

Barchester Healthcare Homes Limited







The Epsom Beaumont

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The Epsom Beaumont provides nursing care, accommodation and support for up to 55 older people some of whom are living with dementia. Accommodation is arranged over two floors and has a designated 'Memory Lane' dementia unit on the first floor. The service is owned and operated by Barchester Healthcare Homes Limited. This inspection took place on 24 February 2015 and was unannounced.

The home is run by a registered manager who was present on the day of the inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe. One said it was "The best move I have made." Relatives told us that they felt there were not always enough staff employed to meet people's needs. We did not find this to be the case during the inspection as there were enough suitably skilled and qualified staff employed which ensured people were well cared for. There was a robust recruitment process which ensured only suitable staff were employed

Summary of findings

Risks that had been identified were managed well to ensure that people were protected from avoidable harm. Staff had received appropriate safeguarding training, knew how to recognise the signs of abuse and what to do if they needed to raise concerns.

People received their medicines when needed and these were administered by staff who had received the correct training to ensure they were competent to do so. Medicines were stored securely and there were systems in place to ensure their safe disposal.

People told us that staff knew them well and the care they received was good. Staff had received training and support that allowed them to effectively meet people's needs. When new staff joined the service an induction was completed and staff received training that allowed them to develop the skills they needed to care for people.

People were provided with a choice of nutritious meals and sufficient quantities to drink. Comments about the food were positive and people were seen to be given choices where appropriate. Meal times were a pleasant experience for people, the atmosphere was calm and relaxed and staff gave support and encouragement to those that needed it. People's weight was maintained and records kept of action taken by staff when people were at risk of malnutrition or dehydration.

There was a calm and relaxed atmosphere when we visited and we saw plenty of positive interactions. People were treated with dignity and respect and comments included that staff were "So kind" and "Attentive". One relative said "I visit frequently at various times and am always made to feel welcome. "Mum always looks well cared for which is reassuring". People had the choice about where to spend their time and what to do. They were encouraged to be independent and staff had spent time learning about them as people and what mattered to them.

People's needs were assessed before they joined the service and care plans were created as a result so that their needs could be met. There were activities on offer that people said they enjoyed. People knew how to complain and who to if they had a concern.

There were robust quality assurance systems in place that helped ensure the service was well run and improvements were made. People and their relatives were complimentary about the registered manager and said there was an effective management team in place at the 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?

The service was safe.

People were protected from abuse because the staff had undertaken safeguarding training and were aware of their responsibilities.

People received their medicines in a safe way.

There were enough staff employed to meet people's needs. There were robust arrangements in place to ensure that only suitable staff were recruited.

Risks to people were managed well and staff were aware of what to do to keep people safe.

Good



Is the service effective?

The service was effective.

Health care professionals told us that staff followed their advice to keep people healthy.

Where appropriate people had capacity assessments in place and staff had a good knowledge of the Mental Capacity Act.

People received a varied and nutritional diet which included people's specific health requirements and their individual preferences.

People's health care needs were being met and people had access to external health care professionals.

Good



Is the service caring?

The service was caring.

People were supported by staff who were caring and compassionate.

Staff respected people's privacy and dignity and we saw staff spoke to people in a respectful and professional manner.

People were encouraged to make a choice regarding how they spent their time.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints are listened to and responded to according to the complaints procedure in place.

People were encouraged to maintain their interests and hobbies.

Good



Is the service well-led?

The service was well led.

The registered manager operated an open and inclusive approach and encouraged discussion.

Good



Summary of findings

The registered manager had a good understanding of the service's aims and objectives and the needs of the people living there.

There were reliable quality assurance systems in place to monitor the service's progress.

The Epsom Beaumont

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 2004.

This unannounced inspection took place on 24 February 2015 and was carried out by three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of legal notifications and safeguarding adult referrals made to the local authority. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service,

what the service does well and improvements they may plan to make. We had been told before the inspection that there had been some concerns with medicines administration in the service.

During the visit we spoke with 12 people who used the service, six family members, eight staff, two health care professionals, a visiting hairdresser and members of the management team. We looked at eight care plans, eight risk assessments, four staff employment files and various records relating to the management of the home such as quality assurance audits. We reviewed a variety of documents which included people's care plans, staff files, training information, medicine records and documents in relation to the running of the home.

The service was last inspected on 16 September 2014 where it was found that there were not always enough staff to meet people's needs.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said they were becoming a “Little unsteady” at home and had decided that The Epsom Beaumont was right for them. People told us that if they had any concerns about their safety they could talk to the registered manager who was a “Good listener” and would “Sort things out”.

