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Beaufort Lodge

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

Summary of findings

Overall summary

The inspection took place 22 November 2018 and it was unannounced. Beaufort Lodge is a 'care home' for up to 21 older people. 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. On the day of our inspection 17 people were using the service.

There was a registered manager. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe living at the service. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. They did this while also promoting people's independence and autonomy.

There were sufficient numbers of staff, with the required knowledge, skills and experience to support people with their needs. Recruitment processes were safe and this meant that so far as possible only people of suitable character and experience were employed.

Medicines were managed in a safe way. Staff had received training about this and knew the level of support people required with their medicine.

Staff were knowledgeable about the needs of the people they supported. People were supported to make choices around their care and daily lives. Staff had attended training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and had a balanced diet. Staff worked hard to make each mealtime a positive and social experience. They supported people in a sensitive way. People had access to the healthcare professionals they required.

People were treated with kindness and compassion by the staff. Staff knew people well and often went that

extra mile to make sure people were as comfortable as possible. People's social needs as well as their physical and emotional needs were incorporated into their plan of care.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. People knew how to raise concerns and had confidence that they would be listened to and action would be taken. Feedback provided was used to make improvements to the service.

People were complimentary about the registered manager and staff. It was clear that relationships between people and staff were positive and people had confidence in the service. There were effective quality monitoring systems. A variety of audits were carried out and this meant that any shortfalls were quickly identified and used to drive 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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Beaufort Lodge

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.

This inspection site visit took place on 22 November 2018 and was unannounced.

The inspection was carried out by one inspector and one 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. They supported us by speaking with people who used the service.

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 reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

During our inspection visit we spoke with eight people, three relatives and two visiting friends to seek their views about the care people received. We also spoke with the registered manager, the chef, two care team members and a visiting healthcare professional.

We reviewed care plans for three people to see if they were reflective of the care that people were receiving.

We also looked at staff files for two staff members, which included recruitment and training information. Records relating to the management of the service were also reviewed, including audits and quality assurance checks, to monitor how the service was being managed.

Good

Is the service safe?

Our findings

There were systems and process designed to protect people from abuse and avoidable harm. People told us they felt safe. One person said, "I feel safe living here, they look after me well." Their visiting family confirmed this, explaining they visited most days and were very confident in the staff's ability to keep their relative safe. Staff had received training about protecting people from abuse and knew how to recognise the signs of abuse and how to report it.

Risk was assessed and management plans were in place. For example, risk of falls and risk of pressures sores was assessed and action was taken where risk was identified. A relative told us, "My relative had the beginnings of a pressure sore recently, they immediately told us, and have been treating it so that it didn't get any worse, they say it's all healed now." Staff knew about fire risk and the best way to evacuate each person in the event of a fire. They knew what to do in the event of an accident and when to call for emergency services. People's freedom and choice to take risk was respected. We saw one person continued to use the stairs rather than the lift despite having some difficulties with mobility. They told us, "The staff would much rather I use the lift but I want to keep climbing the stairs, it's good for me."

Routine maintenance and safety checks were carried out on the premises and equipment to ensure it was in safe working order. Records were maintained about all accidents and incidents along with the action taken to reduce further risk. For example, a pressure mat was used for one person following a fall so staff would be alerted if the person got out of bed. Security procedures were tightened up following an incident where the front door was left open.

There were enough skilled and experienced staff to support people to stay safe and meet their needs. One person said, "I get the impression there's enough staff here, for example if I called out they'd come straight over to offer me some help." Another person told us staff attended quickly when they used their call bell. During our visit we saw that staff had time to spend with people and provide the support people required. Staff were recruited in a safe way. Checks about potential staff members' character and suitability to work at the service were carried out before employment was offered.

People had their medicines managed in a safe way. People told us they received their medicines at the right time and in the right way. We saw staff administering medicines and supporting people to take them where this was required. Staff checked the prescription on the medicine chart and signed the chart to confirm it had been given. Medicines were stored securely and in line with the manufacturer's requirements. Records were accurate and audits were carried out to check that safe procedures were followed by staff. An audit had identified there had been a recording issue, and this was quickly rectified. Staff had received training about managing people's medicines and had their competency to do so assessed.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons. There were separate domestic staff who followed daily cleaning schedules and checks were carried out to ensure the cleanliness of the service.

Good

Is the service effective?

Our findings

People had their needs assessed before they began using the service to check their needs were suited to the service and could be met. People told us that staff knew how to meet their needs. A visiting healthcare professional told us that staff always followed their instructions and were helpful. They said about the service, "This is one of the better homes." They told us staff communicated well and were quick to contact them when they needed to.

Staff had the training they required to do their jobs and also received supervision and appraisal. This meant that staff had opportunity to discuss their performance and learning and development needs. Staff had achieved or were working towards nationally recognised qualifications in care. Staff told us they received the training they required and could request additional training and support. A member of the care staff team told us they had recently received training about end of life care and told us they had found this really interesting and useful.

People were supported to eat and drink enough and maintain a balanced diet. Everybody we spoke with praised the quality of meals provided. One person said, "The food's excellent, I would say that I eat very well here." A relative told us, "We see mum's meals often, they always look nice and are served with fresh vegetables." We saw that staff were flexible to meet people's needs. Some people wanted their breakfast later in the morning and catering staff were in attendance to provide a freshly cooked breakfast of their choice. One person's visitors arrived during lunchtime and staff assisted the person to take their meal to their room where they could see their visitors. The lunchtime meal was an enjoyable experience, people were chatting and laughing. People were given the time they needed. Staff made sure people were as comfortable as possible and had the support they required. Catering staff knew people well and knew about people's dietary needs and preferences. One person who had been identified as at risk of malnutrition was provided with meal supplements to increase their nutrition and calorie intake. We saw that staff supported people who required assistance or encouragement to eat and drink. Records were maintained of the amount people had eaten and drank and this was monitored to ensure that people had sufficient amounts to eat and drink.

