager told us how complaints were reflected upon and how they learned from complaints. This process demonstrated a willingness to learn from complaints and to improve. The service had received 15 compliments from people's family and friends within the last 12 months. These consisted of cards and letters thanking the staff at the service for the care and support given to their relative.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us they thought the service was well-led. We also observed the care and support people were provided with throughout the day. People were provided with high quality care and support that was personalised.

Staff said there was a personalised and open culture within service. They spoke positively about the registered manager and deputy manager. Staff felt their approach was open and honest. The registered manager spoke passionately about the service. They said their vision for the future was to continue to provide a high standard of care to people. Staff said they felt confident in the leadership of the registered manager. Staff meetings were held regularly to make sure that staff were kept up to date with any changes and had opportunities to raise any concerns or make suggestions.

We spoke with the registered manager, deputy and the owner of the service about the people who lived at the service. They demonstrated a good awareness of the care needs of people.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. These were well attended. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was evident through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed. People spoke openly about what they liked and didn't like and were encouraged to influence change.

People and their relatives were encouraged to be actively involved in the continuous development of the service. The provider sent out surveys for people and relatives to give their views on how they felt the service was performing. Completed surveys we looked at were positive. People and relatives were able to make suggestions about items they wished to be purchased. An example being people requested to have a bubble tank at the service. We noted this had been purchased and was displayed in the dining room. The registered manager and owner told us they would analyse all of the responses and act upon any negative comments.

Systems were in place to monitor accidents and incidents within the service. Accidents and incidents at the service were recorded appropriately and reported to the registered manager. Any injuries to people were recorded on body maps. Accident and incident records were reviewed and analysed by the registered manager monthly to help identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

There were various systems in place to ensure that services were reviewed and audited to monitor the quality of the services provided. The service had a programme of audits and quality checks and these were shared out between the owner, registered manager, deputy, senior care staff and the handy person. Audits were completed in respect of health and safety, the management of medicines, nutrition and care documentation. Full quality audits were completed on a six monthly basis and the owner visited the service twice weekly basis to check how things were going and provided written report on checks they had made.

On the whole we found the service was well led however there were one area which **Requires Improvement**. Although the registered manager was aware when notifications of events had to be sent in to CQC there had been one occasion when this has not been done. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. On 13 April 2015 the service raised a safeguarding alert appropriately to the local authority to alert them of an incident which occurred between two service users. The registered manager had failed to submit a notification to the CQC. Other notifications had been appropriately reported to the CQC by the service.