

Beaumont Lodge Limited

Beaumont Lodge Nursing Home

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

About the service

Beaumont Lodge Nursing Home is a care home providing personal and nursing care to up to 43 people in an adapted building set over two floors. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 32 people using the service.

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

People told us they felt happy and safe living at Beaumont Lodge. Systems were in place to ensure risks were assessed and monitored to keep people safe. Staff understood their responsibility to report any safeguarding concerns and thorough investigations were completed when required. People were supported by sufficient staff who knew people well.

People received their medicines in line with their prescriptions from trained and competent staff. The registered manager forwarded an action plan following the inspection to tell us how they intended to make continued improvements to medicines systems. Referrals were made to health and social care professionals as required and any guidance was followed by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives were involved in developing their care plans and felt their needs were met in a personalised way. People confirmed they were offered choices and their preferences were respected. People were positive about the food and told us they were always able to request alternatives.

Staff were caring and respectful in their approach and people appeared relaxed in their company. There was a range of activities provided which people enjoyed. Staff spent time with people in their rooms to minimise the risk of social isolation.

Staff received training relevant to their roles and told us they felt valued and supported by the management team. There was a shared ethos of providing person centred care which created a positive and caring culture. People and relatives told us they would feel comfortable in raising concerns and felt these would be responded to promptly. The provider and registered manager were committed to ensuring on-going improvements with the service.

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 15 October 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Beaumont Lodge 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Beaumont Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beaumont Lodge Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service. We also spoke with 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager and care staff. We reviewed a range of records including 5 people's care plans and medicines records. We looked at recruitment checks and training records of 3 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff supporting them. One person told us, "I'm not worried about staff at all, I feel safe." One relative said, "The way they are with her is very reassuring. When I leave here, I feel settled because they care."
- Staff were aware of their responsibility to act on any safeguarding concerns. One staff member told us, "If something is wrong then I would whistle blow and I would pride myself on reporting if I needed to. I would report to the nurse in charge, if the nurse doesn't deal with it then the manager." Staff were able to describe the different types of abuse to be aware of, signs of concern and external reporting procedures.
- Safeguarding concerns were reported to the local authority as required. Where additional information was requested by the local authority this was provided and detailed investigations completed. The provider maintained a safeguarding log which highlighted any concerns and recommended learning.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and measures taken to minimise any concerns. This included risks in relation to mobility, skin integrity, food and hydration and specific health conditions. Risk management plans were detailed and contained guidance for staff.
- Staff were aware of the precautions they needed to take and we saw guidance was followed. For example, where people had been assessed as needing equipment to support them with movement or transfers, we saw this was used safely. Staff monitored people's safety such as ensuring people were regularly repositioned to protect their skin and drinks were regularly offered to support people's hydration.
- Accidents and incidents were monitored to reduce the risk of them reoccurring. The registered manager reviewed accidents and incidents and implemented risk management plans where needed. This included reviewing the equipment people used and making referrals to other professionals. A monthly audit of accidents and incidents was completed in order to identify any patterns.
- Environmental risk assessments were completed for each person. This included guidance on how each person would be safely evacuated in the event of a fire. The premises and equipment used were regularly serviced and safety checks completed.

Staffing and recruitment

- People told us they felt there was sufficient staff to meet their needs and that staff came promptly when they needed them. One person told us, "They never rush me, they work hard but they always come when I press the buzzer."
- Staff told us they felt they were able to provide people's care without rushing them. One staff member told us, "Yes there are enough (staff), we are not overloaded." The registered manager told us they reviewed staffing levels regularly when new people moved to the service or if people's needs increased. Staff

confirmed this was the case.

