Norse Care (Services) Limited

Beauchamp House

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

The inspection took place on 9 February 2015 and was unannounced.

The home provides care for a maximum of 43 older people, some of whom may be living with dementia. Accommodation is across two floors with a range of dining areas and lounges, and there is access to a garden. At the time of our inspection there were 34 people living in the home. Some rooms had been kept empty because there was refurbishment taking place on one part of the ground floor.

There was a registered manager in post. 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

The service was safe. Staff understood how to protect people from abuse and how to report any concerns. There were enough staff to support people safely,

Summary of findings

although we found that sometimes staff hadn't been deployed effectively to ensure people had prompt access to support on both floors of the home. Medicines were managed safely.

The Care Quality Commission is required by law to monitor the operation of the Mental capacity Act 2005 and Deprivation of Liberty Safeguards, and to report on what we find. The manager knew when to seek advice about imposing any restrictions on the freedom of people who may not understand the risks to which they were exposed so their rights could be promoted.

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

Staff were kind and attentive to people. People were treated with respect. People's privacy and dignity was promoted. Staff took time to listen to them and to engage people living with dementia about their personal histories so that they could participate in meaningful conversations.

People's needs were assessed and care was planned that would meet each individual's needs. Staff understood what people's support needs were, their preferences, likes and dislikes and how to support people with their care. People were confident their complaints would be listened to although they did not always feel they saw changes as a result of raising a concern.

Staff had a clear understanding of their roles and worked well together as a team. They valued the support of the manager and how they were able to make suggestions for change. Systems for monitoring the quality of the service also took into account the views of people living in the home and their relatives so that improvements could be made where necessary.

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's medicines were stored and administered safely.

People were kept safe by staff who recognised signs of potential harm and knew what to do if concerns arose.

There were enough competent and thoroughly vetted staff on duty to meet people's needs safely, although they were not always deployed effectively.

Good

Is the service effective?
The service was effective.

Staff were well trained and understood how to support people to make informed decisions about their care. Where people could not do this for themselves, their rights were protected.

People were supported to eat and drink enough to meet their needs and to see health professionals such as their doctor, when this was necessary.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and kindness and involved people in making choices. Their friends and families were welcomed in the home.

Good

Is the service responsive?
The service was responsive.

People received care in a way that met their individual needs and preferences.

People were confident their complaints would be listened to and they were reminded about their right to raise concerns.

Good

Is the service well-led?
The service was well-led.

There was a newly registered manager in post. Staff were well motivated and supported by their senior staff. They were clear about their roles and responsibilities.

The quality of the service was monitored and checked so that improvements could be made where necessary.

Good

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 9 February 2015 and was unannounced. The inspection team consisted of two inspectors 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.

Before our inspection we looked at all the information we had available about the home. This included the information the manager returned to us before our inspection. 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. We also reviewed notifications made to us. Notifications are changes, events or incidents that providers must tell us about by law. We also received feedback from a visiting health professional. We used this information to help decide what we were going to focus on during this inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 13 people using the service and four of their visitors. We also interviewed seven members of staff including two ancillary staff, the deputy manager and registered manager.

We reviewed care records for five people, medication records for eight people, a sample of staff records and records associated with the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. For example, one person said, “I like it here. It’s a lovely place.” They said they had no concerns about their safety and the way they were treated by staff. They told us that they would be able to raise any concerns with staff or the manager. Visitors spoken with said that they had not heard or seen anything which caused them concern about the way people were treated.

Staff we spoke with confirmed they had regular training in safeguarding vulnerable adults. They were able to tell us about the different types of abuse that people may experience and were clear about their obligations to report any concerns. The service also had a whistle-blowing policy in place. The care staff we spoke with said that they would feel confident blow the whistle on poor practice if it was required.

A member of the management team told us how staff cared for people who may become distressed or agitated. They said, “Staff are good at calming people down. They look for triggers.” They felt that staff were alert for these so that agitation and distress could be avoided or would not escalate.

We saw that risks to people were identified, recorded and managed. This included people’s risks in relation to falls, moving and handling, poor nutrition and hydration and for the development of pressure ulcers. There were clear plans of care and support to help ensure that people’s safety was promoted. We noted that staff using hoists to help transfer people made sure they had the correct equipment and sufficient space to work to avoid risks of injury to people. Records showed that the equipment was regularly serviced to ensure it remained safe to use.

