

Beaufort View Limited

Beaufort View

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beaufort View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beaufort View is registered to accommodate up to eight people. At the time of our inspection seven of the eight people living at the home had learning and or physical disabilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

Why the service is rated Good

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and the service had responded appropriately to allegations of abuse. Staff supported people to take medicines safely.

There was a system in place to review and learn from incidents when things went wrong.

Staff received training to meet the individual needs of people. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Beaufort View.

People were supported to have maximum choice and control of their lives and their wishes and preferences were planned for and met.

People's independence and wellbeing was enhanced by the environment of the home.

There was an open, friendly and homely atmosphere. People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them and understood the care they needed.

People were treated with dignity and respect and were supported to make their own choices.

People received outstanding personalised care and support in the ways they preferred. Staff took the time to get to know people and them so they could truly understand their experiences. People's needs and preferences were consistently assessed or planned for and met.

The responsive care and support people received had an extremely positive impact on their lives. There was an emphasis on personalised, meaningful activity that was based on people's interests and experiences. People took part in activities both at home and in the local community.

People and relatives knew how to raise concerns and complaints.

The service was well led by a management team that was approachable and respected by the people, relatives, professionals and staff. There were quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

Is the service well-led?

Good ●

The service remains Good

Beaufort View

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 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.

The unannounced comprehensive inspection visit took place on 8 January 2019. The inspection team was made up of one CQC Inspector. We also made telephone calls as part of our inspection up to 15 January 2019.

Before the inspection we reviewed the information, we held about the service. We had not asked the provider to complete a Provider Information Return (PIR). The PIR 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 were able to gather this information during our visit. We also reviewed information received from a local authority and clinical commissioning group (CCG) who commission the service for their views on the care and service given by the home.

During the inspection we met six of the eight people who lived at Beaufort View and spoke with and or Makaton signed with five people. We observed and listened to how staff interacted with people and spoke with relatives of three people living in the home by phone. During the visit we spoke with the registered manager and four members of staff. We received feedback via our website from a further three staff members.

We looked at records related to three people's care and support. This included care plans, care delivery records and Medicine Administration Records (MARS). We also looked at records relating to the management of the service including: three staff files with reference to their recruitment and supervision; maintenance records; quality assurance records; training and staff meeting minutes.

Is the service safe?

Our findings

Staff, one person and relatives all told us the support provided by staff at Beaufort View kept people safe. One relative said, "I think [person's] is in very good safe hands." People were relaxed in the company of staff and initiated eye and physical contact and or conversations which indicated they felt safe with staff.

Staff were trained in safeguarding and recognising the signs and symptoms of abuse. Staff also understood their role and responsibilities to protect people from abuse. Staff advocated strongly for people to promote their safety and human rights. Staff told us there was a culture of sharing concerns openly and they were able to highlight any issues to management. They also told us that they knew how to whistle blow but they had not needed to.

There were measures in place to reduce the risks to people and how those were balanced to promote a full and meaningful life for people. There was a strong positive risk taking culture so people could have the opportunity to try new experiences. For example, one person was able to tell us about the risk management plan in place for their complex health condition. The plans in place meant the person could live their day to day life both at the home and in the community how they chose to.

People received their medicines when they needed to. There were systems in place to ensure that this was done safely and effectively. Senior staff completed regular medicines audits and we saw that changes had been made to improve medicines safety as a result of the findings from these audits.

There were enough staff employed to meet people's needs. Staffing levels were based on person's individual assessed needs. There was a stable staff team at the home with the core staff team having worked at Beaufort View for many years. One relative told us this was important to their family member as they had complex ways of communicating and they developed close relationships with staff with whom they could communicate.

We looked at three staff recruitment records for the staff that had been appointed since the last inspection. Recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were systems to keep people safe in the case of emergencies. For example, additional fire escape equipment had been purchased for those people who were not able to mobilise independently. One person had easy read posters in their second floor flat showing their separate escape routes. People's relatives had been involved and kept updated about the fire procedures and equipment at the home.

The home was clean throughout our visit. Staff understood their responsibilities and worked with people, where possible to maintain hygiene to minimise the risks of infections.

There was an open approach to learning when things went wrong. Accidents and incidents were fully

reviewed so any lessons could be learnt. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team.

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected preferences and wishes. They covered areas such as communication, eating and drinking, health, personal care, important relationships and faith. Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.

People received effective care from staff who were trained and had the skills and knowledge to meet people's specific needs. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date. The registered manager and deputy were accredited trainers and delivered some core training to staff. Staff told us they had received the right training to make sure they had appropriate knowledge and skills. There was a system in place to make sure staff received further training or updates as and when these were required.

New employees had a comprehensive induction which included training and information about all aspects of the service and staff roles and responsibilities.

