

Roseberry Care Centres (England) Ltd

The Beaufort Care Home

Inspection report

56 Kenilworth Road
Coventry
West Midlands
CV4 7AH

Date of inspection visit:
11 December 2020

Date of publication:
14 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beaufort Care Home is a residential care home registered to provide personal and nursing care for up to 29 people aged 65 and over. At the time of the inspection there were 16 people using the service. The provider took over the registration of this home on 13 May 2020.

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

The provider and registered manager had made changes in the home since taking over the registration in May 2020. Further time is needed for the provider to demonstrate the sustainability of the continued and ongoing improvements.

People's risk had been identified and recorded, however we have made a recommendation about the management of oral care.

The overall management of preventing infection control was effective, however staff were not always following best practice in the use of Personal protective equipment (PPE).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Capacity assessment and best interest decision required further clarity to demonstrate how the assessment processed had been followed.

People felt safe and received their medicines as needed. There were enough staff to provide people with care and support. People's needs had been assessed and staff had been trained and supported in their role and had been recruited safely. People enjoyed their meals and were supported to maintain their nutrition. Healthcare professionals were involved in people's care and treatment.

People were relaxed and comfortable in the home, staff were able to spend time sitting and chatting with people. Staff knew people well and understood the care people needed and wanted.

Care had been planned around the person and their preferences were known and recorded. Complaints had been reviewed and responded in line with the providers policy. People enjoyed the activities on offer, or enjoyed pursuing their own hobbies and interests.

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

Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 9 January 2020.

Why we inspected

This was a planned inspection based on the previous rating. We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beaufort Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below

Requires Improvement ●

The Beaufort Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

There were three inspectors, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Beaufort Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. The provider was not asked to complete a PIR. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. The provider had submitted improvement plans monthly to demonstrate continued and embedded improvements. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider representative, registered manager, deputy manager, a nurse, care workers, domestic staff and the chef.

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

After the inspection

We spoke with two relatives on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not always assured the provider was using PPE effectively and safely. Staff were not always renewing their face mask as required. For example, we saw two members of staff remove their face masks outside. On entering the home there were no replacement face mask available where staff were expected to replace face coverings. The registered manager took immediate action to address this and further signs were used.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- The management of risks associated with people's care required further improvement. For example, one person was restricted from eating and drinking (nil by mouth). People who are nil by mouth are susceptible to bacterial infection and good oral hygiene is essential to reduce this risk. Records were not available to show if oral care had been provided.
- Oral care for other people had not been developed following the completion of the oral care risk assessments.

We recommend the provider consider current guidance on oral health care (including nil by mouth) in care homes and take action to update their practice accordingly.

- Staff were able to provide safe care to people and they understood each person's risk in relation to the individual care required. For example people who were at high risk of falls had clear assessments which detailed the equipment needed and the number of staff to promote their safety. One relative told us, "I think staff are pretty on the ball, they've been able to get to know him and know what support he needs."
- The management team had processes in place to review and monitor people's risks. These were updated as needed or on a monthly basis. One person told us, "They look after me. I've got this special bed."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the Beaufort Care Home. One person told us, "Yes, I am very safe, at night as well. I'm not worried."
- Staff told us they knew the signs of abuse to look out for and would report any concerns to the management team for further action.
- There were clear policies and procedures in place to ensure any safeguarding matters were reported and investigated appropriately.

Staffing and recruitment

- People told us staff were available when needed and provided both emotional and physical support.
- There were enough staff to provide all aspects of people's health and social care needs.
- Staff have been recruited safely and had their police checks completed before starting work.

Using medicines safely

- People received their medicines on time which were administered by nursing staff in the home.
- Medicines in the home was stored, administered and destroyed in line with current guidance.
- All staff have been trained in the safe administration medicines and management had checked staff competencies.

Learning lessons when things go wrong

- People was supported by staff who understood the importance of reporting and recording any incidents which happened in the home.
- The management team reviewed each incident and analyse the information monthly to ensure any lessons learnt were implemented going forward.
- The Provider had an assured all internal and external learning was shared with the management teams across all their homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and used to deliver care in line with current guidance and best practice.
- People told us staff knew their personal choice and one person told us, "I am being looked after properly. The girls [staff] are very good. I get everything I need."

Staff support: induction, training, skills and experience

- Staff were supported by the management team and kept their skills and knowledge updated with regular training. One person told us, "I'm coming to the end of my stay, and I would hope to take them with me when I go home. That's how good they are."
- Staff skills and practice had been monitored to ensure training had been effectively implemented. One staff member told us, "They [management team] oversee what we do and encourage us to do better, it's a good thing."

