

Barchester Healthcare Homes Limited

Chorleywood Beaumont

DCA

Inspection report

Rickmansworth Road
Chorleywood
Hertfordshire
WD3 5BY

Tel: 01923285111
Website: www.barchester.com

Date of inspection visit:
30 March 2016

Date of publication:
16 June 2016

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 ●
--------------------------	--------

Summary of findings

Overall summary

We carried out an announced inspection on 30 March 2016.

The service provides personal care and support to people who lived in their own flats within the grounds of the care home. On the day of the inspection there were 14 people being supported by the service.

The service had 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risks of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff received supervision and support, and had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to make decisions or consent to their care, this had been provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring and respectful staff. They were supported to access other health and social care services when required to maintain their health and wellbeing.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people so that they could use their comments to improve the quality of the service. People's comments suggested that they were happy with the service they received.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements.

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.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from risks of possible harm.

People's medicines had been managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people they supported.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and they supported them to maintain their independence

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans

were in place to meet their individual needs.

People's care plans had been reviewed promptly when their needs had changed.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager provided effective support to staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to provide feedback about the quality of the service provided. The manager and staff worked closely with other professionals so that people's care and treatment needs had been met.

The provider had effective systems to assess and monitor the quality of the service provided. Audits had been completed regularly to identify areas where improvements could be made.

Chorleywood 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 30 March 2016. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the manager, two care staff and two people who used the service. We looked at the care records for three people who used the service, the recruitment and training records for four care staff. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe and that staff supported them really well. One person said, "Oh yes indeed, I feel safe." Another person said, "I feel safe here. I have my own flat. There is a security system. I have a pendant and I will use it if I did not feel safe."

The care staff told us that they had received training on how to safeguard people and they had been given information on how to report concerns they might have about people's safety. One member of care staff said, "Safeguarding is about protecting people from harm." They went on to explain the various types of harm that people could be at risk of and that they would report any concerns to the manager. The manager said that they would and had in the past reported safeguarding concerns to the local authority's safeguarding team and the Care Quality Commission. We noted that the service had a whistle blowing helpline for staff. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so.

The manager told us that they regularly monitored staff to ensure that they provided safe care to people they supported. One member of staff said, "People are well supported here. Their safety is important and access to each apartment is by the use of entry code. The apartments are within the grounds of the care home, so there is always staff around if we need help."

Potential risks to people's safety and wellbeing had been identified and an action plan on how to minimise the risks had been reflected in their care plans. Other risks identified for people who used the service included operational risks which may cause them distress. For example, if the entry code system became inoperable, people lost keys to their flats, call bells were out of operation and if they were unable to access the phone lines and the computers. One person said, "Staff discuss with me about the risks, particularly about me losing my balance and falling. I make sure I use my walking frame and my stick. I use my walking frame only to go to the bathroom."

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment and had plans in place for the continued operation of the service in an emergency. These included assessments for the cleaning of the communal areas, portable appliance testing and fire risks. Fire alarms and emergency lighting were tested regularly and the service ensured that the gas safety checks were completed annually. Records of accidents and incidents were kept. The registered manager was made aware of incidents recorded and the causes were analysed regularly to identify any improvements that could be made to prevent the occurrence of similar incidents in the future.

People told us that there was enough staff to support them safely. One person said, "When I was stuck in the bath with my arthritis and fell over, the staff came straight away." Another person said, "Sometimes staff from the 'bank' come to help out when the regular carers are off." A member of care staff said, "There are enough staff on duty. If we are short I come in because I live locally. If not get support from the care home staff team." We noted from the daily visits plan that two staff were allocated to ensure that people's needs were met safely. Staffing levels had been determined by the needs of the people who used the service and

the levels of support that had been identified within their needs assessments.

