Barchester Healthcare Homes Limited

Edgbaston Beaumont

Inspection report

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Date of inspection visit:
11 December 2018

Date of publication:
14 January 2019

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

This unannounced comprehensive inspection took place on the 11 December 2018. The inspection team consisted of one inspector, an assistant inspector, a specialist advisor who was a nurse 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 service.

Edgbaston Beaumont 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. Edgbaston Beaumont accommodates up to 28 people in one adapted building. At the time of our inspection 24 people were using the service. Some people living at the home were living with Dementia.

At our last inspection on 11 August 2015 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.

There was a registered manager in post and who was present at the time of this inspection. 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.

People continued to receive care that made them feel safe. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Risk assessments had been completed to show how people should be supported with everyday risks. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs. People had their medicines administered safely by trained and competent staff. People told us their home was clean and staff followed safe infection control practices.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People received a varied and healthy diet that offered choice and met their needs. Staff enabled people to access external healthcare services to promote their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the records and systems in the service required some further improvement.

People were cared for by kind, caring and compassionate staff. People and staff had a good relationship

and staff knew people well. People's privacy and dignity was upheld and they were supported to maintain their independence whenever possible.

Care was provided in a personalised way from staff who knew people's needs and preferences. People were involved in the planning and review of their care and support. People were supported to maintain their hobbies and interests, including links with and trips out to the local community. Processes were in place to ensure complaints were responded to and resolved where possible.

People and staff were positive about the leadership skills of the registered manager. The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. The registered manager led by example and encouraged an open and honest culture within their staff team. People were encouraged to express their views which were listened to and acted upon. The registered manager and their staff team worked together with other organisations to ensure people's wellbeing.

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**

Edgbaston Beaumont

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 unannounced comprehensive inspection took place on the 11 December 2018.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners, Healthwatch, Clinical Commissioning Groups (CCGs) and the statutory notifications the manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met and spoke with nine of the people who lived at the home. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We spoke with seven relatives and friends of people to get their views. In addition, we spoke at length with the regional manager, the registered manager, the deputy manager, two nurses, one care practitioner, six care assistants, one housekeeper and the head chef.

We sampled care documentation for five people, medicines records, three staff files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service

including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint and compliment records.

Good

Is the service safe?

Our findings

At the last inspection on 11 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People continued to feel safe living at the home. One person told us, "Yes, I do feel safe. The buzzer is a godsend. I can hear it ringing after I have pressed it and that reassures me that someone will come to help me when I need them." Staff we spoke with understood their responsibilities to protect people from potential or actual harm. Staff were able to tell us about different types of abuse and what to look for and what steps to take to keep people safe. One member of staff said, "If I saw anything wrong, I would use the internal whistle-blowing service to report it." The provider and registered manager took positive action to work with other agencies to safeguard people. We reviewed the registered providers recruitment procedures and found these were safely in place. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People had been assessed where staff had identified risks in relation to their health and well-being. These included skin integrity, moving and handling, mobility, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. We observed most staff supporting people to transfer safely or move around the home and saw they considered people's comfort and safety during these procedures. However, we observed on one occasion an inappropriate technique of supporting a person to stand. This was brought to the registered manager's attention who advised us that staff had all received moving and handling training and they would address this particular transfer method with all staff. We looked at other risks, such as those linked to the premises. We found fire risk assessments were completed and staff we spoke with were familiar with the emergency procedure at the home. We saw 'grab and go' bags were situated in the reception for the event of an emergency. In addition, we spoke with the head chef who advised the service had achieved a '5' star rating by the environmental health agency which meant they regarded the service as having good food hygiene standards.

We received mixed views from people and their relatives in relation to staffing levels. One person told us, "The only thing is when they are busy, they are really busy. It might be good to have more sometimes, even just one extra person as a floater." Another person told us, "There's enough staff to answer my buzzer." A relative said, "They could do with some more staff to sit with people who are in the lounges." Care and nursing staff felt there were enough staff to meet people's day to day needs. One member of staff told us, "Normally we do have enough staff." The registered manager told us staffing levels had been increased to make sure people's needs could be met and that dependency levels were reviewed on a regular basis. There were no current staffing vacancies at the service. On the day of our inspection we observed there were enough care and nursing staff to meet people's needs and call bells were answered in a timely manner.

People continued to be given their medicines safely by competent and appropriately trained staff. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

People were protected from the risk of infection as there were adequate cleaning and infection prevention arrangements in place at the home. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. One relative said, "This home is spotlessly clean, no smells and clothes are very well laundered."

Accidents and incidents that had occurred at the home had been recorded. Staff told us they were aware of their responsibility to report and record any accidents or falls. The registered manager completed records to monitor any accidents and incidents and to look for learning
and for actions needed to reduce the likelihood of events happening again.

Good

Is the service effective?