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food and drink and one person told us, "We're eating all the time. 11 o'clock, two o'clock, four o'clock and that's not even including the meals. They've said I can ask for anything I want at other times."
- Where needed people were supported to make sure they were eating and drinking enough to keep them healthy. One person told us, "I can have a coffee anytime I want to, and they always ask me."
- People who required a particular diet or food consistency had received specialist input and advise which the provider had followed. One person told us, "It was a fantastic meal. I've been to a considerable number of restaurants and nothing was as good as that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had been supported to maintain or improve their health, such as physiotherapy involvement.
- People who required specialist care such as catheter care were further support by staff who involved and followed advice from specialist health professionals.
- The provider and management team had developed good links with the local GP surgery and other local health agencies to support people's overall wellbeing.

Adapting service, design, decoration to meet people's needs

- People had access to communal areas which were newly redecorated with new chairs. Where needed

people had specialist seats or wheelchairs.

- The provider had recently installed an additional lift to ensure people had access to all areas of the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been completed for specific decisions.
- The completed MCA documentation required clarity which the registered manager agreed to review and improve going forward.
- DoLS applications had been made and when approved any conditions were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed and comfortable living at The Beaufort Care Home. One person told us, "I wouldn't change anything. They know me here."
- Staff knew people well and spent time to sit and talk with people.
- Staff recognised the importance to understand and respect people's diversities. One staff member told us, "We welcome people here we are keen to learn about people lives and histories, it makes the job really interesting."

Supporting people to express their views and be involved in making decisions about their care

- People spent their day with assistance from staff who listened and responded to people. One person told us, "I am being looked after properly. The girls [staff] are very good, I get everything I need."
- Staff told us about the importance of people being involved in their care and asking how much assistance they needed.
- Care plans held information about the level of care people needed and where assistance was required. These were appropriate and shared the views and opinions of family.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated well and staff respected them. One person told us, "I'm a resident here but I'm not a patient."
- Staff had been asked to think about dignity and add them to the 'dignity tree'. People were then asked to see if these were used in practice by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been planned to support them, while considering their needs, choices and wishes. These were used by care staff to understand each person's needs and preferences.
- Staff also got to know people and the way they liked things to be done. For example, people were able to relax with breakfast in bed and chose when they received their personal care.
- The provider also offered support to people leaving hospital, who required a short period of rehabilitation before returning home. People told us they felt welcomed and staff knew how to provide the care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who used a variety of communication methods. These included pictures body language and symbols.
- Where needed people used hearing aids and glasses to promote their communication. Regular checks were made to make sure these were available and working.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People got to do the things they enjoyed and spend time in the home with staff support. One person told us "Well, here we have two of my favourite ladies [staff], come to see me and brighten my day."
- Due to the COVID-19 pandemic people had been prevented from taking part in things outside of the home. One person told us, "I love shopping, love it. But we can't go now because of the virus. I hope soon though." Extra activities had been added indoors to entertain people, such as a singer who used the garden as their stage.
- People maintained their individual hobbies and interests. One person told us, "It's very quiet at night, nice and peaceful, so I stay awake until about 2 o'clock reading."
- Staff spent time with people as individuals, getting to know them. The staff have also supported people to use video calls to keep in contact during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- The provider has a complaints procedure in place, which had been followed when people or their relatives had raised concerns.

- Learning from any concerns or issues were used to develop the care and inform staff where needed, to improve their practices.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain-free death.
- Staff training supported their understanding of end of life care and how best to support people and their families at the time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service, however under the previous provider it was rated as inadequate. This key question has been rated requires improvement. The service management and leadership need further time to demonstrate the continued improvements made are embedded.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes for the management of people's care was in place, however some areas required further development. These included the management of oral care, reviewing MCA records and ReSPECT forms (Patient preferences and clinical recommendations are recorded on a non-legally binding form which can be reviewed and adapted if circumstances change). These improvements to records and oversight will need to be sustained.
- The registered manager had an oversight of people's care needs and continually monitored risks to note any changes needed.
- People were happy living at the home and felt included and supported by a caring team of staff. Members of the management team spent time with people who were relaxed in their company.
- Staff enjoyed working at the home and were able to make suggestions to the management team. While staff had clear responsibilities, they told us they all worked well as a team to provide good care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider's policies and procedures supported the management team to support their understanding of the duty of candour.
- The registered manager understood their role in being open and honest when things went wrong.
- Staff were supported to learn and improve their skills and knowledge. One staff member told us, "We have three monthly competency checks and if we make a mistake we do a reflection."

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

- People had the opportunities to be involved in the home, for example one person was the homes head gardener.
- People and their relatives were positive in how the service was delivered by a management and staff team they knew. One person told us, "They do a very good job at taking care of me."
- People were asked individually about the care, meals and activities to provide the management team with feedback about the quality of the service.

Working in partnership with others

- People had links within their local community and until recently enjoyed shopping and trips to the gardens centre. One member of staff told us, "We have built strong community links with local schools and churches."
- To maintain links during lock down video calls had been held with the church and Christmas cards had been sent to people from the local school children.
- Other partnerships included links with the local authority and CCG to ensure the care offered reflected best practice.