

HC-One Limited

# Beaconsfield Court

## Inspection report

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Date of inspection visit:  
15 June 2023

Date of publication:  
13 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beaconsfield Court is a residential care home providing the regulated activity accommodation for people who require nursing or personal care to up to 32 older people, including people who may live with dementia or a dementia related condition. At the time of our inspection there were 29 people using the service in one adapted building.

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

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. A relative told us, "The home is excellent. I'm confident the care is consistent. Personal care is fine", and "Staff are friendly, they always chat to [Name]. Always somebody coming and going. Plenty of activity."

There were sufficient staff to support people safely. A person commented, "Staff pop in frequently with a cup of tea. There are always people around. I engage with the staff really well", and "Attention from staff is prompt."

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Risks were assessed and mitigated to keep people safe. Staff contacted health professionals when people's health needs changed.

Staff received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. Staff recruitment was carried out safely and effectively. Medicines were managed safely.

An infection control system was in place. However, not all areas of the home were clean and well-maintained and there were signs of wear and tear.

We have made a recommendation about continuing with the refurbishment programme ensuring the appropriate environmental design to meet all people's needs.

People's diversity as unique individuals with their own needs was respected by staff. The staff team provided support discreetly and with compassion. They respected people's privacy, and people were supported to maintain contact with relatives. A relative commented, "We can rest in peace knowing that our [relative] is well looked after."

There was a cheerful and welcoming atmosphere at the service. Staff spoke very positively about working at the home and the people they cared for. Relatives and staff said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs. A relative told us, "I can contact the home at any time. Carers take the calls and pass them on. They've got their finger on the pulse

at the home. It's like a family. Gives peace of mind and quality of life."

There was a strong and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and used to support service development. Strong processes were in place to manage and respond to complaints and concerns.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 23 March 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.

Recommendation

We have made a recommendation about continuing with the refurbishment of the environment and ensuring it is appropriately environmentally designed.

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Beaconsfield Court

## 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 1 inspector, 1 assistant inspector and an 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.

#### Service and service type

Beaconsfield Court 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. Beaconsfield Court is a care home without 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.

Inspection activity started on 15 June 2023 and ended on 21 June 2023. We visited the service on 15 June 2023.

#### 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

During the inspection we spoke with 6 people who used the service and 10 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 9 members of staff including the registered manager and 8 support workers, including one senior support worker. We received feedback from one health and social care professional.

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 reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were clean, and well-maintained, and there were some signs of wear and tear to the premises.
- People's bedrooms were personalised, where they or their family, chose to personalise them.
- We discussed with the registered manager, improvements to the environment to ensure it was appropriately designed to keep people who live with dementia orientated and engaged. We were told this would be addressed.

We recommend the provider continues with a timely programme of refurbishment to maintain the environment and an appropriate level of hygiene

- Staff had received training in infection control practices and used personal protective equipment (PPE) effectively and safely.

### Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were well-managed.
- Records were available that provided guidance, so all staff understood where people required support to reduce the risk of avoidable harm. A relative told us, "I am confident that [Name] is safe. The safety aspect is well taken care of."
- Risk assessments were regularly reviewed to reflect people's changing needs.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

### Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision were improved as a result of the learning.
- Systems were in place to review accidents and incidents to assess if any action could be taken to mitigate risk.
- Reviews were completed following any falls people sustained to look for any trends or themes to assess if action could be taken to reduce the risk of future incidents.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- Mental capacity assessments were completed as required. Records showed if any restrictions were in place, so they were not unnecessarily applied to restrict people's choices.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had robust procedures and policies in place. The registered manager followed these procedures.
- Staff had received training about safeguarding and understood how to recognise any concerns and how to report them. A relative told us, "[Name] is safe when they receive care. There is no time when they are not safe."

Staffing and recruitment

- People were supported by enough staff who had received the training and support they needed to support people safely. A person told us, "The staff are very good, they are so helpful, they can't do enough for you."
- Staff told us they had enough time to support people. A relative commented, "There are enough staff. They are very pleasant and kind, they spend time with [Name]. Staff look after them well" and "Assistance is prompt. There is time for staff to sit and chat."
- Staff had been recruited safely because the provider had followed their own robust recruitment procedures. All necessary checks had been completed prior to people starting work.

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to prescribe and administer medicines safely. A relative told us, "[Name]'s medicines are given safely and on time" and "There are dedicated people going around with the medicines."
- Medicines risk assessments and associated care plans were in place that were person specific.
- People received support from staff to make their own decisions about medicines wherever possible.

Visiting in care homes

- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur. A relative told us, "There are no restrictions. I can visit as I want."

# 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 good. At this inspection the rating for this key question has remained 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

- The service was well-led. A relative told us, "The overall care, I am blown away by the way it is dealt with. A massive positive for me. I can sleep at night."
  - A motivated staff team was in place. A relative told us, "It is a home from home. The whole staff team work well together." The staff team was led by a pro-active management team that worked together to follow best practice and achieve positive outcomes for people. A relative commented, "I know the manager and several staff. I know who I need to see. They are all very approachable. Could not be better. Makes me feel more comfortable", and "The care is so good and staff approachability makes you feel relaxed, friendly and comfortable. I have a really good rapport with them [Staff]."
  - Staff said they were well-supported. They were very positive about the registered manager and said they were approachable. A relative commented, "The manager is definitely approachable. Sorts things out. Says there is no such thing as can't."

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

- Effective governance systems were in place.
- A range of internal checks and audits were completed across the service to monitor quality. Action plans were completed for any issues which were identified during audits.
- Staff meetings were held to discuss the needs of the service. Minutes of meetings were kept which showed there was a focus on improving quality across the home.
- Staff understood their roles and responsibilities. One staff member told us, "There are lots of opportunities for training and personal development."
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager was aware of their responsibilities with regard to the Duty of Candour.

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives. A person commented, "I don't feel restricted in anyway. I get up and go to bed when I want, staff will ask if I'm ready and if I say no, they will come back."

- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home. A relative commented, "Sometimes they have a meeting and I'm invited" and "There was a resident's meeting the other day. I have ongoing dialogue with the home."

Continuous learning and improving care; Working in partnership with others

- The management team were innovative and kept up to date with best practice to help ensure people's needs were met.
- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.