

# Barchester Healthcare Homes Limited

## Beaufort Grange

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out a focused unannounced inspection of Beaufort Grange on 5 June 2017. Prior to this inspection, we had received concerns about the health, safety and welfare of people living in the home. The concerns related to how the home was being staffed and the management arrangements in place to provide support and direction to the staffing teams.

We undertook this focused inspection to ensure that people living in the home were safe, and that there were sufficient staffing and management arrangements in place to make sure people's care needs were being met. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Beaufort Grange on our website at [www.cqc.org](http://www.cqc.org). The current overall rating for the home is 'Requires Improvement.'

Beaufort Grange is registered to provide accommodation for up to 74 people who need nursing or personal care. At the time of our visit, 45 people were living in the home.

There was a manager who was registered with the Care Quality Commission to manage this service. However, they were no longer in post at the time of our visit. Their deregistration process had not been completed. '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.

People who used the service and their relatives provided mixed feedback about staffing. Staff turnover and significant reliance on agency staff meant that people could not always be confident their care needs would be met.

There were sufficient management arrangements in place. However, these were temporary arrangements. People and staff were not confident the improvements that had been made would be sustained and embedded in the home.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not always provided with sufficient numbers of suitably qualified staff to make sure their needs were consistently met.

We could not change the rating for this key question from requires improvement. During the last comprehensive inspection we made recommendations to the provider about certain areas of care provision in the safe domain. These were not reviewed during this focused inspection. We will review our rating for safe at the next comprehensive inspection.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Temporary management arrangements were in place and staff received the direction and support they needed.

Systems were in place to assess, monitor and improve the quality of the service.

We could not change the rating for this key question from requires improvement. During the last comprehensive inspection there was a breach of the regulations relating to quality assurance and record keeping.

# Beaufort Grange

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a focused inspection of Beaufort Grange on 5 June 2017 following safeguarding concerns being raised. These concerns related to the staffing and management of the home.

The inspection was unannounced and undertaken by two inspectors. The inspection involved inspecting the home against two of the five questions we ask which were, 'Is the service safe?' and, 'Is the service well-led?'

During our visit we spoke with 12 people who used the service and four visitors.

We spoke with the operations manager, the regional director and 14 staff that included registered nurses, care, activity, housekeeping and agency staff.

We attended a staff handover meeting and the daily heads of department meeting. We observed how staff provided support and interacted with people using the service. We checked the timeliness of staff responses to people when they called for assistance from staff.

We looked at staff rotas, staff recruitment files and records relating to the monitoring and management of the home. Following the inspection we reviewed further information we had requested and received, including the minutes of recent staff, resident and relative meetings.

# Is the service safe?

## Our findings

We received mixed feedback from people and relatives with regard to staffing levels in the home. No one told us they didn't feel safe in the home. However, comments included: "I know they've never got enough staff because the staff tell me. They're always in a rush", "I get lonely living here because staff don't have time to sit and chat" and "There's not enough staff. At mealtimes there is never enough to help people with their food. I have only ever seen one member of staff take the time to sit and talk with my relative".

People spoke about staff responses to their calls for assistance. One person said, "By and large, when I ring the bell, they're not terribly good at responding", "At night, I can wait up to ten minutes for someone to come. They [staff] always say they're busy".

During our visit, one person called out as we passed their room. They told us they had been waiting for their call bell to be answered for approximately 20 minutes. The person told us they desperately needed to be supported to use the toilet. We were unable to find a member of care staff. A member of staff from another floor provided the support the person needed. We brought this to the attention of the Operations Manager. We checked the call bell print out and the person had waited for 19 minutes.

People and relatives told us there were not enough staff to provide activities and entertainment. One person told us, "I'm bored," and a relative said, "There just isn't enough for people to do here. This is it, [pointed to the person asleep in the lounge after lunch] he'll sleep all afternoon now and then be awake all night. There used to be more entertainment".

We spoke with staff who also told us there were not enough activities. One member of staff said, "There's not enough activities on first and second floor especially, and for those [people who use the service] who stay in their rooms. We [care staff] don't usually get time to do activities."

Most of the staff we spoke with told us they were pleased that staffing levels had been increased. However, staff also commented that staffing could be, "difficult" at night, weekends and mealtimes. They told us people sometimes wandered around at night, and others needed close monitoring because they were at risk of falling. One member of staff told us, "Weekends aren't as good, often more agency than our own staff".

We checked the staffing rotas and daily hours report sheets, and saw that on most occasions, identified shortages had been covered with agency staff. Reports of daily staffing levels were sent for analysis to the regional director. They told us they checked that actions were being taken to address identified shortages. We checked in detail for a period of 18 days leading up to the day of our visit and found six days where a shift or part of a shift had not been covered despite the requests submitted for agency staff.

We found the provider had taken action to address the significant shortfalls in staffing that we identified and reported on when we visited the home in February 2016 and reported on when we visited in October 2016. At this visit, the effects of the further increase in staffing levels and registered nurses had not been fully

embedded into the home.

This was due to the frequent changes in the management of the home, high staff turnover and staff vacancies, short notice sickness absence and the significant use of agency staff. At the time of our visit the home was reliant on over 300 hours each week of agency staff. People had not experienced a consistently improved quality of care. There was still a shortfall because of a lack of permanently employed staff to meet people's needs.

Our findings overall were that, despite efforts having been made to increase and enhance the staffing levels to enable people's care and treatment needs to be met, further improvements in were needed. Where improvements had been made these needed to be consistent, embedded and sustained

The above amounted to a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did receive positive comments from people and relatives and these included: "I'm mainly independent, but if I'm not well the staff help me. They're all pleasant, caring and they encourage me," "I have no complaints about the staff, they all seem quite caring. I have no issues, my relative couldn't be in a better place, they keep her safe here," and, "They care for him [person using the service] beautifully, staff are fabulous, clothes and room always lovely, always staff around".