There was a programme of staff support that included spot checks and one to one supervision sessions. Staff told they felt very well supported by managers.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were systems in place to make sure any applications needed were made.

There was a strong focus on protecting people's rights and consent. People were involved in care planning where possible and their consent was sought to confirm their agreement to their care and support. If there were concerns that someone might lack the mental capacity to give this consent, this was assessed. Where they were found to lack capacity, a best interest's decision had been recorded so the person's needs were met in the least restrictive way possible. Staff showed a good understanding of how people consented to their care and support and the choices they could make each day.

People were supported to eat and drink enough to maintain a healthy balanced diet. Meals were planned that reflected their likes and dislikes. Care plans contained details of food preferences and the support required. People told us they liked the food they ate and the pictorial menu board in the lounge showed people had a number of daily mealtime options.

Where people's fluid intake needed to be recorded because of any identified risks, the fluids were totalled and reviewed each day by staff. However, there was not a target amount of fluids for staff to review against. The registered manager took immediate action and sought health professional advice to identify suitable fluid targets for people.

People were supported to manage their health. Staff supported them to keep active and to maintain relationships and interests. Staff also liaised with health and social care professionals to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.

The environment reflected the homely, friendly atmosphere of the service. People had their own bedrooms which they could decorate to their individual taste. Shared communal areas were bright and comfortable which helped provide a warm, family, friendly atmosphere.

Is the service caring?

Our findings

There was a welcoming, friendly and calm atmosphere at the home. All relatives commented on the caring nature of the staff team and were positive about the care people received. Comments from relatives included; "I'm grateful she [person] has got the level of care she has. The staff are very devoted and good with her. They are happy to work with [person] who can be at times challenging. I find it very touching the level of care and devotion they show", "They [staff] are fantastic I can never big them up enough", and "I think he's in very good hands."

Staff spoke with respect and kindness about people and they chatted and laughed with each other.

Staff understood the importance in respecting people's rights to privacy and dignity and this was demonstrated in care plans. Care plans also identified the skills people had and outlined what tasks they liked to do for themselves to maintain their independence. Staff told us they encouraged people to do tasks for themselves and provided support where and when it was needed.

Staff told us everyone was treated fairly, equally and with respect. Staff told us they also felt genuinely very cared for by the management team and provider. They told us they liked working at the home because of this and the people they cared for.

Relatives told us they were always made to feel welcome and free to visit whenever they wanted. Some relatives told us that where they were unable to visit the home, the staff would take the person to their relative's homes. Staff would either stay with the person or leave them with their relatives dependent on their preference. Relatives told us they were kept fully involved in the care of their family members and found the staff team very approachable, friendly and professional.

There was respect for people's privacy and confidentiality. Staff and managers had undertaken information governance training to help ensure the service complied with data protection legislation.

Some people were not always able to express themselves through speech. Staff spoke knowledgeably about how each person communicated in ways that were specific to them. Staff and other people communicated to people in ways they preferred. This meant people were involved with everyone in the home and prevented them feeling isolated.

Is the service responsive?

Our findings

People's needs were fully assessed and care plans reflected their current needs, wishes and objectives. People's care plans were written in a person centred way, gave clear direction and guidance for staff. They reflected people's individual preferences and focused on people's strengths allowing them to maintain and develop as much independence as possible.

Assessments and planning tools such as a 'Disability Distress Assessment Tool' were used for people who communicated differently and were not able to make their needs known to others. For example, one person's assessment and plan included how they presented when they were content and when they were distressed. The assessment detailed that when the person was distressed they showed subtle facial changes, made jaw movements and the appearance of their eyes and skin changed. This reflected what staff told us about the person and how they knew when they were unsettled or upset.

There was a very strong focus on promoting people's independence and there was a flat on the second floor where people could gain certain skills before moving on to more independent living. Written compliments from the last person to move on to supported living and their parents included; "Thank you for the amazing confidence ride with lots of laughs and looking after your (sic) truly amazing" and "When he came to you from [previous placement] he was a very vulnerable and frightened young man. Under you and your team's love and care, he has regained his confidence and faith in other people again. I cannot thank you all for all that you have done for him".

Staff knew and understood people very well. For example, during our visit one person was very upset about something. Staff patiently sat with the person reassured them and knew how to distract them so they were able to calm themselves down. The person was quickly smiling, laughing and joking with the staff member. This person's relative told us, "I'm very happy with her care, they [staff] know her extremely well. They are very patient with her and support her to manage her moods."

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. The service met people's information and communication needs by identifying, recording, flagging, sharing how these needs were to be met in their care plans. Each person's plan detailed how they communicated and what if any aids they needed.

Staff excelled at the way they communicated with people. They constantly looked at ways of increasing a person's understanding and enhancing how the person could communicate with them and others. For example, one person was deaf blind and staff had developed touch signals with the person so they knew when to expect some interactions or care. They used objects, smells and used music as the person could feel the vibrations to indicate what was happening or was about to happen. This person's relative spoke extremely highly of the personalised care and support provided to their family member.

