Norse Care (Services) Limited

Beauchamp House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected this service on 11 and 15 May 2017. The first day of the inspection was unannounced.

Beauchamp House is a care home for up to 43 older people, some of whom may be living with dementia. Accommodation is spread over two floors, and separated into small units, each with its own communal areas, bathroom and toilets. There is a large dining room on the ground floor, which can be used for events. There is a shaft lift between the two floors so that people do not have to use stairs. At the time of our inspection, there were 38 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was newly in post having completed registration with CQC in January 2017.

The service people received was not always as safe as it should be. There was a high level of people requiring support from two staff for aspects of their care, which impacted upon how quickly staff were able to respond to requests for assistance. There was a risk that, if the home were fully occupied, staff would not be able to meet people's needs properly. The registered manager was in the process of taking action to implement more robust assessments before people were admitted and engaged in a significant recruitment drive to help contribute to more stable and consistent care arrangements.

Staff understood risks to people's safety and welfare, for example of falls, not eating or drinking enough or to their skin integrity. They knew what action they needed to take to minimise these risks. They were also aware of the importance of raising any concerns or suspicions that people may be at risk of harm or abuse so that people were protected. Recruitment processes contributed to protecting people from the appointment of staff who were unsuitable to work in care.

Staff received training and support to meet people's needs competently. This included training to understand their obligations in relation to supporting people who may find it difficult to give informed consent to aspects of their care.

People received support from staff to eat and drink enough to ensure their welfare. They had a choice of food and staff went to considerable lengths to try and find something people would like to eat if they were reluctant to do so. Where there were concerns about this aspect of people's health, staff ensured they sought advice about people's diet. They also took action when there were other changes in people's health or welfare to ensure that people received appropriate professional advice and support.

People received support from staff who were kind and compassionate. They took action to intervene promptly when people became anxious. Interactions between people using the service and staff were warm,

respectful and polite. They took into account people's wishes, preferences and interests in the way they delivered care.

People were confident that, if they had any concerns or complaints, the management team would listen to them and take action to address their concerns.

There had been a lot of changes in the management arrangements at the home, which now needed to consolidate to ensure consistent leadership. Although the registered manager was relatively newly in post, she had a clear vision for the service and an action plan agreed with the provider's regional manager for driving improvements.

Systems for assessing, monitoring and improving the quality of the service provided for regular consultation with people. The management team took action to respond to people's views and opinions as far as practicable.

Staff were well motivated and enthusiastic about their work. They understood the standard of care that they were expected to deliver and had confidence in the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's dependency levels had increased, making it difficult for staff to meet people's needs promptly. This was being addressed.

Recruitment checks contributed to protecting people from the employment of unsuitable staff and staff understood the importance of reporting suspicions that people may be at risk of harm or abuse.

People's medicines were managed safely so that they received them as the prescriber intended.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs competently.

People were asked for their consent before staff delivered care and staff understood the importance of acting in people's best interests where they may lack capacity to make an informed decision.

People were supported to have enough to eat and drink to meet their needs.

Staff enabled people to access professional advice about their health and welfare.

Is the service caring?

Good

The service was caring.

Staff had developed warm and compassionate relationships with people and took action to offer reassurance when people needed it.

People were treated with respect for their privacy and

independence.

Is the service responsive?

Good

The service was responsive.

People received support that took into account their individual needs and preferences.

People and their visitors were confident that any complaints they had would be listened to and addressed.

Is the service well-led?

Good

The service was well-led.

People and their visitors were consulted for their views about the service they received and the management team responded to these.

Staff were confident in the leadership of the service and well-motivated.

The current registered manager had a clear understanding of her role and responsibilities for the way the service was operating.

There were systems in place to evaluate the quality and safety of the service and an action plan for driving improvements.

Beauchamp House

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.

The inspection took place on 11 and 15 May 2017. The first inspection visit was unannounced. It was completed by one 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. The second inspection visit was announced and completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law. We received feedback from a healthcare professional providing treatment, support and advice to people, and a professional providing support to the service for medicines management.

During our inspection visits, we looked around the home and observed how staff supported people. We interviewed the registered manager, three members of the care team, the administrator and a member of the ancillary staff team. We also spoke briefly with three other members of staff. We spoke with four people using the service and four visitors.

We reviewed arrangements for managing medicines and medicines records for four people. We also checked records associated with the care of four people. We looked at recruitment files for two members of staff, training files for three staff and electronic training records for the staff team. We looked at the supervision and appraisal programme and reviewed a sample of other records associated with the quality and safety of the service that people received.