One visitor, a friend of a person using the service said, "Staff seem kind and there always seem to be enough staff around. They make me feel welcome and I always get a cup of tea".

At our last visit, in October 2016, people and staff spoke positively about the staffing arrangements in the home and told us about the improvements that had been made at that time. At this visit, the staffing levels had been further increased and the skill mix had been enhanced. One member of staff told us, "The staffing is so much better now we have a registered nurse on each floor". Another member of staff commented, "Staffing has been up and down but it's pretty good at the moment."

We also received specific and positive comments about staff responses to call bells. This included: "I never think they're short staffed. They come reasonably quickly when I use my bell and I use it quite often" and, "I never feel rushed by the staff and they come pretty quickly".

One of the provider's operations manager's was managing the home. They told us they tried to make sure they were provided with the same members of staff from the agency each week. One agency member of staff told us, "I've been coming here for about six months now. It's a nice home to work in".

The provider used a dependency assessment tool to calculate the staffing levels required to provide care for the numbers and dependencies of people living in the home. The staffing levels for the home exceeded what the assessment tool stated was needed. When we visited the home in February 2016 we reported at the time, that the assessment tool may not accurately calculate the actual staffing levels required to safely meet people's needs. At this visit, the regional director told us the provider had recognised the tool may not accurately the required staffing levels and the use of the tool was currently being reviewed.

The operations manager told us how they were gradually reducing the level of sickness amongst staff. They told us they had introduced a dedicated 'out of hours sick phone' that staff were required to call to speak with a senior manager if they were unable to work their allocated shifts. They told us they had also arranged for the provider's employee relations staff to provide support to staff. As series of meetings were arranged,

but had not yet taken place. The regional director told us they aimed to identify and provide support where needed to reduce staff absence.

On the day of our visit, we made observations throughout the home, and attended the morning handover from night to day staff, in two of the three areas of the home. A thorough handover was provided for the incoming day staff. The night staff reported in detail on how each person had been overnight, whether they were still in bed, or up and dressed. They also reported in more detail about people who were unwell or whose condition had changed. As we walked around the home, from approximately 7.45am we saw some people were asleep in bed. They looked comfortable and cared for. One person received one to one care and support and was up, dressed and walking around the corridor with a member of staff providing the support they required. Most people were served breakfast in their bedrooms. Staff did not appear rushed and supported people as they needed.

## Is the service well-led?

### Our findings

People and relatives who had met the operations manager and attended a recent meeting spoke positively. However, most people and relatives expressed concerns relating to the lack of stability and consistent management. Comments included, "Have I met the manager. Is that a joke? We've had four or five", "Mum's been here for three and a half years. The changes in management cause issues for staff because they [the manager's] all want different things" and, "Every time we bring things up at meetings or whatever we get told by manager's, 'I wasn't here then' or 'I'm new'".

The provider's operations manager had taken responsibility for the management of the home since 6 May 2017. They told us they were in the process of recruiting a registered manager and a deputy manager. A condition of the provider's registration is to ensure the regulated activity of accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of the activity. The operations manager was supported by the regional director who visited one to two days each week. In addition, two clinical development nurses provided support from Monday to Friday each week.

When we visited the home in October 2016, we identified a breach of regulation relating to quality assurance. The systems in place had not effectively assessed, monitored or mitigated the risks to the health, safety and welfare of people living in the home. The provider sent us an action plan, telling us how they would address the shortfalls. At this focused inspection, we did not fully inspect the quality assurance systems that had been implemented. This will be undertaken at our next comprehensive inspection. However, we did see evidence of improvements that have been made and have reported these findings below.

A notice was displayed in the foyer, next to the visitor signing in book. The notice provided general information about the current home management arrangements. There was no specific information readily available for people using the service or their relatives about the management arrangements at weekends. This was important for people who told us the home was often more reliant on agency staff at weekends.

We spoke with staff who were generally more positive about the current management arrangements in place and the support they received. Staff told us, "I think it's got a lot better recently, slowly getting there. We just want stability. It's nice that [name of operations manager] thanks the staff", "[Name of operations manager] pops in at weekends sometimes which is good", and, "The acting manager is approachable and actually seems to care about the staff as well as the residents".

Whilst staff were positive about the current management support they continued to express concerns about what they referred to as the high turnover of management in the home. Staff comments included, "We need a strong manager and a deputy and we need them to stay", "It's been like a roller coaster having so many different manager's" and, "Problem is they [manager's] all want things done in different ways, so we're always changing".



Staff told us about recent improvements in the home. Staff commented that the 'middle floor' that has been previously reported on as disorganised, had improved, due to a change in skill mix. They told us that communication had improved. Staff told us they had discussed the last CQC inspection report, and gave examples such as, "Residents monitoring charts are much better and the manager's check them", "I think the quality of care has really improved, like pressure care" and, "Staff morale is a lot better, lots of good things put in place so need to make sure they stay in place". The operations manager told us they had undertaken an in-depth review of the charts, forms and recording that staff were required to complete. They told us this had resulted in a reduction in the number of charts staff were required to complete. They also told us they now expected the records that were required, to be fully and accurately completed.

We looked at the minutes from the recent meetings with people using the service, relatives and staff. The current management team had introduced themselves and people were given the opportunity to raise issues of concern and these were recorded, with the management responses added. We attended one of the daily meetings the operations manager had with the heads of department. This was held to enhance communication throughout the home and to make sure all departments were aware of key issues.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed to meet peoples' care needs.
	18 (1)