- Safe and effective recruitment systems were in place. Checks had been made on employment history, references and with the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- People received their medicines in line with their prescriptions. However, during our inspection we observed medicines were not always stored in the most organised way and found minor discrepancies in recording. Following our inspection, the registered manager sent evidence of the action taken and an action plan to ensure improvements were consistently embedded.
- People were supported with their medicines by trained staff. Following medicines training staff competence was assessed prior to them administering medicines unsupervised.
- Care plans contained information regarding how people preferred to take their medicines and any specific instructions. This included where people required their medicines to be administered via a tube directly into their stomach using a Percutaneous endoscopic gastrostomy (PEG) tube. We observed staff supported people with their medicines in a caring manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Following the relaxation of restrictions, people were free to receive visitors to their home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- Detailed pre-admission assessments were completed prior to people moving into the home. These included information such as the persons health care needs, communication, life history and preferences. The assessments supported staff in completing comprehensive care plans for people.
- The service was committed to ensuring best practice guidance was followed. The registered manager attended a number of forums and workshops in order to keep up to date with current practice. Examples included training all staff in the use of health screening tools and the use of malnutrition risk screening.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person told us, "When I get hoisted, they are careful, they ask if I am in any pain." One relative said, "I have every faith in them. (Loved one's) care is quite complicated but they know how to do things the right way."
- Staff confirmed they received an induction and had training suitable for their roles. This included training in moving and handling, first aid, food hygiene and supporting people living with dementia. They told us their competency in different areas such as medicines and use of the hoist was monitored by senior staff.
- In addition, the registered manager encouraged staff to take advantage of ad hoc learning events. This included Dementia Friends training and viewing training videos from a dementia specialist to enhance their learning.
- Staff received regular supervisions which they told us they felt were useful in developing their skills. One staff member told us, "Every time we have a supervision we are asked if we need any more training. We have yearly training updates. Supervision is a good idea; it gives us a chance to freely talk. If I have a problem I will just ask."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their food and that options were provided. One person told us, "I don't think there is very much I don't like here. Say something comes and I don't like it I can ask for an alternative and they bring me that." We noted from the menu plan that people who required their food to be pureed did not always have a choice and had the same option for lunch and dinner. We raised this with the registered manager who assured us choices were available and the menu would be changed to reflect this.
- People's weight was monitored regularly, and any significant variance was acted upon. For those experiencing weight loss, fortified foods where extra calories were added were available. Referrals were made to the GP and dietician as appropriate to enable possible health concerns to be investigated.
- Staff were aware of the support people required to eat and drink. We observed staff sitting with people who required assistance and supporting them in a respectful way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they had access to health care professionals. One person told us, "They called the doctor when I needed them last weekend and they came out to me." A relative said, "The nursing care is very good. The doctor comes in every week and if they make any changes they ring and let me know."
- Records confirmed people were able to access health and social care support when required. This included GP support, district nurses, community mental health team and dieticians. Where advice or recommendations were made by professionals, we saw this was shared with staff and care plans updated.
- Staff worked well as a team to achieve the best outcomes for people. We observed good communication between staff and any requests for support were promptly met. Staff confirmed systems for sharing information were effective. One staff member told us, "We have a handover each day with the nurse in charge, we get good information on what happened the shift before. Its good communication here."

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs. Corridors, bedrooms, doorways and communal areas were designed to accommodate people using wheelchairs and hoists. A lift was available to enable people to access all areas of the home.
- The decoration of the home was suitable for people's needs. The registered manager told us this was under constant review. A programme of refurbishment was underway to decorate areas of the home and provide new furniture. They told us people would be involved in the choices made.
- Clear signage was used throughout to help orientate people around the home and people's names were on their room doors. People's rooms were light and beds positioned facing the doors to enable people to see staff passing.
- There was a separate visitors room should people refer to receive their visitors in a more private area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were followed. Capacity assessments had been completed in areas such as consenting to care and the use of sensor mats and bed rails. Where people lacked capacity to consent to these restrictions, best interest decisions were recorded. These involved people who knew the person best and understood their previous preferences.
- DoLS applications had been made where restrictions were in place. The registered manager maintained a tracker to ensure these were monitored. Where DoLS authorisations were in place conditions were adhered to such as reviewing people's preferences to go out and submitting new applications as required.
- Staff were aware of the need to ask for consent and people's right to refuse. One staff member told us, "We always ask people first and where they have capacity to refuse, we respect that. People may want to lay in