We saw that there was a range of contingency plans for emergencies. These plans included the arrangements for a ‘place of safety’ for people in case any emergency require evacuation of the home. Risks associated with the refurbishment taking place were addressed so that people’s safety was promoted.

People felt they were supported safely. However, we received some conflicting information about staffing. One person told us, “The only thing is that sometimes people who have to have help for something need to wait. That said they came really quickly when I had an accident.” A visitor commented, "I often make the tea in the afternoons when I am here as there seems to be no one around first thing in the afternoon." We saw that, during the early afternoon when shifts had just changed, there was no staff member available to assist people on the first floor. We immediately drew this to the attention of the manager who took action to improve staff deployment so that someone was available to people on both floors of the home.

Staff we spoke with said that they felt there were enough staff on duty to meet the needs of people safely but also commented that sometimes the care given to people in the morning was a series of tasks they had to do. Staff said that they had more time to spend with people during the afternoon. During our inspection we saw that people who needed support were assisted in a timely manner. Staff supported people with their meals or mobility without rushing them.

Staff told us about their recruitment and the information they needed to provide before they started work. They knew that checks were made to ensure they were suitable for the work and their references were taken up. They had also attended interviews before being appointed. The manager gave a clear account of the recruitment process from advertisement to appointment, including the checks that were made under the guidance of the provider’s human resources (HR) department. We concluded that appropriate checks were undertaken to ensure staff appointed were suitable to work with vulnerable people.

All of the people we spoke with said that their medication was given to them on time. One person told us, “They [staff] manage my tablets and I’m quite happy for them to do it. They always ask if I need anything else like pain killers.”

Medicines received into the home and returned to the pharmacy for disposal were properly recorded so that people were protected from misuse or misappropriation of their medicines. People’s medicines were kept in a locked cabinet within their own rooms. We noted that controlled drugs, needing additional precautions in their storage and management, were safely stored and properly recorded.

We saw that there was a procedure in place for medicine errors. This included the retraining of staff if required. Medicines and the associated records were regularly audited so that any errors could be identified and

Good

Is the service safe?

addressed promptly. Staff told us that their training was updated regularly and their practice was observed to ensure it was safe. We concluded that people's medicines were managed and given safely.

We found from records that one person received covert medicines crushed and disguised in a drink. They was an assessment of their capacity to understand the implications of refusing the medicine and a 'best interest decision' recorded in relation to this involving their General Practitioner. We discussed with the manager that involvement from a pharmacist should be included in the decision to administer covert medicines as not all medicines can be crushed.

Good

Is the service effective?

Our findings

People told us that they felt the staff understood how to meet their needs. They had no concerns about the abilities of staff to meet their needs competently. One person said, “Staff are very good. I can’t fault it here at all.”

Staff told us that they had completed core training such as moving and handling or first aid, and this was updated when necessary. They also said that they were able to access further training to help them to support people such as diploma qualifications if they wished. The deputy manager explained the training they had completed as a ‘dementia coach’ and gave us examples of how they cascaded knowledge and training to team members. There were also ‘dementia leads’ working in each unit and the deputy manager told us how there were monthly meetings to review what could be done better in supporting people. A visiting GP told us that they felt staff were competent to meet the needs of the people living in the home.

Staff told us that they received an annual appraisal and regular supervisions including assessments of their competence. All of them told us that they felt well supported by the manager and competent to undertake their roles. We observed that the handover between shifts detailed any changes in relation to a person’s care and support. Staff we spoke with could tell us about the support people needed. This matched the information given at handover and what we had seen in people’s care records. We concluded that staff understood the needs of the people they were caring for and how to support them properly.

Care plans that we reviewed contained people’s consent for the delivery of their care and the sharing of their information. Where people were assessed as unable to make specific decisions we saw evidence that their best interests were taken into account. Where relatives were involved in decisions about people’s health and welfare there was information showing that they were authorised by an appropriate ‘power of attorney’ to take such decisions. The manager understood when applications for authorisation under the Deprivation of Liberty Safeguards (DoLS) were needed to ensure people’s rights were protected.

Where people had the capacity to make decisions, we saw that their choices were respected. For example, one person with swallowing difficulties had been assessed by a health professional as needing a soft diet but had declined this. We saw that there was a risk assessment for choking in place. Staff ensured they were able to observe the person eating discreetly and intervene promptly if this was needed. The person’s decision to eat food that was not prepared as recommended was respected.

