

Crown Care VIII Limited

# Beaumont 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 ●

# Summary of findings

## Overall summary

### About the service

Beaumont House is a nursing home providing nursing and personal care for up to 79 people. Beaumont House is a purpose build care home over three floors. All bedrooms are with en-suites and the home also includes number of apartments with private lounges and kitchenets. There was a large landscaped garden available for people to use. At the time of inspection there were 25 people living at the home.

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

People were kept safe from avoidable harm and abuse. There were enough staff on duty to keep people safe and to support them with their required needs. Risks to people were assessed and monitored. Accidents, incidents and falls were reviewed, and measures were put in place to prevent them from re-occurring. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People who did not have the capacity to make specific decisions, had best interest decisions in place which were agreed with relatives and family members.

People had detailed care plans in place which were regularly updated. People were happy with the food provided, with choices available at each mealtime and with snacks in between. People were supported by staff who had the skills, knowledge and experience to deliver effective care and support. People experienced positive outcomes regarding their health and wellbeing, and when it was needed, people were referred to external services to ensure continuity of care. People lived in the environment which was decorated to a high standard and reflected their needs and preferences.

People were treated with dignity and compassion by staff who knew them well. People's social and recreation needs were met through in-house activities programme. People, relatives and staff were encouraged to express their views about the home and actions were taken to make improvements to the home.

People received care that was personalised and responsive to their needs. People's care plans included information about their choices and preferences. People were involved in planning their end of life plans where it was appropriate. People were supported to maintain relationships with their relatives and loved ones throughout the COVID-19 pandemic.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and worked on by the management team to make further improvements. Staff spoke positively about the current management team. The registered manager was working with the local authority and other external professionals to develop the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 3 May 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Beaumont House

## 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 carried out by one inspector and a specialist nurse advisor.

#### Service and service type

Beaumont House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 means that 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; however, we called the home from the car park and gave the registered manager five minutes notice before we entered the home. This was to ensure we were informed of the home's COVID-19 status and procedure for visiting healthcare professionals.

#### What we did before the inspection

The provider was in the process of completing the required Provider Information Return and we received this information after we inspected. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We had completed Transitional Monitoring Activity (TMA) with the service on 12 January 2021. TMA is a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so we can continually monitor risk in a service. This focussed on safety, how effectively the home was led and how easily people could access the home. We sought feedback from relatives, and we carried out an online virtual interview with the registered manager. We reviewed information we had received about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and sought feedback during information gathering for TMA from six relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, registered manager, deputy home manager, a nurse, care workers, domestic staff, maintenance person and the chef. We also spoke with two relatives who were visiting the home.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at four more people's care records, training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of avoidable harm and abuse. The provider had processes in place to keep people safe.
- 'Safeguarding consideration' document had been put in place. This enabled staff to record any potential safeguarding concerns they had about people. The registered manager regularly reviewed the safeguarding consideration document and where needed actions were taken to investigate it further. Safeguarding concerns were discussed with staff during one to one supervision and staff meetings.
- Staff were knowledgeable about types and signs of abuse, and the actions they needed to take to escalate any concerns. Staff told us, "I would report any concerns to the manager, I know it would be actioned straight away and if not, I would go higher or report concerns to CQC".
- The providers safeguarding policy was up to date and was shared with all staff. The registered manager had reported safeguarding concerns to the local authority and CQC when this was required.

Assessing risk, safety monitoring and management

- People received safe support to meet their needs; detailed risk assessments identified risks to people's safety and guided staff on how to support people in a safe way.
- People's risk assessments included risks to moving and handling, risk of falls or risk of malnutrition. The provider used electronic care planning system which allowed staff to have instant access to people's risk assessments, via handheld mobile phone like devices.
- People's safety within the home was monitored and well managed. The provider had robust processes in place to ensure the environmental safety. This included regular checks of the moving and handling equipment, fire safety or legionella checks.

Staffing and recruitment

- People were supported by sufficient number of suitable staff to stay safe and meet their needs. The registered manager told us they used a dependency tool to determine the number of staff on duty, however they decided to put extra staff on each shift to ensure people's needs were fully met.
- The provider had robust recruitment processes to make sure right staff were recruited. Disclosure and Barring Service (DBS) criminal record checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicine as prescribed. Staff who were responsible for administration of the

medicine had been trained and their competencies were regularly assessed to ensure they worked in line with providers policies and procedures. Medicines were stored securely, and medicine records were accurate and up to date.