bed all day and that's okay."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- We received extremely positive feedback from people and relatives regarding the caring nature of staff. Comments included, "Staff are lovely, I love the staff here.", "It's important to me that they care about me.", "The care and love the give (person) is wonderful." And "Since the day I moved in I have said they are not like carers they are more like friends. Whatever you ask of them they do."
- People appeared relaxed and happy in the company of staff. The atmosphere was friendly and calm. We saw and heard positive interactions throughout our day. People and staff were heard talking about their families, sharing jokes and laughing together. Staff frequently checked on people's comfort, asking if they needed anything, if they were warm enough, wanted the window open or needed a drink.
- Staff told us how much they enjoyed their roles and wanted people to feel cared for. One staff member told us, "I love working here, when they (people) are happy, I am happy, they are getting good care with us. We are here to look after them well, give people choices, ask them what they like. One resident upstairs likes football and I make sure I put the TV on the right channel for them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to by the staff supporting them. One person told us, "I only have to mention how I like things to be done and it will be done that way. They take notice of what you say, they listen and they are always smiling."
- People's rooms were personalised and comfortable. Each person's room was filled with things that were personal to them such as photos and ornaments. People told us they had been able to bring items of their furniture which had helped to make them feel at home.
- Staff took the time to speak with people and offered options regarding how they spent their time. Staff were heard offering people options regarding how they wished to spend their day, ensuring they were aware of what was happening within the home.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. One person told us, "They will always cover me up and they always knock on my door." We observed staff always announced themselves before entering people's rooms, letting people know why they were there and checking if people were okay.
- Staff demonstrated a good understanding of how to support people with dignity and respect. They were able to describe how they supported people with their personal care to ensure they did not feel uncomfortable.
- People were encouraged to maintain their independence where possible. Care plans contained

information regarding what people required support with and the aspects of care they preferred to do themselves. For example, people told us staff encouraged them to remain mobile and gave them confidence in this area.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us the care provided was responsive and personalised. One person told us, "They follow my lead so I would say they respond to what I want." One relative said, "I've seen the care and I'm happy with it. If anything changes, they respond straight away and always let me know."
- People's life histories were well documented within their care records. Staff were able to share things which were important to people and demonstrated a good understanding of their preferences. We heard staff talking with people in detail about their family members and showing a genuine interest in their lives.
- People's care plans were comprehensive and personalised to their needs. They included information in relation to health care needs, personal care, mobility, eating and drinking and sleeping. Staff told us they found the information and guidance within care plans useful and helped them to support people in the way they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication care plans considered the accessible information standards and the support people required to understand information. Where people needed the support of family members or advocates to support them with communication this was documented. One relative told us, "Even though she can't communicate like she used to, they still explain everything to her and give her time to understand."
- People's sensory needs such as sight or hearing difficulties were recorded and staff were aware. One person confirmed that staff regularly checked their glasses were cleaned and the batteries in their hearing aids were working correctly. Where people may show signs of anxiety staff received guidance on their approach and how to make the person feel comfortable.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An assortment of activities were available to people such as quizzes, exercises, crafts, relaxation, bingo and a range of visiting entertainers. People told us they enjoyed the variety and the activity staff kept everyone involved. During our inspection we observed a quiz in the morning which was designed to ensure it covered different people's interests. In the afternoon people enjoyed a singer who encouraged people to

join in.

- Staff supported people to go out and do things they enjoyed, such as going shopping, out for coffee and to the local nail salon. Staff were also proud of the support they had provided to accompany people to family weddings to enable them to be a part of the day.
- Staff spent time with people who were mainly in their rooms. The activity staff member visited people each day and we observed staff spending time with people throughout the day. One person told us, "I don't get lonely in my room. (Staff member) comes up and chats to me, I don't get bored."
- People were supported to maintain relationships with their loved ones, and visitors were made to feel welcome. One relative told us, "They look after us both. They are more than just people looking after (loved one) they are friends now."

