

Roseberry Care Centres (England) Ltd

# The Beaufort Care Home

## Inspection report

56 Kenilworth Road  
Coventry  
West Midlands  
CV4 7AH

Date of inspection visit:  
20 January 2022

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11 March 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Beaufort Care Home is a care home and is registered to provide personal and nursing care for up to 29 adults. At the time of the inspection there were 19 people using the service and two people who lived at the home were in hospital.

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

The quality and safety of the service had deteriorated since our last inspection and processes to monitor the quality and safety of the service were not always effective. Some lessons had not been learned and the provider was unable to demonstrate people always received the care they needed.

People's needs were not always met. Some people and five relatives were dissatisfied with some aspects of the care and support provided. People did not have enough opportunities to follow their hobbies or take part in things they enjoyed. The management team gave assurance action would be taken to improve outcomes for people.

People told us they felt safe living at The Beaufort Care Home and safeguarding procedures were in place to protect them. Staff had completed training to help them understand the types of abuse people could experience. Whilst risks associated with people's care had been assessed, some of the information staff needed to provide safe care was not up to date at the time of our visit.

The management of people's medicines was not consistently safe. Despite our findings people told us they received their medicines when they needed them and the nurse on duty during our visit administered people's medicines safely.

National guidance to prevent and control the spread of infection was not always followed. Effective measures were in place to make sure care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they were exempt.

Enough staff were on duty to provide safe care and staff who worked at the home had been recruited safely. Staff knew people well, but people's care records did not always contain accurate information. Prompt action was taken to address this during our visit.

Most people and their relatives knew how to make a complaint and felt able to do so. Complaints had been managed in line with the provider's procedure. People spoke positively about the registered manager. Five of the eight relatives we spoke with felt the communication between them and the management team needed to improve. The regional operations was taking action in an attempt to make improvements and promote an inclusive and empowering culture.

Staff told us they felt comfortable to raise any issues or concerns with a member of the management team

and overall, they felt supported and valued by their managers. The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. and they worked with other organisations including GPs and social workers to benefit people.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns in relation to people's care not meeting their needs. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beaufort Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# The Beaufort Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by four inspectors and a specialist advisor. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia.

#### Service and service type

The Beaufort Care Home is care home. People 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.

The service had a manager registered with the Care Quality Commission. This meant both they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We also considered the Provider Information Return (PIR). This 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. This information helps support our inspections. We also gathered feedback from the local authority and Clinical Commissioning Group (CCG) who fund some of the care provided. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service to find out what it was like to live at the home and to gather their experience of the care provided. We spoke with 12 members of staff including the registered manager, the regional operations manager, a nurse, the cook, the administrator, and care assistants.

We reviewed a range of records. This included six people's care records and medication records. We reviewed a range of records relating to the management of the service which included completed audits. We looked at recruitment records for three staff members to check they had been recruited safely.

#### After the inspection

We gathered feedback via the telephone from eight people's relatives and we received some further information about the service from the registered manager including information to evidence how risks were managed. We also shared our inspection findings with the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured the provider was using PPE effectively and safely. During our visit one staff member was observed to be wearing their face mask below their nose on several occasions. The regional operations manager took action to address this. The disposal of used Personal Protective Equipment (PPE) did not mitigate cross contamination risks. Staff including the registered manager told us used PPE should be disposed of in designated bins. However, used PPE was observed in some domestic bins. We brought this to the attention of the registered manager for them to address.
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. Whilst safe visiting procedures were followed during our visit some relatives told us the service did not consistently follow national care home visiting guidance. In response the regional operations manager told us they planned to meet with relatives and share up to date care home visiting guidance with them.