- The home used electronic Medicine Administration Charts (MAR) system. The system included peoples current photograph, information about people's allergies to specific medicine and was designed to alert staff if any medicine was missed or overdue. This meant that people received their medicine at the correct times.

#### Preventing and controlling infection

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

#### Learning lessons when things go wrong

- Lessons were learnt following any incidents or accidents. Staff understood their responsibilities to raise concerns and knew how to report them internally and externally. Staff reported incidents and accidents using electronic system.
- Incidents and accidents were promptly reviewed and analysed by the management team to identify any re-occurring themes and actions had been taken to prevent similar incidents from happening again. For example, people who had frequent falls were referred to falls team to seek additional guidance on how to prevent or reduce the risk of future falls.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to people moving into the home. The assessments were used to inform people's care plans. The care plans included details of people's physical health, nutrition, behavioural or moving and handling needs.
- The provider used electronic care planning system, which allowed staff to have instant access to people's care plans. The care plans and risk assessments were comprehensive and reviewed regularly to ensure staff had up to date information about people's changing needs.
- Where changes to people's needs were identified, appropriate referrals to external services such as speech and language therapist, dietitian or tissue viability nurse were made to make sure those needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care and support to them. Staff had completed a comprehensive induction when they started working at the home. This included shadowing more experienced staff, supervision and training.
- We looked at staff training matrix which showed all staff had completed their mandatory and additional training. This included training in dementia, safeguarding of vulnerable adults, moving and handling and dignity in care.
- Staff were given opportunities to complete nationally recognised qualification such as diploma in health and social care. Staff told us they were encouraged to undertake additional training if they wished, however there was no pressure for them to do it.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People's dietary needs were assessed and recorded in their care plans. People who were at risk of malnutrition were closely monitored and information about their weight was shared with GP and dietitian to seek further support.
- People who required specialist diet or who had swallowing problems were referred to the healthcare professionals for dietary guidance. This guidance was shared with kitchen staff to ensure they were kept up to date with people's changing needs. Additional food supplements were available if people were assessed as needing them.
- We observed lunch time and we saw that the dining environment was pleasant. The tables were nicely set with choice of drinks available and food was well-prepared and looked appetising.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked with other healthcare professionals to support people's health and to maintain their wellbeing. People had access to health professionals, such as the chiropodist or continence nurse when this was needed.
- During the COVID-19 pandemic the home continued to have weekly virtual 'ward rounds' with their local GP. Concerns about people's health, wellbeing or changes to their needs were shared with the GP in a timely manner.
- The registered manager had introduced daily 'flash meetings' with heads of all departments such as the nurse, senior staff, maintenance person, head of domestic and chef to discuss any changes or concerns about people's needs. This information was then cascaded down to rest of the staff.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people who lacked the capacity to make certain decisions. Where people were unable to make decisions for themselves this was discussed with their relatives and family members to ensure decisions were made in a person's best interest. For example, decisions included whether people should be tested for COVID-19.
- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to the local authorities as needed.
- The registered manager demonstrated an understanding of their legal responsibilities under the Act. Staff had been trained in MCA, understood the importance of gaining people's consent and explaining what was happening. For example, giving people choice of what to wear or what to eat.