Improving care quality in response to complaints or concerns

- People told us they felt comfortable in raising any concerns and they would be dealt with promptly. One person told us, "Before I'd make a complaint, I'd speak to them and they could put it right without complaining." One relative told us, "I have made a complaint in the past and they have responded very quickly."
- The provider had a complaints policy in place which set out how people could raise concerns and the process of how this would be dealt with. Information was also displayed around the home which informed people and visitors how to make a complaint.
- The registered manager maintained a complaints log. This demonstrated complaints were responded to promptly and the outcome of any investigations shared. Investigations showed learning was taken as a result of concerns. For example, where a family member complained about wheelchair maintenance the registered manager implemented weekly safety checks of all wheelchairs. This had ensured the same concern was not repeated.

End of life care and support

- The care people wanted at the end of their life had been discussed and recorded. This included details of where the person would prefer to be, the level of treatment they wanted and who they wanted to be informed.
- Staff had received training in supporting people at the end of their lives. Nursing staff received additional support in the use of anticipatory medicines from the local hospice. This helped to ensure people were supported to remain comfortable and pain free.

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 our last inspection we rated this key question requires improvement as a number of management systems had been recently implemented and needed time to become fully effective and embedded into practice. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us they valued the positive, homely and personalised nature of the service provided. One person told us, "I loved my flat but that's a shadow now as this is my home and I love it here." A relative told us, "They are so loving and caring. They're not afraid to show their emotion but combine this with a professionalism."
- The registered manager spent time around the home. People, relatives and staff all told us they were able to speak with them at any time and felt listened to. The registered manager told us, "I spend a lot of time with residents and staff. I want everyone to be treated as though they're one of my own."
- The ethos of the service was embedded into practice. The registered manager told us, "The ethos here is to make sure people feel cared about, to be as independent as possible and to make their own choices wherever possible." People we spoke with confirmed they felt their comfort, autonomy and happiness mattered to staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager completed a range of audits to monitor the quality of the service provided. These included reviews of care, activities, infection control, health and safety and medicines. Where shortfalls were identified, these were shared with relevant staff and rectified as soon as possible.
- The provider had a duty of candour policy in place which set out their responsibilities to openly share information. There had been no duty of candour incidents since our last inspection.
- The registered manager was aware of their responsibilities in reporting significant events to the CQC. We found one instance where concerns had not been shared although appropriate action had been taken to ensure people's safety. The registered manager submitted this notification following the inspection.

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

- Residents meetings were held regularly to discuss the running of the home. People were able to discuss and comment on areas including catering, activities, staffing and housekeeping. Feedback was positive and demonstrated people were happy with the care they received. When suggestions were made, for example trying new activities, such as belly dancing and pet therapy these had been arranged.

- Staff told us they felt valued and appreciated. One staff member told us, "The (registered) manager is very nice and good with us. If we have done anything wrong, she will tell us but also when we do things right." A second staff member said, "(Management team) accept what we are saying if we need something. They sort things out for us. They say thank you, it makes me happy, it means they care for us also."

Working in partnership with others; Continuous learning and improving care

- Close links had been made with health professionals to ensure people were able to access the support they required. This included the community matron who visited the service monthly to discuss any specific needs. The registered manager also attended a number of groups and forums to share learning and keep updated on current best practice.
- The registered manager was committed to ensuring continued improvement and empowering staff to develop the service. They told us, "As a staff team we make decisions together and staff know they have the autonomy. We want a culture of learning as we go. It's very important to me that any mistakes are learnt from. I'm very proud of the team and how they work together to make things better for the residents."
- The provider continued to invest in making improvements to the service. This included the implementation of electronic records and the refurbishment of the home.