

Boyack Enterprises Limited

Beaufort Hall Nursing Home

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

About the service

Beaufort Hall Nursing Home provides accommodation, nursing and personal care for up to 33 people; some of whom are living with dementia. It is also registered to provide the regulated activity of treatment of disease, disorder and injury. At the time of this inspection there were 25 people living in the service.

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

People were not always protected from the risk of unsuitable staff being employed. The provider had not ensured that references were sought in line with their policy.

The manager had investigated any safeguarding concerns, however, had failed to notify CQC of these as required by the registration regulations.

There was a system in place to monitor the running of the service, however this was not always operated effectively. Systems in place had not identified the shortfall in references before employing new staff. Systems had also failed to identify the lack of required notifications to CQC.

We observed staff interactions with people; due to Covid-19 we did not talk with people in order to minimise any risk. We observed very positive staff behaviour in supporting people. Staff spoke warmly, kindly and appropriately with people. It was evident staff knew people well and people felt relaxed and comfortable with staff. Staff spoke with us about their roles and demonstrated a clear understanding of, and commitment to, treating people as individuals.

There were enough staff employed on each shift to look after people according to their assessed needs. Systems were in place to provide cover should there be shortfalls in staffing.

Risks to the health and welfare of people living at the service were assessed and guidance was in place to reduce or manage these risks. People had individualised care plans that supported their needs and preferences. Environmental risks were assessed, and action taken to rectify these. Regular maintenance was undertaken.

Medicines were managed safely.

The provider had systems in place for ongoing refurbishment and routine maintenance.

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

Rating at last inspection

The last rating for this service was good (published 14 November 2018).

Why we inspected

We received concerns in relation to people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm in respect of their nursing care needs, however we identified two breaches of regulation. Please see the safe and well-led sections of this report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe recruitment and failure to notify CQC of significant events.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beaufort Hall Nursing 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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Beaufort Hall 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 in post but they were not registered with the Care Quality Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because of Covid-19 and to allow the provider to arrange review infection control procedures to help minimise any risks.

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 considered the information the provider sent us in response to our requests. We used all of this information to plan our inspection.

During the inspection

Due to guidance during the Covid-19 pandemic we did not speak with people at the service or relatives about their experience of the care provided. We asked the provider to make our contact details available to any relatives or staff who wished to speak with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us We spoke with nine members of staff including the provider, manager, clinical lead, senior care workers, care workers and maintenance man.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested clarification of training data.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- Staff were not always recruited safely. One member of staff had only one reference which had been obtained over four weeks after they started working at the service. A second reference for another member of staff had not been requested. The provider's policy required two references to be obtained prior to new employees starting work.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported by sufficient numbers of staff. The provider calculated staffing based on the assessed needs of people. Staff shift times had recently been adjusted; two staff started an hour earlier which enabled people to have more choice about what time they got up in the morning.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The manager undertook investigations following any allegation of abuse. Findings of the investigation were shared with the local authority safeguarding team. The manager took action to rectify any concerns and put measures in place to prevent recurrence.
- Staff had received training in safeguarding adults. Staff we spoke with were able to explain how they would identify any signs of abuse and who they would notify. Staff told us they were confident action would be taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored with plans in place to reduce or remove risk. People's care records clearly showed any risks, for example, of developing pressure damage, poor nutrition or falls. Actions were in place to monitor ongoing risks and records showed that where risk had changed staff had put suitable measures in place.
- Staff we spoke with told us they were always informed of changes to people's needs.
- Environmental risks were assessed and monitored. The provider had environmental risk assessments and an ongoing programme of maintenance and refurbishment. Regular safety checks were undertaken of gas, electric and lifting equipment.

Using medicines safely

- Medicines were managed safely. Staff used an electronic medication system. Medicines were ordered, stored, administered and disposed of safely. There was a system of audits in place and stock checks were carried out regularly.

Preventing and controlling infection

- The provider had systems in place to protect people from the risk of cross-infection. The service was bright and clean and smelt fresh. Additional measures were in place in line with Covid-19 guidance. People were not admitted to the service unless they had been tested as negative for Covid-19. This information was available to all staff. Staff had access to soap and paper towels for hand washing with hand sanitizer freely available. Staff wore masks as per guidance and changed their shoes on entry. The service had remained free of any Covid-19 infection.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to investigate and minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the manager who had oversight of the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The Care Quality Commission (CQC) had not been notified by the provider of all incidents which had occurred in line with their legal responsibilities. We found four safeguarding concerns which had been notified to the local authority but not to CQC.

This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (registration) Regulations 2009.

- Systems in place to monitor recruitment were not always effective. Systems had not identified shortfalls in safe recruitment of new staff, in particular obtaining two references in line with the provider's policy. Whilst Covid-19 guidelines allow for flexibility in recruitment there was no risk assessment in place and no evidence a second reference had been requested or followed up.

- There were systems in place to audit and monitor the running of the service, for example cleaning schedules, Health and Safety audits and medicine audits. There was evidence actions had been identified and signed off when complete. However, some audits, for example of kitchen cleaning, had not been completed regularly.

- There was a manager in post but they were not registered with CQC.

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

- Observations of staff interactions with people demonstrated a caring and kind culture which respected individuality.

- Staff described feeling motivated and supported in their roles. Senior staff we spoke with demonstrated enthusiasm and commitment to delivering person-centred care. One member of staff told us that the provider had obtained any additional equipment they needed.

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

- The provider had a complaints system. Complaints were responded to in line with the complaints policy and any shortfalls admitted. The provider worked with the local authority to investigate and report on any safeguarding concerns.

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

- The service promoted individualised care which respected people's equality characteristics.
- Staff told us they were able to raise issues in staff meetings or individually.
- Currently the service was not able to admit visitors unless a person was approaching the end of their life. Where possible people had been able to have a socially distanced visit outside. The provider told us they were looking at how to increase family contact.

Continuous learning and improving care

- Staff told us about their access to training and the opportunity to improve skills. One member of staff told us about new systems they had introduced to improve the monitoring of people's pressure care.

Working in partnership with others

- The service worked with GPs, district nurses, commissioners and other professionals.

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 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Commission of four safeguarding concerns.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured all newly employed staff were suitable. Not all staff had two references in line with the recruitment policy.