Requires Improvement

Is the service safe?

Our findings

At this inspection, we found some concerns that, although there were enough staff to support people safely, there were times when staff were not available to assist people promptly. During the early part of 2017, there was an increase in the number of incidents taking place between people and notified to the Care Quality Commission. Although this was reduced when a person left the service, this raised concerns that staff were not always able to respond in a timely way. The registered manager needed to use temporary staff while recruitment and induction to permanent posts continued, and that dependency levels of people using the service had increased.

People told us that they felt safe in the home but also described how there were sometimes delays in staff responding to their need for assistance. We received consistent feedback that there were sometimes delays in assisting people with their continence. One person told us they had needed help but it was a long while before anyone came. Another person recognised that staff could be busy helping others but this sometimes meant there was a delay in giving them support when they needed it. They told us, "Sometimes they [staff] can take about 20 minutes. I call them because I need help going to the bathroom. Twice recently I had an accident, which is quite upsetting." A relative also said, "Sometimes I come onto the [high dependency] unit and there's nobody [staff] about. They've been called into one of the other units. Sometimes I stay because I don't feel it's right to leave people on their own."

At our first inspection visit, when we toured part of the high dependency unit, we observed that a lounge had no staff present while four people were using it. This lounge led to another sitting area with two people in it and no staff. On their return, one member of care staff said they had been in the kitchen area. Another had gone to fetch the hoist from elsewhere in the unit to assist a person with their mobility. During the remainder of our inspection, we saw that staff were available to people using these communal areas and so were better deployed to meet people's needs.

Staff told us that they were busy but that they felt members of the team supported one another well. They acknowledged that sometimes, if they were assisting a person who needed two staff, they might not be able to respond to another call for assistance promptly. They commented that this could sometimes, "…leave the floor vulnerable."

We noted that the registered manager was exploring options with a contractor as a result of difficulties with the call bell system. Staff needed to use a mobile system to summon assistance from one another and the signals sometimes 'dropped' in areas of the home. This presented a risk that they may not be able to respond quickly and was being addressed. The registered manager was also looking at how the call bell system, which recorded how long it took for staff to respond, could be more efficiently linked to her computer and printer for monitoring purposes.

We were concerned about potential risks that staff would not be able to meet people's needs safely should the home fill the remaining five vacancies. Staffing was arranged on a fixed ratio rather than based on need and dependency. Ten out of 38 people needed assistance from two members of staff to move safely or to

deliver their care. Five of these people had rooms in the 'high dependency' area of the home. Four others were living in the "Bottom North" unit with only one staff member allocated to that area. One person was in "Top North" unit, again with one staff member allocated. This, together with arrangements for staff breaks, meant that there could be delays in responding to people's needs while staff secured assistance from colleagues elsewhere in the home or from a team leader.

The registered manager told us they felt an imbalance had developed in dependency levels. They described how they were implementing more robust assessments for prospective service users to improve how people's needs were met. This was reflected in the written action plans for improving the service and recorded as agreed with the regional manager.

The management team booked bank or agency staff who were familiar with the service, whenever possible. However, temporary staff may not be as familiar with the service, how to gain additional staff support quickly, and the provider's expectations. The recruitment and retention of permanent staff should help improve consistency and awareness of how the team was deployed around the home. The registered manager was working hard to address staffing vacancies, with 15 staff appointed since January 2017, five of whom were awaiting recruitment checks before starting work.

Recruitment practices remained effective in helping to protect people. A staff member and the registered manager confirmed the range of required checks completed before staff started work within the home. This included information about people's employment history, references and enhanced background checks to ensure they were suitable to work in care. We verified these checks were in place from recruitment records.

Risks to people's safety within part of the home had been reviewed so that they were safe while refurbishment work took place. Risks to people's individual safety and welfare were assessed within their plans of care. For example, there were assessments of risks associated with falls, from poor nutrition or to people's skin integrity. The information included guidance about what staff should do to minimise risks to people. We noted that staff gave one person regular assistance to change their position to maintain their skin health. This matched guidance within their plan of care. We also saw that staff monitored people who were at risk of not eating or drinking enough so they could ensure action was taken to reduce the risk. There was clear guidance for staff about how to fix one person's sling to the hoist so that they were safely supported when they needed to move.

Staff told us they had training to enable them to respond appropriately to an emergency such as an accident or fire. Staff checked the fire detection systems regularly to ensure they would work as required. We confirmed from records that the relevant training, including in fire evacuation procedures and first aid, was in place.