Our findings

At the last inspection on 11 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People's needs were assessed before they received support from the service to make sure they could effectively meet the person's needs. Before a person moved into the service the registered manager undertook a full assessment of their physical, social, psychological, cultural and spiritual needs. There was some use of assistive technology to support people. This included sensor mats to alert staff when people were moving around. We observed that sensor technology was only used as necessary and identified as part of the risk assessment.

People were supported by care and nursing staff who had received effective training and support to meet their needs. One person told us, "Staff have to have training before they start working here." Care staff and nurses told us they felt they had the training they needed or could access training on request. Care staff had access to supervisions (one to one meeting) and appraisals and nursing staff were supported with their revalidation. Newly appointed staff undertook a period of induction to prepare them for their role. One member of staff said, "Once all checks were back I did one weeks shadowing. The training has been really good." The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

People spoke very positively about the food and drinks they received in the home. One person said, "The food is excellent. It comes on nice trays and it's presented very nicely. There are choices for breakfast and lunch, and you can have whatever you want for supper." We observed the breakfast and lunchtime meals being served and saw that food looked and smelled appetising and was attractively presented. Water and hot drink machines were available in corridors as well as a café area where people could make their own drinks, and access fresh fruit, snacks and homemade cakes and biscuits. Where people were at risk of choking or malnutrition they were provided a diet, which protected them from these risks such as soft meals and thickened fluids. Care and nursing staff knew which people needed this support and there was clear guidance in place for staff to support people with their dietary needs. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs, including people's cultural and religious dietary needs.

People's day to day health needs were being met. One person said, "The Doctor comes in every week." A relative told us, "The staff are quick to tell us if there is a health problem, good communication." Records demonstrated people had access to healthcare services such as GPs, dieticians and district nurses. Systems were in place to ensure that people received consistent care when they transferred between services. For example, a hospital transfer form was used to support people when they were admitted into hospital. This enabled people to receive care and support from staff that knew how to support them effectively.

The premises had been adapted and decorated to support people to move easily from their own bedroom

and around the communal areas of the home. We saw people who were able to mobilise independently moved freely between the communal areas and their own bedrooms.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had completed MCA training and were able to explain how to support a person who did not have the capacity to make a decision about their care and support. Staff were seen explaining what they planned to do for people and asking for their consent before doing anything. For example, we saw them ask people if they wanted clothes protection at mealtimes, before putting them on, this was done kindly and with respect.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had submitted DoLS applications to the Local Authority. Whilst we did not see people being supported in restrictive ways some staff we spoke with did not know which people had authorised DoLS and what it meant for people. The registered manager advised this would be addressed following our inspection.

Good

Is the service caring?

Our findings

At the last inspection on 11 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

A caring staff team continued to provide people with sensitive and compassionate support. One person told us, "I'm very pleased with the care here. The staff are very loyal and caring." Another person said, "The staff are exceptional and high calibre. You are never made to feel a nuisance." We observed staff speaking to people in ways that were appropriate to the individual and ways in which each person could understand; offering people support and reassurance where necessary. Whilst we were talking to one person, we heard a member of staff laughing with people. The person told us, "That's what I like about it here, they are all like that. You can have a bit of banter." The registered manager had re-introduced a key worker system which provided each person and their relatives with an allocated member of staff. This helped people, their relatives and staff to build professional relationships and share information.

At the time of our inspection the registered manager advised us there was no-one living at the home who required advocacy support. Advocates are trained professionals who support, enable and empower people to speak up. Information was on display within the home which informed people about local advocacy services available to them.

Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. One person told us, "I try to keep myself as independent as I can be, I am in control of what happens and I make the decisions about what I want and what happens." They went on to explain that they had kept their own GP, dentist and physiotherapist and that they had regular support from an external care assistant. We observed that people had their own style with regard to dress including accessories and hair styles. One person told us how having their hair and nails done was important to them. People told us their rooms were decorated and furnished to reflect their personal tastes.

People's privacy and dignity continued to be respected and promoted. One person told us, "I like the way people are treated with dignity. People are dealt with sensitively. Nothing is a big deal." We observed that staff knocked people's doors before entering their rooms and personal care was carried out behind closed doors to maintain people's privacy. Staff bent down beside people who were seated, so that they could communicate and talk with the person at eye level. Confidentiality of information was safely and appropriately maintained. No personal information was on display. People told us staff respected and promoted their independence. One visitor told us their friend often goes into the café to make drinks independently.

People were supported to maintain contact with friends and relatives and those we spoke with told us they felt welcome at the home. We observed one person asking the chef if they could book a meal for their relation on Christmas day. One person told us that the family books 'private dinners' that are served in the cafe area so that the family can all eat together. People had their own mobile phones to maintain contact with those that mattered to them.

Good

Is the service responsive?