We found no evidence that people had been harmed however they were at risk because the provider did not consistently follow national guidance in relation to infection control. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Assessing risk, safety monitoring and management

- Risk associated with people's care had been assessed. However, some of the information staff needed to keep people safe had not been updated when people's needs had changed or when risk levels had increased. The risks associated with one-person smoking cigarettes had increased in December 2021, but their risk assessment had not been reviewed or updated. Immediate action was taken to update the risk assessment which was shared with staff during our visit.
- Other people's risk assessments were accurate and informed staff how to manage and mitigate risks. For example, risks associated with falls and health conditions including epilepsy. Staff understood how to provide safe care and provided examples of how they managed risks.
- Staff knew what to do in an emergency such as a fire but the information the emergency services would need to evacuate people safely in the event of an emergency was not accurate. The information was updated when we brought it to the attention of the registered manager.
- Effective checks of the environment and equipment in use took place in line with safety guidance. For example, checks of hoists and slings used by staff to move people were completed monthly.

### Using medicines safely

- The management of people's medicines was not consistently safe and some previously demonstrated standards had not been maintained.
- One person was prescribed cream that needed to be applied to their skin daily. Whilst staff told us they had applied the cream, medicine administration records (MAR) had not been completed to confirm applications for 32 days between 08 November 2021 and 18 January 2021. This demonstrated staff had not always followed the provider's medication policy and national medicines guidance. The management team assured us they would address this.
- People told us they received their medicines when they needed them. Two relatives told us they did not think their family members always got their medicines on time because staff were busy completing other tasks. The regional operations manager gave assurance the views of relatives would be looked into and remedial action would be taken if necessary.
- The nurse on duty during our visit administered people's medicines safely and medicines were ordered and disposed of as required.

### Staffing and recruitment

- Information we received prior to our inspection alleged staffing levels at the home were low resulting in people receiving unsafe care. We found enough staff were on duty to provide safe care during our visit. A sample of staff rotas confirmed the number of staff on duty had corresponded with the number of staff the provider had assessed were needed.
- Staff were recruited safely. The provider had completed checks to ensure staff working at the home were suitable.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I am safe they [staff] know me, they know what I need." Another person explained how on a daily basis staff reminded them to use their walking frame to reduce the risk of them falling over.
- Safeguarding procedures were in place to protect people and staff completed training to help them understand the types of abuse people could experience.
- Staff understood their responsibility to keep people safe. One staff member explained when they had noticed a bruise on one person's skin, they had escalated their concern to the nurse on duty. They added, "I found out the bruise was from them (person) having an injection, but I know I need to report things if I am worried."

### Learning lessons when things go wrong

- Lessons had not always been learned. At our last inspection, some care records were not completed to ensure managers had clear oversight of the care provided to people. That issue had not been addressed.
- Staff understood the importance of reporting and recording any incidents that happened. Accidents and incidents including people's falls were reviewed monthly to identify patterns or trends in an attempt to prevent recurrence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and Preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to our inspection information we received alleged some people's care and treatment did not always meet their needs and was not provided in a timely way. Inspection findings confirmed this.
- People provided mixed feedback when we asked them if their care was provided in line with their wishes. One person said, "The staff come to help me get washed when they can. Sometimes it is a bit later than I would like."
- Relatives shared differing views about the care provided. Two relatives were complimentary and five were dissatisfied with some aspects of their relative's care. Those five relatives provided examples of how their relatives needs were not being met including their hair and teeth not being brushed, and people not being able to have a wash, bath or shower when they wanted one.
- Daily records such as personal hygiene records contained gaps and completed handover records evidenced nurses had not consistently checked to ensure people had received their care at the end of each shift.
- Staff on duty knew people well. For example, a staff member knew one person liked to drink coffee without milk or sugar and another person liked to watch sport on the television. Care records confirmed this was correct. However, in contrast, a relative said; "Staff didn't know much about my (relative) and didn't seem to care or listen to them when they went in to help, and they were treating them like a task to be done."
- During our visit people had access to their call bells to alert staff they needed assistance and a system was in place to monitor call bell response times. When we asked people and relatives about staff's responses, we received contrasting views. One person said, "I don't use mine because I know people use them and they [Staff] don't have time to respond." Another person told us, "Yes, if I press it, they [Staff] do come to me. If I need them, they are there." A relative explained their family member had felt ignored by staff because they did not respond when the person had used their call bell.
- People did not have enough opportunities to follow their hobbies or take part in things they enjoyed. One person said, "There aren't any activities. On Christmas day we all were in the dining room and it was lovely we had music and played games and had a glass of wine. Normally though, there is nothing." Four relatives told us their relatives did not have enough to do to occupy their time. Comments included, "There is not much stimulation or anything going on to keep people busy," and, "Just the TV on in the lounge whenever I visit."