The recruitment records for three care staff we looked at showed that the provider had robust recruitment processes in place because they had carried out thorough pre-employment checks. These included checking each applicant's identity, employment history, qualifications and experience. They also obtained references from their previous employers and requested Disclosure and Barring Service (DBS) reports. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

One person managed their own medicines. Some people were being prompted by the care staff to take their medicines and we saw that this had been managed safely. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. The medicines were stored securely within each person's home and staff informed people's relatives when people were running out of their medicines so that these could be ordered in a timely manner.

Is the service effective?

Our findings

People told us that staff supported them well and in a way that met their individual needs. One person told us, "Carers have bags of training and know how to help me. Staff get me up in the morning. I have an enhanced care package. They help me with my personal care. Give me a shower and get me dressed, ready for the day." Another person said, "Staff are trained. It's not rocket science, looking after people."

Staff were skilled and experienced in working with people. Some of them had worked for a number of years in other areas of health and social care prior to supporting people living in their own flats. The provider had also ensured that staff had been trained before supporting people. The training had been in a number of relevant subjects including safeguarding, administration of medicines, food safety, health and safety, and infection control so that they supported people safely and effectively. Staff we spoke with told us that they found the training helpful. Some of the staff had also completed nationally recognised qualifications in health and social care.

Staff told us that they had received supervision where they had discussed what training they needed for their roles and any issues relating to their work. One member of staff said, "We receive regular supervision and appraisal." The manager told us that staff received support from them and the staff team who worked at the care home as and when required.

People told us that staff always sought their consent before carrying out any task. One person said, "The carers always ask me how I am and they talk to me. They ask me if I am ready for their assistance or my shower. I let them know if I am not and they come back later." Another person said, "The carers know me well. We have a chat and then I let them know when I am ready. They are very considerate and thoughtful." One member of staff said, "We always ask the service users how they would like to be supported. Sometimes if they don't feel well, we ask them whether they would like to see their doctor. We are flexible and work round the service users' needs." The care records we looked at showed that written consent and agreement relating to people's care and support had been obtained.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. One member of staff said, "I have done my MCA training. It's about making decisions, whether service users are able to do so or not. Even if they can't communicate, we give them choices. They still have a voice." Another member of staff said, "If a person does not have mental capacity, we still explain and talk to them when we help them with their personal care. In this way they seem to know, cooperate and help us with it."

People were being appropriately supported to have sufficient and nutritiously balanced food. People we spoke with said that they always had enough to eat and their food preferences had been respected. One

person said, "I do my own breakfast. I have my lunch at the care home and my food is delivered." Staff we spoke with told us that people had enough to eat and drink and they made sure they had a drink of their choice when they left the person's home. A member of staff also said, "They come to the care home and have a drink at the bar." We saw a small group of people at the bar having a glass of wine before their meals.

We noted that people had been supported to access other health and social care services, such as GPs, dentists and opticians. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met, including supporting people to attend their appointments. One person said, "I go to the doctors and I see a private chiropodist." Another person said, "I let the carers know and they would make an appointment for me."

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Staff are very sympathetic, kind and considerate. I am happy with the care I receive." Another person said, "The carers are very pleasant and nice. I have no concerns."

People told us that they were involved in making decisions about their care and support needs. One person said, "I know my care package and I make my own decisions about my care. I let them know what I want. Another person said, "The carers know my personal choices and preferences. It has been a reasonable experience. The standard of care is good."

People told us that staff treated them with respect, and maintained their dignity. One person said, "Carers treat me with respect. My privacy and dignity are always respected. They always knock on the door, they keep the door shut. They are very considerate." One member of staff said, "When I come to get [name] ready and if they are sleeping, we let them know and give them time until they are ready for their shower. I get their clothes ready. We always ask service users how they would like to be supported. Privacy and dignity is so important. When giving service users their shower, I put the towel round them. When I finish drying them, I cover them with the towel." Another member of staff said, "Service users are here in the assisted living service because they need very little help and they keep their independence as much as possible." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights.

The manager told us that all staff receive training in maintaining confidentiality as part of their induction. Staff were also able to tell us how they maintained confidentiality by not discussing people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Information about the service and contact details of other agencies required in an emergency had been given to people. One person said, "I know there is information in the folder and the carers write in it." Another person said, "The folder has the phone numbers of people I can get in touch with if I have any concerns." Other information in the file included the person's contract and fees, the service's contact details and the complaints procedure.