People had access to the healthcare services they required. One person told us, "They called a doctor last week because they thought I might have an infection, so he's put me on antibiotics, they're very good like that." Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell and made sure that healthcare support was requested when needed.

The premises and environment met the needs of people who used the service and were accessible. There was a stair-lift for people to access the first floor. A relative told us how their relative moved to a ground floor room because their mobility needs had increased. The outside area was also accessible to people. Art students from a local college had been involved in developing the garden areas. They had created a seaside theme and this provided an attractive space and place of interest.

We saw that throughout the day staff gave people choices about the care and support they received. People

had their capacity to make decisions assessed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of the MCA and DoLS and followed the required legislation. There was close circuit television in the communal areas and corridors to keep people safe. Staff had asked people for their consent for this or had made best interest decisions in line with the MCA.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "I'd give them ten out of ten. It's because they're [staff] happy, smiley people, they talk to us, we have a good chat." Another person said, "They're very cheerful girls, they come in bright and breezy on a morning when I might feel a bit down, they soon get me chatting and laughing. They're never moany or grumpy, it makes all the difference to us."

Staff knew about the things that were important to people. They knew about people's preferences and how to get the best out of people. One person said about the staff, "They really understand me well, know how to handle me when I'm worried. They never ever make me feel I'm being a nuisance." Throughout the day we saw that staff spent time with people and showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. Another person said, "I'm a nervous sort of person, I worry about everything, they are very good at explaining and listening to me, they calm me down when I get a bit nervy." A visiting healthcare professional told us how family orientated the service was and about the very positive relationships staff had with people who used the service. Peoples visitors were made to feel welcome. A relative told us, "They always make us feel very welcomed and its never very long before they offer us all a cup of tea or coffee."

People were supported to express their views and make decisions about the care and support they received. Review meetings were held to make sure care and support met people's preferences and people's relatives attended these meetings where this was appropriate. Staff told us how they encouraged people to make choices. A member of the care staff team said about people who used the service, "It's their home and we respect that."

People had their privacy, dignity and independence promoted. One person said, "They always knock before they come in, and will ask how they can help me." Staff had received training about privacy and dignity, they knew how to protect people's privacy when providing personal care. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. Staff understood the provider's policies about confidentiality and information about people was managed in a secure way.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. Care plans reflected people's physical, mental, emotional and social needs. Information about people's life history and the things that were important to people were recorded and understood by staff. This meant that even when people may not be able to communicate their needs, staff knew about people's unique backgrounds and how they preferred to receive care and support.

Staff had received training about equality and diversity. The provider had policies and procedures about the Equality Act 2010. The provider had revised their pre-admission assessment to include sexual identity. This meant that people's characteristics under the Equality Act were protected.

People could follow their interests and took part in activities they enjoyed. One person told us, "I like to be kept busy, they know that so they'll often ask me for some help. I've always been the same, I don't like just sitting here, so I'm happy to help out any way I can." A relative said about the staff, "They use any excuse to decorate or make themed craftwork for Halloween, Easter, Christmas etc., they'll always put things up to make the home look interesting and fun." Entertainers came into the service to sing and play music and people said they enjoyed this. Children from a local primary school made regular visits and had formed positive relationships with people.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). This standard came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people had their newspapers in an audio format. Signage around the service was pictorial to help people orientate themselves. The provider's complaints procedure was available in an easy read format. People's communication needs were known and understood by staff.

The provider had a complaints procedure which they followed. The registered manager told us they had not received any complaints in the last 12 months. People knew how to make a complaint and felt confident they would be listened to. One person said, "I've never had any complaints, but if I did have I could talk to any of the staff, I know they would deal with it." Another person said, "I can honestly say I've not been aware of anything that's upset me, even slightly, since I've lived here, I don't think we've got anything to complain about but I'm sure they'd take it very seriously if any of us did complain."

People's preferences and choices for their end of life care were recorded in their care plan. Staff had received training about end of life care and told us about the action they took to promote comfort and dignity. The registered manager told us they consulted the community nursing team and palliative care team when this was required.

Good

Is the service well-led?

Our findings

There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

People and staff felt supported by the registered manager. One person said about the registered manager, "They are lovely, they make a point of coming to check you are ok and will always ask if there is anything wrong." Staff told us how the registered manager was supportive professionally and on a personal level. A relative told us they were very impressed with the registered manager, they told us about a time when the registered manager had come in in the early hours of the morning because their relative had fallen. They said, "The manager is good like that, knows everything that goes on, and seems to be good at supporting her staff."

There was a clear vision and values which were shared by people, staff and managers. Staff were proud of how they worked as a team and in a person-centred way. A visitor told us, "We come fairly regularly to visit our life-long friend, we're always very impressed with this home. It's always got a nice, welcoming atmosphere, we'd recommend it from what we know of it." Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon.

The quality of the service was monitored and the registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. Quality monitoring included seeking the views of people who used the service and their relatives. This was done through meetings and an annual survey as well as speaking with people informally on a daily basis. Minutes of 'resident's meetings' showed that people gave their feedback and this was acted on. Survey results were analysed and action was taken to improve. The most recent survey results were mostly positive, but an issue regarding people's clothes going missing after being sent to the laundry had been identified and action was taken.

Information from incidents was learned from and used to drive improvement. A recent power cut had identified that emergency lighting required improvement because lights were not bright enough or in every place they were needed. Brighter LED lamps were fitted along with additional lighting in some areas.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.