The service had systems in place, which were designed to protect people from the risk of abuse. People said they felt safe with the staff. For example, one person said, "I lived on my own before coming here and I was worried, particularly at night. Now I live here with lots of people and I do feel safe." Another person told us, "The staff are kind to me; nobody loses their temper with me." A relative told us they were confident in the way staff supported their family member. They told us, "I think they do a very good job. I wouldn't want [person] anywhere else." Staff were able to tell us what would lead them to be concerned and what they needed to report. There was clear guidance for staff about the action they could take to report suspicions of possible abuse, both within the service and to external agencies such as the local safeguarding team or the Care Quality Commission.

Medicines were managed safely, by trained and competent staff. People told us their medication was kept in

locked cabinets in their own rooms and a member of staff would come and get them at the right time. One person told us, "They check the pills then give them to me in a pot and watch while I take them." They went on to say that they did not need the staff member to explain what their medicines were for as they knew. They went on to tell us that, "If I need extra painkillers, I just have to ask and they'll get me some."

Staff explained how shifts were allocated and that medicines were only administered by trained staff. A visiting health professional told us that staff consulted them appropriately if there were medicine errors. They told us these were infrequent and staff had worked well with both them and the community pharmacist to limit mistakes. We saw that there was a new system for the supply of medicines. Staff described this as simpler, clearer and less likely to result in mistakes. The sample of medicines we checked matched the records kept, indicating people got their medicines as prescribed.

Good

Is the service effective?

Our findings

The service supported people effectively with their care. People, or their relatives, told us that staff were competent. A person using the service told us they thought staff were well trained, understood their health condition and what to do about it to support them. A relative told us how they had needed assistance with their family member. They said, "The carer who helped me was absolutely brilliant." Another visitor told us, "They look after [person] well, [person] is always clean and tidy. They do everything for them and I know it's happening when I'm not here. It's fine."

Staff confirmed they had access to training and that they received regular updates when necessary. There was a schedule in place for staff to receive regular support through supervision to discuss their performance and development needs and to check their competence. Records showed that new staff completed a programme of induction to ensure they were competent in their roles. They completed moving and handling training before starting work in the service and worked "shadowing" shifts with experienced colleagues. One staff member had experience of working in one part of the home but was shadowing staff in another part so they could get to know the people living in that area and the support they needed.

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 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are 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 were being met.

One person had capacity to understand choking risks associated with their chosen diet and staff respected their decision. Staff understood the need to seek people's consent for them to deliver care and we saw them seeking people's agreement before they provided support. They described how refusals were respected and that they would return later to offer assistance if care was essential and in a person's best interests. The registered manager was aware of the importance of protecting people's rights and ensuring that any restrictions essential for people's safety were properly authorised in accordance with the DoLS.

People received enough to eat and drink to ensure their wellbeing. One visitor felt that there could be more to eat at teatime. However, people using the service felt they had enough to eat and drink. Records showed that people's weights were checked to see whether staff needed to take any additional action to help people maintain a healthy weight. Staff said that food and fluid charts would be introduced where there were concerns that someone was eating and drinking poorly.

We received varying views about the quality of the food since a change of menu. The registered manager had plans for checking people's views about the new menus. One person said, "The food's not always good. They've had a lot of changes of cook." However, they felt they had enough to eat and drink and most views were positive. For example, another person said, "It's lovely food. Really nice." A person who had received respite care at the home completed an 'on line' review of the service. They wrote that, "Food was excellent and there was plenty of choice."

A visitor commented to us that they felt people could have more fruit and vegetables. However, we noted that there were baskets of fruit around the home, from which people could help themselves. A staff member told us how much one person particularly enjoyed this and just needed assistance on occasion to peel or slice fruit for them. We also saw that there were plenty of vegetables served with the lunchtime meals.

Staff made efforts to ensure people could enjoy their food. We observed that staff repeatedly returned to offer one person alternatives at lunch time, before the person accepted the fourth option. In a part of the home supporting people who were living with dementia, we saw that staff showed people plates of the food that was on offer, to make it easier for them to choose what they would like. We noted that people had drinks close by them and jugs of drink in their rooms. Staff offered drinks mid-morning and afternoon and people said they had enough to drink.