Is the service responsive?

Our findings

An initial assessment had been carried out with people when they were first supported by the service. Information obtained during the assessment had been utilised to develop individual care plans. One person said, "I know my care plan and the care package. We had discussed it when I came here." Another person said, "I like living in my own flat. The care is brilliant. Sometimes, I go to the care home and meet other people."

Each person had a care plan which reflected their identified needs. The care plans we looked at showed the areas where the individual needed help and support. For example, in one person's care plan, it stated that they required support with their personal care and with their mobility. One person said, "We have review meetings with the manager and the carers." Care plans were changed according to people's changing needs. For example, when a person had started to find it difficult to dress themselves, staff had discussed with them the difficulties they were having resulting in the care package being reviewed and additional time was agreed to allow them enough time to get ready for the day. We noted that daily records of the support provided had been maintained. We noted that the provider had kept a timetable for each staff to attend to people throughout the day as part of their care package. This meant that each person had their visits at the time agreed by them.

People told us that their preferences and wishes had been taken into account when planning their care. One person said, "I choose my own clothes and plan my day. I enjoy living here. My needs are met. The carers are wonderful." Another person said, "The carers know my likes and preferences." Staff confirmed that they provided each person with individualised care as agreed in their care package. They said that they were rarely rushed and their roles were to ensure that people's needs were met.

People told us that they sometimes joined in activities provided at the care home. One person said, "There is a monthly activity programme that comes out and I join in if I want. I go to the bar at lunchtime and have my lunch at the care home." We noted from the care plans that people organised their activities themselves and chose how best to spend their day.

People told us that they knew who to contact if they had any concerns or complaints. They also said that they had been given a copy of the complaints procedure when they started using the service. Everyone we spoke with told us that they had never had any reason to complain about the care and support provided by the service. One person said, "I have no concerns." Another person said, "If I had a concern I would go to the manager's office." The manager said that they dealt with minor concerns straightaway, but sometimes it took longer when the concerns were related to maintenance or repair work. Overall, people expressed their satisfaction with the service.

Is the service well-led?

Our findings

The service had a registered manager. People spoke positively about the management of the service. One person said, "The manager is a nice chap. He is very approachable. He is efficient. He does not go on sacking people." Staff we spoke with said that they were happy with the care and service they provided to people. One member of staff said, "The manager is always available and helpful. We have a good little team here and we support each other."

Staff were positive about the culture of the service and understood the visions and values of the service. One member of staff told us, "We all get on well, work as a team and the atmosphere and culture of the service is good." Another member of staff said, "It's challenging at times when we are short, but we help each other. It is a much happier place to work now." The manager spoke positively about the changes they had made and that they provided stable leadership. They said that they learnt from accidents and incidents from both services so that people were supported appropriately in meeting their needs.

An internal audit carried out in January 2016 had identified some areas for improvement. The areas related to an error in the stock of medicines held and advised that the issue should be addressed with staff training, supervision and effective auditing of the management and administration of medicines. It also identified that a programme of staff appraisal should be in place. We noted that these issues had been addressed.

There were systems in place to regularly seek the views of people using the service. There were regular meetings with people. The minutes of the meeting held in November 2015 showed that people's feedback had been positive. Other issues discussed related to recruitment and retention of staff so that there were less reliant on agency staff, and the general maintenance of the flats.

Regular staff meetings were also held and issues discussed related to the day to day management and running of the service. Staff told us that the meetings were helpful and that they learnt from the issues discussed. They also said that they had daily handovers to ensure that they maintained continuity of care.

The manager had completed a number of quality audits in relation to infection control, medicines, health and safety and care plans. The audits stated that the systems in place were effective and that there had been no issues identified that needed to be addressed. The manager had also carried out other audits such as access for wheelchairs within the grounds and each person's flats to ensure that people lived in a safe and comfortable environment.