People told us that they enjoyed their meals. One person said, “The food here is always very good. You would never go hungry.” Another person said, “You always get a choice of what you want to eat. It’s always hot and tasty. I have no complaints about the food.” One person told us, "I get the odd glass of sherry which I like." We saw that the menu was displayed with pictures of the dishes to help people understand what the options were. People who were living with dementia were assisted to make their choices by being shown plates of the food that was on offer.

We noted that food served to people in the main dining room was hot. However, we observed that this was not the case elsewhere in the home. We observed a number of people living with dementia who sat with their food in front of them without attempting to eat. In one case a person was not offered encouragement or prompting for about 20 minutes by which time their meal would have been cold. We did observe that, when eventually prompted, most of the people concerned ate well and there was little waste. One person who had refused a meal was given several opportunities to select an option, with gentle encouragement and finally agreed to “…give it a try.” Another person who had declined their main course was offered a selection of desserts.

We saw that the amount people ate and drank was monitored and that people were prompted to drink regularly. A senior member of staff was told us what the target amount was for people to ensure that they had enough to drink. A visitor commented to us that one person was reluctant to drink enough for their needs. They told us, “They [staff] always try to find some other ways, like soup.”

People told us how staff supported them with their health. One person said, “They always ask the doctor to come when I need it. They arranged transport for me for my appointments at hospital.” They went on to tell us that they also saw the chiropodist regularly. A relative told us that they felt staff were alert to changes in people’s health. They said that they were quick to test the person’s urine if there

Good

Is the service effective?

was a possibility they were developing an infection and to follow up the results if necessary. A GP told us that they felt the service consulted them promptly and appropriately about people's needs and acted upon the advice they gave. Care records showed specialist advice from a speech and language therapist or dietician had been obtained when it was needed.

Good

Is the service caring?

Our findings

People told us that staff were kind and respectful towards them. They felt that staff understood their needs and preferences. One person told us, “The staff are very good.” Another described staff as “…very kind.” One person said that they had come for respite care initially and added, “I’m quite comfortable. I don’t want to go home. I like it here – it’s a lovely place.”

We observed that staff treated people kindly and spoke to them respectfully. For example, one person living with dementia became anxious about an appointment they felt they had to attend and that they did not have time to eat their dinner. We saw the staff member offer them reassurance about the time and distract them by talking about their life history and the work they used to do. From the discussion we noted that the staff member knew about the person’s former life and interests. This meant they were able to engage the person in a meaningful way. The person became markedly less anxious and ate their meal in a more relaxed manner while chatting to the staff member.

The majority of people spoken with were satisfied with the attitude of staff. Visitors spoken with felt that staff were very kind and caring. One visitor told us, “They are genuinely concerned about people’s welfare.” Another said, “They have always been very kind and caring. There’s never been anything of concern.” Only two people told us that they felt some staff were not as good as others. On further discussion, we concluded that this was because they felt sometimes staff should respond to their queries or requests more quickly. During their explanation we concluded that they could misinterpret responses from staff as a ‘brush off’ if they were told that the staff member would be back in a minute because they were assisting someone else at the time.

One person told us, “They [staff] ask what I want doing and how I like things done. We’re getting to know each other and they are getting to know me.” Another told us, “I prefer female carers to help with my strip wash. I don’t think I’ve had to have a male carer since I’ve been here.” Visitors to two people living with dementia told us that they were involved in reviews of their relative’s care so that their views and knowledge of the person would be taken into account in planning care. One person described the way that staff supported them. They said, "Staff try to work with you, not against you." People’s views were listened to and taken into account in the way their care was delivered.

People told us that they felt they were treated with dignity and that staff respected their privacy. One person told us that they used their bedroom door to indicate whether they wanted privacy. If it was fully open people could come in, half closed was because the person wanted some peace but that people could enter. The person told us that they closed the door fully if they wanted privacy and that staff respected this. Another person said, "Companionship is terrific or you can go to your room for peace."

Visitors told us they were always made welcome by staff. One told us that they had been anxious about the health of their relative and so had popped in at 10pm. Staff had reassured them and made them welcome in the home.

Good

Is the service responsive?

Our findings

People told us that the staff gave them choices regarding their care and treatment. For example, one person said, “I get up when I want to.” Another said, “I can stay up as long as I want to. Sometimes I do that and watch a film.” One person told us, "I didn't think I would be allowed to keep pets, but I am glad that I have my budgie with me."