A second person, who had recently moved into the service, had started to communicate with staff. It had

previously been believed that this person was not able to make their needs known or communicate with others. They had at previous placements presented significant challenges to them self and others. Since moving into Beaufort View the person had started to smile at staff, verbalise and use body language, touch and pointing. The staff had started a communication plan and this detailed what the person did and what the staff thought it meant. For example, the plan included that when the person followed people, leant on people and reached out to hold hands they thought it meant the person wanted to spend time with them. The plan was added to and amended as soon as staff noticed or understood more of what they thought the person was trying to communicate. Staff were trying new experiences with the person and reviewing and sharing with other staff what had worked well. They had discovered the person loved going out for walks because they made a sound, touched staff and smiled. A health professional told us the person was progressing really well, they were accessing the community daily and trying new activities which is something that they had not done at previous placements.

The service was very responsive to people's changing needs and staff team went the extra mile to make sure people were cared for supported by staff that knew them well. For example, when one person was admitted to hospital and was very scared and distressed the staff stayed with the person 24 hours a day. The staff gave up their own time to make sure the person was supported and they shared this care with the person's relative. The person's relative told us, "They [staff] supported her extremely well when she was in hospital and it wasn't even a local hospital, it was Southampton. They stayed in her room with her and went above and beyond and didn't have a break so that she stayed settled".

People were supported to follow their interests and this meant they spent their time doing things they enjoyed both at home and in the community. People had personalised plans that detailed how they liked to spend their time. For example, one person enjoyed music and attended club nights in a nightclub, listened to music and went to live gigs.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority should people need to contact them in the event of a complaint or concern. Any complaints received had been actioned in accordance with the providers complaint policy.

People had been sensitively supported to make decisions about their end of life care. Where possible people had been involved in compiling their end of life plans which included where they would like to spend the last days of their life, who with and any specific requests they may have for this time. For example, one person had recently been supported to remain at home at Beaufort View when they were reaching the end of their life. They had been able to die at home with their family members and the staff. The person loved nature and staff made sure there were always flowers and LED candles in the person's bedroom. When the person didn't want to eat staff went to collect the person's favourite takeaway meals which they then ate in bed.

The registered manager sought agreement from the provider to increase the staffing at night so there was always someone with the person at night. Staff also came in and sat with the person in their own time. The person's parent was also supported to stay with their family member at the end of their life. Staff continued to support and maintain contact with family members of the person following their death. Staff told us they were also offered and provided with emotional support following the person's death.

Is the service well-led?

Our findings

There was 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.

The registered manager maintained regular oversight of the service working alongside staff and people on a day to day basis. A range of audits and checks were also carried out to ensure that care plans were up to date, that the environment was safe and well maintained and that medicines were given as prescribed.

Staff, relatives and health professionals spoke positively about the registered manager. There was a happy, open, friendly, supportive culture within the home with a clear management structure. A health and social care professional told us the home was well led and that staff were always able to help regardless of whether the managers were there or not. This feedback also reflected what the registered manager told us they were very proud of. They said they had full confidence in the staff team to act professionally and know how to safely care for people regardless of whether they were there or not. The registered manager described the whole staff team as "fantastic".

Staff told us they were well supported and managed, and they could approach the registered manager and provider and they were listened to. Comments and written feedback from staff about what the service did well included; "Beaufort View is a very friendly, relaxed place to work. Everyone is very compassionate about the residents and that reflects within the working of the home", "The support of the manager and staff team. The atmosphere of the home, a happy home and flexible. The residents' needs are always at the top of everything we do" and "The staff work well with each other and really put the service users needs first. I have been working in care for over 25 years but my last six at Beaufort View has given me more amazing experiences with the service users (lots of amazing memories) and has helped me grow and develop in my role as deputy manager."

People's experiences were at the core of the quality monitoring of the home. As the majority of the people were not able to verbally communicate their views the management team had been innovative as to how to gather their views. For example, to be able to assess whether people were satisfied with the food and meals provided, the manager and staff had undertaken a week-long observation of how people reacted during meal times to foods on the menus. Where people had not reacted positively or had not appeared to enjoy the meal the menu was reviewed and replaced with a more popular choice.

There was a strong focus on improvement and acting on any feedback given. For example, following feedback from the CCG contract monitoring visit, the registered manager developed a dignity themed observation checklist. They completed these whilst observing individual staff members working with people.

The registered manager described how they stayed up to date with good practice and how they took up

opportunities to share and learn from colleagues and other professionals.

The service's rating was displayed in the home.

The registered manager had a good understanding of what notifications they needed to send to CQC and had notified us when necessary.