Our findings

At the last inspection on 11 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People received personalised care that was responsive to their needs. One person told us, "They [the staff] check up on me all the time, I can ask [for] no more." A relative said, "They know [my relative] and her needs and they really look after her." People's cultural and religious needs were supported. One member of staff told us, "People receive individual services to their faith here, some have one-to-one visits." Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. One member of staff told us, "I don't discriminate against anyone's beliefs, religion or sexual orientation, treat everyone fairly and respectful. "

Information was provided in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We saw staff used different ways to communicate with people. For example, one staff member used pen and paper to communicate with a person who had a hearing impairment.

People's care plans were personalised and included their individual life histories and preferences. Care plans recorded details about people's 'memory lane'. This included what people were important to the person, their preferred name, family traditions, cultural needs, occupations and what were bad memories for people. People told us that regular reviews on their care plans were completed and where appropriate, with their relatives. One person told us, "I attend all meetings that concern me."

People had access to activities, events and interests which they enjoyed and which reflected their needs, interests and preferences. One person told us, "I love to sing for people. I also enjoy going out for a drink." We observed people being engaged in a range of activities and events which they enjoyed. For example, people were participating in an art class during the morning. The class was facilitated by an art teacher. One person told us, "My passion is art. I attend all the art classes, they are important to me." Activity programmes were displayed and issued to everyone individually so that everyone was informed of the events planned. Some people had been supported to 'make a wish', which had enabled some people to visit football grounds and meet the teams, visit museums relating to people's job occupations and helping people to visit their family homes. People had access to their community. For example, trips to retail shopping parks, visits from local schools, support from the Princes trust with garden projects. One person told us how they access on-line shopping and parcels were delivered to them on a regular basis. The registered manager had introduced community initiatives such as collecting food for homeless people and supporting local children's charities.

People told us they knew how to raise a complaint if they wished to. One person told us, "I've got no

complaints. Nothing to complain about." Information was available and on display and explained how to make a complaint. We found complaints had been investigated and responded to in line with the provider's policy. A system was also in place which shared any learning from complaints to improve the service. This showed people's complaints were investigated and responded to.

People were supported with their end of life care. At the time of our inspection nobody was receiving end of life care, however the service had clear arrangements in place to support people, their relatives and staff. For example, one person's religious preferences had been recorded and their choice of where they wanted the service to take place.

Good

Is the service well-led?

Our findings

At the last inspection on 11 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People told us they thought the home was managed well and they felt it was their home. People told us that the registered manager was approachable, supportive and readily available. One person told us, "We're very well looked after here, I couldn't be better looked after." Another person said, "I like [registered manager]. She's always treated me with respect."

There was a clear management structure in place. The registered manager was supported by their deputy, a team of trained nurses, senior staff and a stable work force. The registered provider supported the registered manager in the running of the home. The registered manager had regular visits from the provider and this enabled sufficient resources for any improvements to be made. We found the registered manager was visible in the home and they had regular meals with people throughout the week. One person told us, "[registered manager] is very accessible, but she is also very busy. In an establishment like this it is the culture that makes or breaks it and the culture is alright here." There was clear direction for the whole staff team in a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Daily staff handover provided each shift with a clear picture of each person who lived at the home and encouraged good communications between all staff members.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. In addition, we saw that the service had on display in the reception area of the home and their website their latest CQC rating where people could see it.

People and their relatives told us they had been asked for feedback on the quality of the service provided at the home. One person said, "[name of registered manager] always asks if I'm okay." The registered manager stated in the provider information return (PIR) that 'We have introduced dining experience meetings monthly and food feedback postcards with residents to ensure involvement and feedback is received regarding our dining and catering service. We have promoted the use of the' You said…we did.. board on a quarterly basis based on feedback.' The registered manager had introduced 'daily interaction sheets' which were conversations with people and their families that captured and recorded people's experiences about the quality of service they received. This ensured people and their families had the opportunity to be involved in the service and showed the provider took account of people's views.

All staff told us they felt supported by the registered manager and their management team. Staff told us they had confidence in the registered manager and felt they offered practical hands-on support with people's care, as well as guidance to support them in their role. The registered manager arranged team meetings for all staff. A member of staff said, "[name of registered manager] is a good leader, very respectful and shows

empathy to residents."

The registered manager and the management team had systems in place to ensure and maintain the quality of service people received. These included audits around the management of medicines, infection control, falls, complaints, care plans and tissue viability. These audits fed into a monthly operational review for the service, which was reviewed by representatives of the provider and provided them with information on actions being taken within the service. Where concerns or shortfalls had been identified these informed the home's action plan. We sampled some audits and found they hadn't all identified that some care records were contradictory in the guidance for staff to follow. Although this omission needed to be addressed within people's care records, the staff knowledge and skills meant that people were kept safe. The registered manager had a good oversight of the service.

The registered manager worked with other agencies and engaged with a number of professionals in a timely manner to improve the quality of care provided to people. The registered manager told us they welcomed feedback from other agencies which may help drive service improvements. For example, GP's, district nurses, Parkinson's nurses and health and social care professionals.