The service was in the process of changing the format of care plans. We saw that the new system provided clear information and that people’s needs had been reviewed. People’s care plans we reviewed were specific to the needs of each individual. There was detailed information about people’s interests, what was important to them and how they liked to be kept occupied. Staff were able to tell us about people’s needs and preferences. We saw that records of the care staff delivered matched what their plans of care said they needed. For example, people at risk of developing pressure sores were monitored and assisted to change position regularly so that the risk was managed. A team leader explained to us that monitoring charts in use were checked at the end of each shift. They told us how this helped to ensure people’s needs had been met.

We saw that people were supported to undertake some of their interests and hobbies. People who preferred to watch television could either do this in the lounge area or their individual rooms. We observed staff assisting one person to do their knitting because that is what they enjoyed doing and they needed some help. Other people chose to spend their day chatting with others and we saw some people reading books or newspapers. One person told us, “We play cards and Ludo. We also do quizzes.” Another person said, “I feel that there is enough to do. I like sitting in this lounge doing my word searches. It’s very peaceful in here. A few people felt that there could be more variety of things happening. One person said, "I love dancing, but the staff don't have time." However, they also told us that they had not brought this up with staff as a suggestion. Another person said, “I’m a ‘do-er’. There isn’t always much going on but I do read a lot and there are lots of books around to choose from.”

People told us that if they wished to sit outside in the garden during the warmer weather then the care staff would assist them to do this. One person told us they would like to go outside more often even if it was not a warm day. Staff responded to their suggestion and they later told us, "I was taken outside today."

People told us that a vicar came to the home to see them and one person had been to the Salvation Army. One visitor explained how a member of their relative’s church had been in contact and was able to visit the person in the home. During the course of the inspection, many people received visits from friends or family.

People told us that they did not have any complaints but if they did, they would be able to take them up with staff. We saw minutes from a ‘resident meeting’ showing that people were given the opportunity to raise and concerns and reminded that they should do so if they were unhappy about something. The provider had a policy in place for managing complaints although we noted that this was not displayed alongside the meeting minutes for people to refer to. We saw that one formal complaint was being investigated and records of this were maintained for reference so that remedial action could be taken if the complaint was founded. The majority of relatives were satisfied that their complaints would be taken seriously.

Good

Is the service well-led?

Our findings

People expressed their satisfaction with the service. One person had lived in another care service before moving to this one. They told us, “I didn't care much for my other place, I prefer to be here." Another person told us how much they liked the home and said, "I have decided to stay here for good."

We saw that there were ‘residents’ meetings where people were consulted for their views and suggestions and information was shared with them about any developments in the home. However, the last meeting minutes displayed for people to refer to were from September 2014. We saw that people living in the home, their relatives and staff were asked for their views more formally through an annual survey. The manager had an action plan arising from the survey carried out in October 2013. She told us how any outstanding issues or improvements were addressed during her own supervision with her line manager so that improvement continued. We received comments from a few relatives that they had not noticed any changes as a result of issues that they raised. We concluded that actions taken in response to surveys or concerns had not always been clearly communicated to people or their relatives. A further survey had taken place at the end of 2014 and was awaiting analysis by the provider.

The management of the home changed during 2014. The incoming manager registered with the Care Quality Commission in November. All of the staff we spoke with were complimentary about them. Staff told us that they felt very well supported, valued and listened to. They said that their input in relation to improving the quality of care was always listened to and acted upon as appropriate. One staff member gave as an example of how a suggestion for improvement had been taken up.

Staff we spoke with told us that they thoroughly enjoyed working at the home. They were very positive about their roles and responsibilities. One commented, “I think morale is good at the moment.” Staff explained how their appraisals involved agreeing objectives for the following year and how these would be achieved. They told us that areas for improvement were raised but said that this was done in a very constructive way. When we reviewed the notes of a meeting between team leaders this showed that discussion had taken place about how to deliver positive feedback and constructive criticism. We observed the handover between the early and late staff. We noted that the team leaders displayed good leadership skills giving clear information to care staff.

Some staff took the role of ‘dementia leads’ within the service. We spoke with one of them who told us that they had completed their diploma in health and social care that had a dementia pathway with it. They explained that they worked alongside other staff in order to share their learning about dementia and best practice. One of the less experienced staff we spoke with told us how beneficial this was. They said that they had learnt a vast amount from the dementia leads and that this helped staff to work together to deliver good quality care.

We found that there was a range of other checks and audits in place to ensure the quality of the service was monitored and improved where necessary. For example, an audit of people’s mealtime experiences had taken place and medicines were checked regularly. Incidents including falls were also analysed to see if there were patterns which needed to be addressed.