At the previous inspections on 16 September 2014 the service was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the number of staff on duty at the time was sufficient to meet people’s needs however staff and relatives told us this was not always the case. People told us that they did not have to wait long when they needed assistance and we saw that this was the case during our inspection. When they were needed, for example to cover holidays or illness, agency staff were used to ensure there was the correct amount of staff in duty to keep people safe. The registered manager deployed staff to the different areas of the service dependant on the amount of people and their assessed needs.

There were robust recruitment and selection processes in place. The provider carried out appropriate checks to ensure they employed staff that were suitable to support people at the service. Staff told us they had an interview before they started work and had to provide evidence to support their application. All the staff files we looked at had the necessary documentation needed such as proof of identity, references, work history and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were protected from harm as staff knew what to do should they had concerns about people’s welfare and knew how to spot the signs of abuse. One member of staff told us “I would always report something if it was not right”. There was a clear safeguarding policy which was easily accessible and outlined the types of abuse staff should look out for and what steps should be taken if necessary. Staff had a good knowledge of the safeguarding procedure in the service and had received training that helped embed this

knowledge into practice. The registered manager was aware of the importance of working with the local authority, and relevant health care professionals and had attended a multi-agency meeting in relation to a safeguarding issue about the service during our visit.

Individual assessments had been undertaken to identify any risks to people’ safety which staff had a good knowledge of. These provided information and guidance to staff to help keep people safe. There were assessments to identify when people needed specific help with moving. Where a risk was identified appropriate equipment was provided to ensure that people were kept protected from avoidable harm. Hoists were used where appropriate to ensure that people who needed it were kept safe. People who were at risk of choking were identified and action taken to ensure that they were provided with an appropriate soft diet to minimise this risk. Falls risk assessments were also in place which included guidance for staff on how to keep people safe without compromising their independence.

People were protected because the provider had procedures in place to support them during emergencies. Staff were knowledgeable about the actions they would take to keep people safe if there was an emergency such as a fire. Basic emergency training in emergency first aid and fire safety had been completed.

People received their medicines safely. Prior to our inspection we had received some concerns that people had not received their medicines on one particular evening. Staff that administered medicines had received appropriate, regular training and had signed the medicines procedure in place at the service to confirm that they knew and understood their roles and responsibilities. Staff had been assessed appropriately to ensure that they were competent to administer medicines.

There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. The provider used the medication administration record (MAR) chart to record medicines taken by people and codes were used to denote when people refused to take medicines. Medicines which were omitted in error had been appropriately accounted for and staff had undertaken updated training in order to prevent

Is the service safe?

further errors being made around medicine administration. Arrangements were in place to audit medicines when they were delivered to the service from the pharmacy or when they were disposed of.

Medicine was kept safely in a locked room. Appropriate arrangements were in place for obtaining repeat

prescriptions from the GP surgeries on a monthly basis or when people's medicine needs changed. Medicine was supplied from a local pharmacist mainly in blister packs which helped staff know when medicine had been given.

Is the service effective?

Our findings

People were positive about the care and treatment they received. One person told us they were “Treated very well”. The view about the quality of the care from relatives was mixed. One relative told us that the personal care their family member received was “So so” whilst others said they “Could not fault it” and “They do a good job looking after mum”.

People had action plans in place and their health needs were monitored by staff with help from health care professionals. People were registered with a local GP who visited regularly to ensure their health was maintained and to provide advice and treatment if a health need was identified. A visiting health care professional told us the registered manager was proactive in their approach to care and made referrals promptly and ensured that staff carried out their instructions effectively. All visits and support that was provided from health care professionals were recorded in people’s care plans. Staff told us if a person felt unwell and needed medical attention they would recognise this and take the appropriate action such as arranging for their GP to visit them.

Staff told us that they liked working at the service and that it was a “Good place to work”. Staff were supported in their role and had received training that allowed them to do their job effectively. Staff received a comprehensive 12 week induction in line with the Skills for Care common induction standards. These are the standards staff working in social care need to meet before they can safely work unsupervised. Staff received training that helped them meet people’s needs and had completed National Vocational Qualification (NVQ) or Diploma in Health and Social Care at level 2 and 3 which are nationally accredited care qualifications. Training covered all areas needed for staff to care for people effectively and included but were not limited to dementia awareness, first aid and health and safety. There were accurate training and development records which detailed that staff had received training.

