

Barchester Healthcare Homes Limited

Edgbaston Beaumont

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 

Overall summary

We inspected this home on 11 and 12 August 2015. This was an unannounced inspection. The home was registered to provide nursing care and accommodation for up to 28 people. At the time of our inspection 25 people were living at the home some of whom were living with dementia or had mental health support needs. The accommodation was provided in single bedrooms, all with ensuite toilets; the home had bedrooms and bathrooms on the ground and first floors. There were shared lounges on both floors and two dining facilities were available on the ground floor. Lift access was available to all floors.

The service was previously inspected in July 2014 and at that time we found the service was not compliant with one of the regulations we looked at. The provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users. At this inspection we found improvements had been made.

The registered manager was present during our 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

Summary of findings

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.

We found that people using this service were safe. Staff knew how to recognise when people might be at risk of harm and were aware of the provider's procedures for reporting any concerns.

We received some mixed opinions from relatives about the staffing arrangements in the home. Whilst they did not raise any concerns about people's safety in relation to staffing levels some relatives told us there were less staff at weekends and during particular periods of the day.

People were supported by staff who had received training and had been supported to obtain qualifications to enable them to ensure that care provided was safe and followed best practice guidelines. Robust recruitment checks were in place to ensure new staff were suitable to work in the home.

People had received their medicines safely.

Measures had been put into place to ensure risks were managed appropriately. These ensured that people were involved in making decisions which minimised restrictions on their freedom, choice and independence.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People told us they

had access to a variety of food and drinks which they enjoyed. People had been supported to stay healthy and to access support and advice from healthcare professionals when this was required.

Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). They had ensured people received the assessments and support they required and had made the necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS).

People's needs had been assessed and care plans developed to inform staff how to support people in the way they preferred.

People who lived in this home and where appropriate people's relatives, told us that they were happy with the care provided and that people were treated with kindness, compassion and respect. People told us they continued to pursue individual interests and hobbies that they had enjoyed earlier in life and they were happy with the range of activities available to them.

There was a complaints procedure in place. People told us they had opportunity to raise concerns and that they were listened to. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

We received consistent feedback that Edgbaston Beaumont was a good place to live, to work and to visit. People told us the home was well-led by approachable managers.

Summary of findings

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.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

There were established systems in place to assess and plan for risks that people might experience or present.

There were adequate numbers of staff on duty that could meet peoples' needs.

Medicines were safely managed and people were happy with the arrangements for their medicines.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills they required to meet the needs of the people they supported. Staff felt supported and received supervision on a regular basis.

People were asked for consent before care was provided and their legal rights were protected.

People were supported to have enough to eat and drink. Support was provided to help people maintain good health.

Good



Is the service caring?

The service was caring.

People, relatives and professionals consistently told us staff worked with kindness and compassion.

Staff had a good knowledge of the people they were caring for, including their preferences and individual needs.

Staff provided good care and promoted people's dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People were involved in planning their care and had been actively supported to pursue their interests and hobbies within the home and the local community.

People and their relatives were aware of how to make complaints and share their experiences.

Good



Is the service well-led?

The service was well-led.

People, relatives and professionals told us that the management team was effective and approachable.

Good



Summary of findings

The home promoted an open and transparent culture between people, relatives, staff and visitors.
Managers were clear about their roles and responsibilities and staff knew what was expected of them.
The provider had a system to assess the quality of the service.

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 inspection took place on 11 and 12 August 2015 and was unannounced. The visit was undertaken by one inspector.

Prior to the inspection we looked at the information we already had about this provider. We also spoke with service commissioners (people that purchase this service on behalf of people living at the home) to obtain their feedback.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with five of the people living at the home, spoke at length with six members of staff and four relatives of people living at the home. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care plans and the quality and audit systems at the home.

After our inspection we spoke with a health care professional who supported people who used the service.

Is the service safe?

Our findings

We were told by people using the service and their relatives that staff kept them safe. Comments from people included, “I’m safe and sound here”; “I do feel very safe here”. People told us that if they did not feel safe they would tell the manager. Relatives of people who lived in the home supported this and told us, “[name of relative] is safe here and is surrounded by friends, she would be so vulnerable if she didn’t live here”; I’m happy that [name of relative] is here and I know they are safe”.