#### Adapting service, design, decoration to meet people's needs

- Beaumont House had been built to meet people's needs by the design and decoration of the home. People could access different areas of the home for their preferred activities and there was a private space to spend time with their families and visitors. Peoples bedrooms were spacious with own en-suite with shower and toilet.
- There was in house hair-dresser salon, cinema room and bar area which people could use when they wished. People had access to spacious secure outdoor area which some people used for feeding and watching birds.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a caring way by staff who showed friendly approach to them. People and their relatives were complimentary about the standards of care provided to them and told us the care staff treated them with respect and dignity.
- One person said, "They [staff] are marvellous here". Another person told us, "I like it here, the food is good" and that "the staff rock".
- Information about people's background, history, likes and dislikes was easily available on staff's handheld devices. Staff knew people's likes and dislikes, for example, they knew how people liked to have their drinks served and what foods they enjoyed.
- When people had a preference to be known by a name other than their birth name, this was identified prior to person moving into the home and clearly recorded in their care plan.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans were personalised and reflected people's individuality. People and their relatives were involved in the planning of people's care.
- People were encouraged to take part in residents' meetings, where they could raise any concerns or make comments about the home. Where people made any suggestions and comments, the registered manager addressed this. For example, when people said that the font size on the menu cards is hard to read, the registered manager changed all menu cards ensuring large print on all of them.
- One person told us, "I am able to tell them [staff] if I don't like something". Another relative told us, "my [relative] has mentioned she has had conversation about her long term care needs with the home manager, and I have also spoken with [registered manager] about [relative's name] continuing health care options".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. People received consistent and timely care from staff who understood their needs and knew them well. We saw staff knocking on people's bedroom door before they entered the room.
- One relative told us, "The staff I have spoken to have a clear understanding about the things my [relative] enjoys doing and do their best to help [person] achieve these". Another relative said, "[person] speaks highly of the privacy and independence they have whilst being able to choose what they participate in".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised and responsive to their needs. People and their relatives were involved in the development of their care plans. The care plans included information about people's protected characteristics, their choices and preferences. People's changing needs were regularly monitored and their care plans were amended to meet those needs following any changes.
- People were encouraged to maintain relationships that mattered to them, such as with family members. People were able to use technology during the lockdown, such as video calls to contact and see their relatives. The home supported a range of visits throughout COVID-19 pandemic which included garden and window visits.
- People were able to take part in a number of social events that took place during the lockdown. This included celebration of 'Burns' night' with a drink of whisky. Cinderella themed pantomime where staff dressed up as a character from the story or Easter celebrations. Photos and videos from the celebrations were shared with relatives via private social media page.
- Staff had received "Under the Rainbow" training promoting the inclusion of older residents who identify as lesbian, gay, bisexual and trans (LGBT+) in care and nursing homes.

### 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.

- The communication needs of people were assessed and reflected within the care plans. Staff gave people time to answer questions and used short sentences to help people understand what was being asked. One person used communication book system to communicate with staff.
- Dementia friendly signage had been displayed so that people could recognise rooms and different areas of the home. Information about in-house activities was displayed in large font size and with pictures describing the activity.
- The home had an induction loop amplifier in place should it be required for people with hearing impairment.

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

- The home had a formal complaint procedure in place. Relatives told us they knew how to make a

complaint if they needed to. Information about complaints procedure was clearly displayed near front door. One relative told us, "I do and have reported concerns to management and they have usually responded and acted on them appropriately".

- The home had received a lot of positive feedback and comments from relatives and family members through social media platform.

#### End of life care and support

- People were encouraged to make decisions about their preferences for end of life care. For example, in one person's care plan there was information about the choice of song the person would like to be played during the funeral.

- Staff had received online training in end of life care to develop their skills and knowledge.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home promoted culture that is positive, person-centred, open and inclusive to people, relatives and staff. Relatives and staff told us the home is managed well.
- One staff told us, "The registered manager is approachable and responsive, always ready to listen to any concerns and help where possible". One relative told us, "The management team headed by the registered manager and business manager are approachable, and issues raised are dealt with quickly and fairly".
- People, relatives and staff views were sought and actions were taken following any comments in order to improve the quality of care. The home had introduced a 'you said we did' board which highlighted the most recent changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had clear and effective governance and management arrangements in place. A range of robust quality assurance checks and audits were regularly completed to monitor the quality and safety of the service provided.
- The management team within the home was knowledgeable and passionate about the service they provided. They had a clear vision for the future of the service. The regional manager told us they will take time with filling the vacant rooms, because they want to get things right and to make sure current standards are maintained.
- The registered manager understood their legal requirements and kept in regular contact with the CQC. All necessary notifications had been submitted to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback about the quality of service from people, their relatives and staff. People were informed about home developments during regular resident meetings and newsletters.
- Regular meetings were held with staff from different job roles, for example domestic, kitchen or care staff. This allowed each designation of staff an opportunity to discuss their roles, responsibilities and to put ideas for improvements.

Working in partnership with others, Continuous learning and improving care, duty of candour

- The registered manager and their team were committed to continuous learning and improving care. The registered manager kept themselves up to date with the latest guidance and this information was cascaded to staff during daily flash meeting with heads of departments.
- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, occupational therapists, dementia outreach team and social workers.
- Actions from provider's external audits were identified and addressed by the staff team.

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.

- The home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.