Qualified nurses were given the opportunity for career development and to update their skills as required by the Nursing and Midwifery Council (NMC) Professional Code of Conduct. Staff told us they were able to access this training via the Barchester “business school” which is an internal academy provided by the organisation. Staff received regular supervision where they were able to discuss their

roles and responsibilities, the standard of their work and any training needs they may have identified. Nursing staff were given the opportunity to keep up their skills updated with the latest legislation and any new clinical developments. Staff also received an annual appraisal where they were able to reflect on their work and identify goals for the year ahead.

Several of the people who lived in the home were living with dementia. Each person had their capacity assessed to ensure that they could consent to the care and treatment they received. We saw that staff asked for consent from people who lacked capacity before they undertook personal care or when they needed to support them. We observed staff on Jubilee unit support people to sit to the table for their meal. This took several minutes as people had to be asked several times. If someone refused to come to the table to eat staff would ask again when they thought the person would change their mind. Staff had a good understanding of the Mental Capacity Act 2005 (MCA).

The Deprivation of Liberty Safeguards (DoLS) is part of the MCA. These safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Some people were at risk of having their freedom restricted as there was an electronic keypad that stopped them leaving the home. The registered manager had made appropriate referrals to the local authority to ensure that people were not unlawfully restricted.

People told us they liked the food provided and said there was a good choice. A relative said the food “Always looks and smells delicious”. Lunch was served in the dining room and people were able to sit where they wanted. Some people were in ‘friendship groups’ which made the mealtime experience a pleasant and social time for them. The atmosphere in the dining room was relaxed and unhurried and people had a choice of food from menus that were clearly displayed for them to see and choose from.

The registered manager assessed people’s nutritional needs and preferences by using a nutritional screening tool. The kitchen had a list of people’s likes and dislikes and details of people requiring special diets such as diabetic, soft or pureed meals. Staff also had a good knowledge of what people liked and were able to support them make their preferred choice. If people were at risk of malnutrition or dehydration staff ensured that this was carefully

Is the service effective?

monitored to make sure they had enough to eat and drink. Fluid input and output charts were maintained when people's fluid and food needed to be. These were reviewed every day and the GP was consulted as required. Specialist support was also available from a dietician and the Speech and Language Therapy team regarding people's nutrition

and hydration to ensure people had enough to eat and drink. People's weight was monitored and recorded regularly to ensure people maintained a healthy weight. If any concerns were identified referrals were made promptly to the appropriate health care professionals for further action.

Is the service caring?

Our findings

People told us that staff were caring and treated them with dignity and respect. One person said that staff were “So kind” and “Attentive”. Another said that staff recognised when they weren’t feeling happy and said that staff spoke to them in a way that was “So sensitive and kind”. A relative said “I visit frequently at various times and am always made to feel welcome. “Mum always looks well cared for which is reassuring”.

We saw plenty of positive interaction between staff and people and many people were smiling and chatting with staff. One person said “Staff find all sorts of reasons to pop their heads around the door to check on me and I like that”. They said “If you had to be in a home this is one of the best”. A health care professional said there was always a good reception for them at the home and they saw a high standard of compassionate care.

People were treated with dignity and respect. We heard staff speak to people in a polite and professional manner and addressed them by their preferred title, which was usually by their first name. Personal care was undertaken in people’s bedrooms or privately in bathrooms. One person had a blanket that slipped from over their knees and a member of staff addressed this immediately in a discreet way to maintain their dignity.

People had the choice of where to spend their time. There were several seating areas provided for people either to be in company or spend time alone. People said they liked the choice of being able to please themselves. One person said it depended on their mood on the day where they spent time but knew they could sit wherever they wanted. People had the choice of when to get up and go to bed. One person, who was late getting up, said. “I just did not feel like getting up early today so I had a nice breakfast in bed”. People were encouraged to be as independent as possible and people sat where they felt most comfortable within their friendship groups.

A staff member said they had learned about people’s past by reading their care plans and knew what mattered to people. They said “Photographs make good conversation and comfort people when they are not feeling too good, It is nice to have the time to talk to people like today”.

People were supported to maintain family contact and we saw a computer was available in the small lounge for people’s use, and staff supported people to communicate with relatives using e mail. Birthdays and special occasions were celebrated and one person said “I feel so important here as it has been years since I had a birthday cake”.

People’s spiritual needs and beliefs were supported. A church service took place monthly and visits from various clergy were arranged by request.

Is the service responsive?