Staff we spoke with had received safeguarding training and were able to describe the different types of abuse people were at risk from and knew how to keep people protected from harm. Staff told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. Safeguarding concerns were discussed in meetings so staff could share and learn from incidents.

The potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people’s freedom, choice and independence. Staff were able to describe plans and actions to keep people safe and how they would respond to emergencies and anything they identified that might affect people’s safety and that they had access to information and guidance.

There were sufficient numbers of staff on duty on the day of the inspection to meet the individual needs of people using the services. We were told by people, “There are always enough staff to help us”; “Staff here are very attentive”; however some relatives told us that sometimes they felt there was not enough staff at particular times of the day. One comment included, “There are enough staff during the week, but less during the weekend”; “During handover periods there is not enough staff on the floors”. We saw that staff were visible in the communal areas and we observed people being responded to in a timely manner and engaging with people to chat or reassure them.

Staff we spoke with told us that generally there was enough staff on duty at all times, comments included, “Yes there

are enough staff on duty, sometimes there is extra pressure when staff are on leave”; “Generally there are enough staff, sometimes mornings can be busy”; “Staff levels are good here”. The registered manager told us that they used a staffing level assessment tool which had helped to establish their current staffing levels were based on the specific needs of the people who used the service. Staff rotas showed that staffing levels had been consistent over the two months prior to our visit.

The recruitment records we saw demonstrated that there was a robust recruitment process in place. This included checks of staff identification, references and Disclosure and Barring Service (formerly Criminal Records Bureau). We spoke with a new member of staff who told us, “I haven’t been here very long, I am doing my induction and did some shadowing (observing more experienced staff) with other staff before I was left on my own”.

During the inspection we observed most transfers and moving and handling techniques being completed in a safe and dignified manner; however, on one occasion we observed a wheelchair being used without footrests, this was brought to the registered manager’s attention. People were not rushed by the staff supporting them and good communication was used throughout the transfer. Supporting records confirmed that lifting equipment had been regularly tested and serviced.

Medication was safely managed in the home by staff who had been assessed as competent. One person told us that their prescribed medication was always administered as necessary, “I have my medication at the right time”. During the inspection visit, we observed a member of staff preparing and administering medication to people; this was undertaken safely and people were encouraged to assist in their own administration which promoted their independence. There were clear systems and protocols in place for most of the medicines we checked. We saw the records and stocks of medication held for six people which showed that people had received their medicines as prescribed, however, two medicine protocols were not in place for medicines that are prescribed for “use as needed” (PRN) and two signatures were missing on the medication administration records; this meant some medicines could be at risk of being administered incorrectly.

Is the service effective?

Our findings

At our previous inspection in July 2014 we found the registered provider did not have suitable arrangements in place for obtaining consent and acting in accordance with people's wishes. At this inspection we found improvements had been made. Records showed that when assessments had identified people lacked capacity to consent to their care, best interest meetings had taken place with contributions from people's relatives.

All of the staff we spoke with told us they were supported and well trained. Staff comments included, "There were plenty of training opportunities for all staff". A relative we spoke with told us "Staff are trained well here and have good knowledge of [relative's name] personal needs".

Records we saw confirmed that regular training had taken place to ensure staff skills and knowledge was continually developed; the registered manager told us that practical supervisions occurred on a regular basis, which involves observations in the workplace to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff told us they received handovers from senior staff before they started their shifts and said communication was good within the team. We found that staff were aware of changes in people's support needs.

Staff we spoke with had been provided with training and were knowledgeable about their responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with could explain how they supported people in line with the DoLS that had been approved for them. Any restrictions that were in place were appropriately assessed and authorised by the local supervisory body.

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they regularly sought consent from people before attending to their everyday care needs. Some people had a 'Do Not Attempt Resuscitation' [DNAR] in place. We saw there was a clear system in place so that staff could easily identify and support people in line with their wishes if necessary.

People told us they had access to a wide range of different food and drinks. The people we spoke with all said the food at the home was good which they enjoyed. People's

comments included; "Lovely food, always tasty and lots of choice"; "[name of chef] comes out to see us every day to check if the meal was okay.". One person said; "I always enjoy a glass of rosé wine with my meal". Records of meetings confirmed that people were involved in menu planning and involved in decisions about what they wanted to eat and drink.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed, unhurried and informal. People told us and we observed that people could choose what to eat from a variety of freshly prepared food, which was well sized and well presented with appropriate cutlery. People were independent during mealtimes and there were good interactions between people and staff. Some visitors sat with their relatives during lunch and had lunch together and supported them with their meal.