The service supported people to maintain their health and to seek professional advice when they needed it. One person told us how they had felt unwell during the morning of our first inspection visit. They said, "I told my carer and they've arranged for the doctor to come and see me today." A visiting health professional told us that staff consulted with them appropriately about people's needs and responded promptly to changes in people's health. They felt that the staff team worked well together to provide an excellent level of care. Care records also showed that people could access professional advice for their eyesight, foot care, hearing and diet. They also received support from an occupational therapist, speech and language therapist and the Dementia Intensive Support Team when this was necessary.

Good

Is the service caring?

Our findings

People received support from staff who had developed warm and compassionate relationships with them. One person told us, "I think it stands out that they're caring. They will sit and chat with you, especially if they think you're a little down." One person told us, "I am happy here. This is my family now. They have looked after me so well."

A visitor gave us an example of how a relative gave their family member a cushion with a picture on that they liked. They described how a staff member had taken time and trouble to find a matching blanket, which the person really liked to have on their bed. One visitor had completed an 'on line' review for the quality of the service for their family member. They said, "Beauchamp House has the most wonderful, caring staff that any home could have……If all care homes were like Beauchamp, families would never have to worry about their loved ones."

We observed that staff speaking to people made eye contact with them and got down to their level if people were sitting down. We heard a lot of chatting and laughter between staff and people living in the home. Interactions were warm and friendly but polite.

People agreed that staff spoke to them about their care and what they needed. Two visitors told us how they felt they were kept informed about people's care. One told us, "We talk about [person's] care as it is needed but we've not sat down to go through the care plan." Another visitor told us, "I can't speak highly enough of them [staff]. They let me know what's going on." We heard staff asking people whether they needed help and what they wanted to do. We also noted that, within plans of care we reviewed, people had signed to show their involvement in developing them and agreeing how they wanted their care to be delivered.

People told us that their dignity and privacy was promoted. One person said, "I think the carers are respectful. They ask me before doing things like coming into my room to clean or even just to talk to me." Another person said, "I've been told this room is my home. They respect it and always knock." A visitor told us how staff promoted one person's dignity by recognising their family member as, "… a very private person and can get anxious about help with going to the toilet. The carers here are really good at keeping [person] covered so [person] doesn't get upset." They went on to tell us that they felt staff understood their family member's feelings and tried to ensure they did not become distressed. Another visitor commented that their family member, "… is always clean and presentable which is really important for [person's] dignity." They did feel that staff could pay a bit more attention to hair growth on the person's chin to help enhance this further.

People also felt that their independence was promoted and staff understood the importance of this. For example, one person told us, "They [staff] know I like to be independent. I can make a drink for myself when I want one and make my own bed if I choose to." A visitor completing an 'on line' review about care for their family member said, "[Person] was well looked after, cared for and encouraged to be independent."

People told us that their visitors could come when they liked. One person told us, "My family can visit me

whenever they like." Visitors said they felt welcome in the home and we saw that staff greeted them appropriately. One visitor expressed concerns about security at the front door of the home and having to wait for staff to let them in. However, we could see from minutes of a meeting involving people living in the home that this was in response to their views and wishes.

Good

Is the service responsive?

Our findings

People received a service that took into account their individual needs. A person living in the home told us, "It matters to me to be treated like a proper person and they do that here." They were confident that staff understood their needs and preferences. They went on to say, "I can stay up until about 12 if I like and could have breakfast in bed if I wanted, but that's not really for me." One person submitting an 'on line' review of the home had written about their stay in April 2017 that, "I was made to feel like a human being and not a room number." A visitor to the home told us, "You can tell by the way staff talk to [person] that they know her, what she likes and what upsets her. They are so good with her." They went on to say that, "They [staff] really seem to understand [person's] feeling and wishes." Another visitor commented, "I believe the care is person centred."

We saw that staff understood what was important to people and acted accordingly. For example, one person raised their family history and where a relative had lived. The staff member's response showed that they knew where the person and other members of their family had lived and how the person used to cycle between them. Another staff member recognised that it was very important to one person how their oral care was attended to and took action to address their concerns when they raised it. The registered manager told us how they were planning, with staff specifically trained as "dementia coaches", to improve the information about people's life histories and what was important to them. This would contribute further to staff understanding people's preferences and responses when they were offering support.

Staff made efforts to engage people in activities although visitors to the home recognised that sometimes staff were busy, "…doing the basics…" and did not have a lot of time to engage people in activities. One person told us that they did not think there was a lot to do but they could occupy themselves as they enjoyed reading and watching television. They went on to explain that, "There is a board where they let you know what's happening. I do join in with some of the organised things."