Our findings

People had their needs assessed by a senior staff member with the experience and expertise to undertake this role. We looked at pre admission needs assessments that were undertaken in people's own homes or in hospital to establish if the service could meet people's individual needs. People told us they were asked lots of questions during this assessment and relatives were also asked to contribute information when necessary.

People had individual assessments of needs and care plans in place and the service responded to these. For example if it was decided that someone required a special bed or item of equipment to meet their needs than the registered manager responded by providing this. Where a GP requested a new blood pressure machine in order that readings could be monitored more accurately this was provided immediately.

People had care plans in place that were written on the basis of their needs. These were expanded upon when the person had been admitted to the service and settled in their new environment so that the registered manager could assess in more detail what they needed. People and their relatives said they were consulted at every stage of their care planning and felt included. Care plans included people's physical, emotional cultural and spiritual needs. They were reviewed every month or sooner if needed. A family member told us the service was very good at keeping them informed regarding their relative care and any changes that occurred.

People said they were satisfied with the care provided. "I like to have a bath twice a week and staff know that" Another said "I like to have my bath in the evenings as it helps me relax before bed time". We found that this was happening.

Care plans were person centred and specific needs were responded to. For example the home can provide shared facilities for couples who wish to continue living together when their needs and circumstances changed. The home had made adjustments to respond to mobility needs of people to promote and maintain independence. For example ramp access and grab rails. People could access community facilities when appropriate.

One person said they had plenty to do, another said there were not enough activities provided, and a relative said they would like to see more outings provided. People said there were Christmas parties, summer garden parties; BBQ's, art and crafts to fit any occasion, and musical entertainment. Staff were undertaking activities on Jubilee Unit because the two activity coordinator posts were vacant. The registered manager told us one of these posts had now been filled and they were awaiting security checks before the staff member was able to start working in the service. There was a coffee gathering in one lounge where people were chatting amongst themselves and staff were facilitating a board game in another lounge.

The service had a complaints procedure in place and people were encouraged to raise any concerns they had. People told us they spoke to the manager or deputy manager daily and if they had any complaints they would discuss them immediately and that these were resolved in a timely way. There were no records of any recent complaints.

We looked at the notifications of concern we received before the inspection and were able to follow these up during our visit. Concerns had been raised that two boilers had broken down and there was no heating and hot water in the home. We looked at the way this was managed and the risk assessments now in place. We were satisfied that the service did all that was possible to responded to this situation, and new boilers were now in place.

Is the service well-led?

Our findings

People told us they felt the service was well managed. They said the registered manager visited them in their rooms daily and that they were a 'good listener.' One person said "If I ask for something in the morning he does his best to please. They said "If my relatives are not due to visit and I run of something he will arrange it." The manager had the support of a deputy manager who also took responsibility for the clinical lead role in the home. People said "They run a good home".

Staff said they felt supported in their individual roles and found the manager approachable. They said they could raise concerns with him and felt confident that issues were addressed appropriately. One member of staff said "I can talk to the manager about any issues in the home and I know something will be done".

The home had a statement of purpose and everyone was provided with a copy of this. It sets out the values and principals of the service. Staff told us this was one of the first things they were told about during induction. One member of staff said "It's all about respect caring and dignity which is why I do this job".

Regular heads of department meetings took place. This was to discuss any issues relating to the overall care provided and identify any issues of concern. If someone wanted a repair done in their room or a carpet required to be cleaned or there was a problem with the menu, this provided opportunity for discussion.

Shift handovers took place and changes to people's care or treatment were discussed. The manager or deputy manager were then made aware of any changes if they had not been present at handover. This enabled extra resources to be allocated if required to promote best practice.

Systems were in place to assess the quality of the service provided. On going audits of care plans, risk assessments, medication audits, housekeeping audits, catering surveys, and clinical audits were undertaken to monitor the quality of service provision and promote improvement. These were sent for analysis and evaluation with the provider. An action plan was made of any concerns and followed up. Praise or learning were shared with the staff team at handovers or meetings by management.

Monthly health and safety audits were undertaken by the registered manager to promote people's welfare and maintain a safe working environment. This was done together with the maintenance department which included fire safety and PAT testing. The records we looked at relating to health and safety were up to date and where a concern had been identified this was rectified.

People told us that they were asked for their views about the service. Customer satisfaction questionnaires were sent to people and their relatives for comments and suggestions. We did not see any completed questionnaires as these were in the process of being analysed, but looked at a standard form which covered all aspects of the service provided.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the home had informed the CQC of significant events that happened in the service. This meant we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.