A number of people who lived in the home had received nutrition and swallowing assessments; all the staff we spoke with had a good knowledge of individual people's dietary and hydration needs. A person who required their food pureed told us "I have to have food like this because of my condition, but it always looks good and tastes lovely and I always choose what I want to have". We observed drinks being offered to people throughout the day, and people told us that they had plenty to drink; drink coolers and hot drink machines were available in all areas of the home. People who lived in the home and their relatives were encouraged to use them independently as they wished.

The chef had a clear understanding of people's nutritional needs and was able to describe arrangements for specialist diets, including cultural and religious options.

People told us and records confirmed that staff liaised with professionals involved in people's care. There was evidence to show referrals were made quickly to relevant health services when people's needs changed. A person living at the home said, "If I need my doctor, they are always called." Relatives we spoke with confirmed this and told us, "Staff always let me know if [name of relative] is unwell, communication is very good." A GP visited the home on a weekly basis and held a surgery which enabled some people to independently visit the doctor. People who lived at the home said the surgery works well and people's comments included, "I can go and see my doctor when they come in and they are lovely".

Is the service effective?

We contacted a local GP practice following our inspection who gave positive comments that people who lived in the

home were supported to maintain their health. They spoke highly of the leadership within the home, the quality of the care given by staff and the general atmosphere and running of the home.

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. Comments from people included, “Staff are fab”; “Staff here are very good; “Staff here are lovely”. Some relatives comments included: “Staff are excellent”; “Staff are kind and attentive”; “The majority of staff are superb”.

People we spoke with told us, “My family come and see me all the while; sometimes they stay and join me for lunch”; “My relatives can come whenever they want to, we go in the garden and have a drink”. A relative we spoke with told us, “I visit every day and I can visit absolutely anytime and stay as long as I want, I’m welcomed by the staff, they know me and [name of relative] very well”.

We observed positive and respectful interactions between people and staff. People were supported with kindness and compassion and there was a relaxed atmosphere in the home. The staff we observed responded to people’s needs in a timely and dignified manner and we observed many examples of staff acting in caring and thoughtful ways. Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. Staff we spoke with described how they maintained and respected people’s privacy. One staff member told us “We always place the do not disturb sign on people’s doors if we are supporting them with personal care”. Another staff member said, “I always knock and wait to be called into someone’s own room”.

The staff we spoke with told us they enjoyed supporting people and knew people’s preferences and personal circumstances. They told us that they got to know people by spending time and talking with them. One person told us, “Staff know I like to go for a walk every morning in the garden with my best friend”; “Staff know that I’m very religious and support me to attend religious services”. One member of staff told us, “I just sit and spend time with people to get to know what they want to do “.We observed that activities were provided which met people’s preferences and promoted them as individuals.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what to do. Comments included, “I’m going to Perry Barr on Thursday to do some shopping”; “I really love attending the art club [in the home]”; “I make all my own decisions, I never go to bed until I want to”. One person living at the home told us “I prefer to eat my lunch in my room, but I go to the restaurant [dining room] for breakfast and evening meal.”

Most of the visiting relatives we spoke with were pleased with the support and care their relative received and praised the staff; comments from relatives included, “Staff respect [name of relative] wishes to stay in their own room,”; “Staff are good at encouraging [name of relative] independence”.

Is the service responsive?

Our findings

People and relatives of people who used the service told us they were happy with the quality of the care provided and that staff cared for them in the ways they wanted.

People told us they had been involved in the planning of their care. One person told us “Yes I am able to tell the staff what I like and don’t like”. Most relatives we spoke with told us, “I’m asked to contribute to [name of relative] care plan and I attend regular meetings”.