However, during our inspection visits, we saw that a staff member encouraged a group of people with a jigsaw puzzle, which they told us they were enjoying. Another person enjoyed the regular visits from a Pets as Therapy (PAT) dog. They told us, "I love seeing the dog, it makes me really happy." We saw that staff sat with people living with a degree of dementia, encouraging discussions about the things they remembered. Staff had also invited people living in the community to attend an event they organised for Dementia Awareness Week. Although this was not well supported by the local community, people living in the home who attended enjoyed the tea party, cakes and raffle.

People or their relatives were confident they could raise concerns and complaints and have them addressed. One person told us they would ask their relative to speak to the manager if they had any complaints. A visitor told us, "I would speak to the manager. She's good. I am confident that if I raise something about [person's] care it will be taken seriously." Another said, "Nowhere is going to be perfect and we have had a few issues but they've worked through." They felt that action was taken in response to their concerns so that the things they were concerned about had improved. We noted that the registered manager had a record of complaints people had made about the service, their investigation and the actions

taken to apologise and improve where this was necessary.

Good

Is the service well-led?

Our findings

People using the service and the visitors we spoke with, knew who the registered manager was. They were confident in the ability of the registered manager and how she ran the service. For example a visitor told us, "I cannot speak highly enough about her. She's good." From our discussion with the registered manager and review of other information, we found that she had a sound understanding of people's individual needs as well as the operation of the service itself. Staff also expressed their confidence in the registered manager's abilities and hoped that management arrangements would now consolidate.

The current manager had been managing the service for around six months. This was after having gained management experience in some of the provider's other services. She completed registration with the Care Quality Commission (CQC) in January 2017. This was the fourth management change since our last inspection of Beauchamp House. However, the registered manager had a clear view of her role, responsibility for meeting regulations and how she could drive improvements in the service.

The registered manager had taken time to assess and establish where there were improvements that could be made both in response to internal checks and audits, and in response to people's views. She was prioritising areas for improvement and had developed an action plan to achieve these. Together with the regional manager, she was monitoring progress against the identified actions. She was confident in her explanations to us about what needed to improve and able to demonstrate what action she had taken, for example around recruitment and the admissions process. Our discussions showed that she was aware of the need to 'pace' improvements, taking into account the frequent changes of leadership. The information she gave us about improvements she intended to make was consistent with what she had explained in the Provider Information Return. She understood the importance of providing information to us promptly when it was required and had complied with relevant timescales for doing this.

The registered manager took into account any developing patterns of accidents or incidents affecting individuals, so they could ensure these were investigated and followed up. They also looked at complaints to see if there were any common factors indicating the need for improvement. In relation to those received, there had not been any patterns.

There was a formal process for collecting people's views and those of their families, through surveys and the registered manager had developed an action plan to address the responses. These surveys were carried out and analysed by an independent body and the home was 'benchmarked' against the provider's other services so it was clear where they could improve. The results also showed where there had been a decline or improvement in the responses from the previous year so these could be reviewed. As a result, the registered manager had formulated a clear action plan to develop the service.

There was also an informal process of consultation with people and their relatives through meetings. Visitors were aware they could attend these meetings. The registered manager told us how they were considering holding some meetings during the evening. This was so she could increase the involvement of relatives who had daytime or work commitments. We could see that people's views from meetings were

taken into account in the actions taken. This included that the front door to the home was secured in response to their wishes.

The registered manager was working to improve stability within the service through the recruitment process. She was also taking more robust account of people's dependency levels. She intended this should lead to improvements in how staff could meet individual needs in a more consistent and timely way. She had a good understanding of how the provider expected her to monitor staff performance and what actions to take where this fell short of expected standards. She was able to explain how action was taken and escalated if it was necessary.

The registered manager and deputy manager worked alternate weekends on shift in the home. This enabled them to monitor how the service was running, to provide a visible presence and accessible support for the staff team.

There was a core of long-standing staff members, who had a clear understanding of their roles. They felt that teamwork and morale was good despite regular reliance on bank or agency staff. Our discussions with them showed that they were aware what was expected of them, were well motivated and enjoyed their work. Staff felt that the introduction of 'allocation sheets' for each shift helped to clarify who they should be reporting to and how. One member of bank staff told us that they enjoyed coming to Beauchamp House to work as they felt staff worked well together. A newer staff member was confident that they were included as a part of the care team and supported by both their colleagues and the registered manager. Staff spoken with all said that they would be happy for a relative of theirs to be cared for at Beauchamp House.