The care and treatment people received was not personalised to their preferences and needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our inspection findings with the registered manager and the regional operations manager. In response they assured us action would be taken to improve outcomes for people. This including meeting with people and their families to seek their views about their care and employing an activities coordinator. As a temporary measure an additional care staff member would be on duty support people to participate in activities of their choice.
- Care plans were in place and contained information about people's likes, dislikes and cultural needs. However, two of the six peoples care plans we reviewed contained out of date information. Prompt action was taken to address this shortfall during our visit.

#### Improving care quality in response to complaints or concerns

- Most people and their relatives knew how to make a complaint and felt able to do so. The provider's complaints procedure was on display and it included information about how to make a complaint and what people could expect if they raised a concern.
- Records confirmed complaints had been managed in line with the provider's procedure.

#### End of life care and support

- Care plans contained some information about people's end of life wishes.
- Staff had received training and felt confident to care for people at the end stage of their lives.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's preferred method of communication.
- Information was available in a variety of languages and formats on request.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question required improvement. At this inspection the rating has remained required improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection the management team did not have clear oversight of the care provided to people living at the Beaufort Care Home. At this inspection improvements had not been made in this area.
- Some of the provider's processes were not operated effectively and that meant they were unable to demonstrate people had always received the care they needed. For example, nurses had not signed quality assurance checks on 10 occasions between 01 and 20 January 2022 to confirm people had received their care during their shift in line with the provider's expectation.
- A variety of audits and checks took place, but governance processes were not always effective. For example, checks of people's medicines had not identified the management of some medicines was unsafe.
- National guidance was not always followed to prevent and control the spread of infection. Some people's risk assessments and care plans did not contain up to date information at the time of our visit to help staff provide safe care.

Systems were not operated effectively to assess, monitor and improve the quality and safety of the service. Accurate, complete and contemporaneous records in respect of each service user were not maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit information we received from the management team informed us how they planned to drive forward improvement to benefit people.
- The management team consisted of the registered manager and a deputy manager. Support was provided to the management team by the regional operations manager.
- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback and the breaches of the regulations that we identified during this inspection demonstrated the quality and safety of the service had deteriorated since our last inspection. More needed to be done to

ensure people consistently received safe, personalised and good quality care.

- Whilst people spoke positively about the registered manager relatives provided mixed feedback about the leadership of the service. Half of the relatives we spoke with told us communication between them and the management team needed to improve. In response the regional operations manager informed us monthly newsletters were being created and a meeting with people and their relatives would take place during February 2022 to promote an inclusive and empowering culture.
- People and relatives had some opportunities to feedback on the service they received. Quality questionnaires had been sent out to them in December 2021. We were assured their responses would be analysed to determine if any improvements were needed.
- Staff explained they felt comfortable to raise any issues or concerns with a member of the management team and overall told us they felt supported and valued by their managers.
- The registered manager told us they felt proud of their staff team. The provider recognised and thanked staff for their hard work and contributions in a variety of ways including an 'employee of the month' recognition award.
- The registered manager had opportunities to meet with other managers within the provider group to share information and best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team welcomed our inspection and took some immediate action in response to our feedback. Following our visit, we spoke with the regional operations manager who explained the actions they were taking and planned to take in response to our findings.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Apologies had been made to people and their families when the quality of care had fallen below their expectations.
- The management team worked with other organisations including GP's and social workers to support people's mental and physical wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	9(1)The care and treatment people received was not personalised to their preferences and needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12(1)(h) The provider had not ensured risk associated with the prevention and control of infection was well-managed in line with government guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17(1)(a)(b)(c) Systems were not operated effectively to assess, monitor and improve the quality and safety of the service. Accurate, complete and contemporaneous records in respect of each service user were not maintained.