Staff we spoke with told us they spent time with people and their relatives to discuss individual preferences and how they wanted their care to be delivered. Care plans we saw included people’s personal history, individual preferences and interests. They reflected people’s care and support needs and contained a lot of personal details. We saw these had been regularly reviewed and any changes had been updated. A relative we spoke with told us, “There is a hairdresser here, but [name of relative] has their own hairdresser come in”. A range of informal systems of communication were in place within the home.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People told us they had opportunities to do things they enjoyed each day. Comments from people included, “Oh there is so much going on here, I have a copy of the planned activities put in my room every week”; “I love the art club the best, I’m going shopping on Thursday to get some new crayons”. Activity plans were clearly displayed allowing people to say if they reflected their interest’s, people told us activities included singers and exercise classes, Bollywood days, pamper days, art clubs, poetry, quizzes, newspaper discussions and occasional visiting entertainers or specialists. A relative we spoke with told us, “The activities are really good here and they try hard, I’ve got links with schools and the cricket club and if there are any trips I always try and got to support and having the mini bus is great”.

On the day of the inspection we observed a religious ceremony taking place which respected diverse religions of all faiths. A person who lived at the home told us “My faith is very important to me and I attend my preferred place of worship every week”.

People were supported to maintain relationships with people that mattered to them. Relatives told us “I visit every day and stay for lunch with [name of relative] staff always welcome me and I can help myself to a drink”; “My [name of relative] has not been here very long, I can visit when I want to and the staff are very approachable”.

On the day of the inspection, we saw that staff had arranged a birthday celebration for a person who used the service which was attended by relatives and friends which were important to them.

Some relatives told us communication was very good at the home and comments included, “I’m kept informed well”; “I receive monthly reports about any issues about my [name of relative] and it gives me opportunity to give feedback”.

People and their relatives knew how to complain and were confident their concerns would be addressed. One person told us “I know how to complain and who to go to and I know it would get sorted”. Another person said, “I’ve made complaints in the past and they have been sorted promptly”.

A person asked us to report a concern to the manager and following our inspection we were informed by the registered manager that the concern had been discussed and was being investigated.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home. Records showed that there had been no complaints during the last twelve months.

Is the service well-led?

Our findings

People living at the home told us, “It’s my home here and I love it”; “I like it here and I’m happy”.

People, relatives and staff told us the home had an open and honest approach and they could raise concerns with the managers in confidence. Staff had a good understanding of the complaints procedure and who they would refer the complaint to and were confident that all concerns would be taken seriously and responded to appropriately. The culture of the service supported people to speak up if they wanted. The registered manager told us, “We encourage staff to tell the truth and we own up to any mistakes and we don’t cover up”.

People were regularly involved with the service in a meaningful way. The registered provider had displayed the vision and values for the organisation around the home and information was available in different formats which met people’s individual communication needs. This allowed the provider’s vision to be shared with the people who used the service so they could comment and influence how it was developed in an inclusive approach.

People who lived at the home and their relatives spoke positively about the registered manager and deputy manager. People knew the managers by name and told us they could approach them at all times. Staff we spoke with told us that the management team was always visible and approachable. One person said, “[Name of manager] is lovely and has really supported me”. Another member of staff said, “I just go and sit in the manager’s office and have a chat if I have any concerns”. Staff told us they were happy and felt passionate about their work.

Organisations registered with CQC have a legal obligation to notify us about certain events. The registered manager had ensured systems were in place and staff had the knowledge and resources to do this. The registered

manager demonstrated a good knowledge of all aspects of the home. They were aware of current changes to legislation and new developments and requirements in the care sector.

The provider had a clear leadership structure which staff understood; Staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

People and their relatives had been supported and encouraged to complete questionnaires about how the home was run. The data showed that the majority of people and their relatives were satisfied with the service being offered. Any trends or improvements could be identified by a quality report that had been generated which showed comparable data to the previous year’s data.

Records of staff meetings identified that formal meetings were held regularly; any concerns received within the home were shared with the staff to ensure improvements could be made and was a way of ensuring communication within the home was effective.

The registered manager had plans in place to capture views of all people involved in supporting people to make decisions.

A number of quality assurance audits had been completed by the registered manager and by the registered provider; these had been used to ensure the home had robust records and to drive forward continuous improvements. The registered manager had systems in place to review trends and themes in order to measure the delivery of care.

The registered manager told us they had plans in place to record and review all minor concerns so they could identify and monitor and improvements to the service, this showed that all information received would be used to drive quality across the service.