

Beulah Vista Caring Home Limited

# Beulah Vista Care Home

## Inspection report

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London  
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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

Beulah Vista Care Home is a care home providing personal and nursing care to up to 59 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

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

People were safe at Beulah Vista Care Home. Staff had been trained to safeguard people from abuse and knew how to report any concerns to the relevant people and agencies. Staff understood how to manage identified risks to people's safety and wellbeing to help keep people safe. There were enough suitably skilled and experienced staff to support people and meet their needs. Recruitment and criminal records checks were carried out on staff to make sure they were suitable to support people. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises were clean, tidy and hygienic. Staff followed current infection control and hygiene practice to reduce the risk of infections.

People were involved in planning and making decisions about their care and support. People could state their choices and preferences for how their care and support should be provided and their care records reflected this. Staff knew people well and how to meet their needs. They were provided with relevant training to help them do this. Staff were valued by managers and encouraged to learn and improve in their role. They were supported to put people's needs and wishes at the heart of everything they did.

People were supported to stay healthy and well. Staff helped people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported with these. They were observant to changes in people's health and wellbeing and made sure people could access support from healthcare professionals when needed. The service worked with other healthcare professionals to ensure a joined-up approach to the care and support people received and acted on their recommendations to deliver care and support that met people's needs.

People were happy with the care and support they received from staff. Staff were kind, caring and treated people well. Staff supported people in a dignified, respectful way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People participated in a wide range of activities and events at the service. Relatives and friends were free to visit people without any unnecessary restrictions. The home had been designed and decorated to a high specification, to meet people's needs. People had a choice of spaces to spend time in at the service, to build relationships and socialise with others.

The service was managed well. The registered manager had the necessary skills and experience to perform

their role and had a clear understanding of how people's needs should be met. They undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service. The provider was ambitious and had plans in place to grow and expand the service in a safe, manageable way whilst maintaining consistency in the care and support provided to people.

There were systems in place to obtain people's feedback about how the service could be improved and these were acted on. Accidents, incidents and complaints were fully investigated and people involved and informed of the outcome. Learning from these was shared with the staff team to help the service improve the quality and safety of the support provided.

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 7 April 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, 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 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 ●

# Beulah Vista 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 Health and Social Care Act 2008.

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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beulah Vista Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beulah Vista Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people using the service and 5 relatives. We asked them for their views about the safety and quality of care and support provided at the service. We observed interactions between people and staff to understand people's experiences. We spoke with the registered manager, the deputy manager, a registered nurse, a senior care support worker, the office administrator, the receptionist, the chef and the maintenance person. We reviewed a range of records. This included 3 people's care records, records relating to medicines management, 3 staff recruitment files, staff training and supervision information and other records relating to the management of the service.

# 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 of 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 safe at the service. One person told us, "I do feel safe. There is always someone around to ask or to help." Another person said, "I feel safe because there is always someone nearby and I can see them." A relative told us, "I am very happy about [family member's] safety."
- Staff received relevant training and support to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this. A staff member told us, "If I was worried about someone, I would inform the managers."
- The registered manager understood their responsibility to liaise with the local authority when a safeguarding concern was reported to them. When a concern had been raised, the registered manager took appropriate action and made sure plans were put in place to reduce the risk of further harm to people.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were managed well. The provider undertook assessments with people to identify risks posed to their safety and wellbeing. This information was used to develop guidance for staff about how to manage these risks to keep people safe.
- Risks to people's safety were explained to them and people were told how staff would help them to reduce these risks. One person told us, "They have talked to me about risks and taking care with walking especially out of doors." A relative said, "Risks have been explained to [family member] and to us and all precautions are taken."
- Staff were vigilant when people were moving around the home or undertaking activities and made sure people remained safe.
- Health and safety checks of the premises were carried out at regular intervals and issues arising from these were dealt with appropriately. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances.

Staffing and recruitment

- There were enough staff to support people. The numbers and skills of staff on duty matched the needs of people using the service. One person told us, "They are well staffed." Another person said, "Always someone here, even at night." Another person told us, "There is always someone within reach and they pop in and out."
- The provider operated safe recruitment practices. They carried out checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and

Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely and as prescribed. People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- Staff had been trained to administer medicines. Senior staff audited medicines stock and records and checked staff's competency to make sure they were managing and administering medicines safely so that people received the right medicine, at the stated dose and at the appropriate time.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

#### Learning lessons when things go wrong

- The provider managed accidents and incidents at the service well. There were systems in place for staff to report and record accidents and incidents.
- The registered manager investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring. They also reviewed accidents and incidents at the service on a monthly basis to check for any trends or themes.
- Learning from investigations was used to help the service improve the quality and safety of the support provided. We saw following an incident involving a person using the service, the registered manager had used the learning from this to put in additional safety measures for anyone discharged from hospital, which had helped reduce the risk of a similar incident reoccurring.



# 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

- The provider made sure people's care and support needs could be met by the service through detailed assessments of their needs. Assessments were carried out with people and others involved in their care prior to them using the service and took account of people's life and medical history, healthcare conditions, their care needs and their choices for how and when their care and support was provided.
- The provider used all this information to plan and deliver care and support people required. People's care plans set out their choices and preferences for their care and support. One person told us, "We have discussed what I need, likes, dislikes, allergies and so on." Another person said, "I am treated as an individual with a brain. They know my preferences and my allergies."

Staff support: induction, training, skills and experience

- Staff were able to meet people's needs. People's feedback confirmed this. One person said, "I know they have training and they know their job."
- Staff received relevant training to help them meet people's needs. They updated their training and attended refresher courses to help them continuously apply best practice.
- New staff could only support people unsupervised after they had successfully completed a period of induction and the provider had assessed they were competent to meet people's needs and keep them safe.
- Staff received support in the form of one to one meetings with their line manager. They were encouraged to discuss their working practices and any further training or learning they needed to help them provide effective support to people.

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

- People were supported by staff to eat and drink enough to meet their needs. One person told us, "They always give me what I like and it is well cooked and served at the right temperature." A relative said, "The food is amazing, [family member] really likes it and they get to choose too."
- We observed the lunchtime service. People were supported by staff to make choices about what they wanted to eat. People were served as and when they were ready and given plenty of time to eat and enjoy their meal. Meals were served hot and portion sizes were based on people's individual preference. Outside of mealtimes, people were offered drinks and snacks at regular intervals.
- People's feedback about meals was sought. The chef used this information to help them improve the mealtime experience to meet people's needs. One person told us, "We have a book to write in with comments about the food and I have several times and things got changed."
- The chef understood people's dietary needs and any specialist needs due to their healthcare conditions and took this into account when planning and preparing meals.

- Staff monitored people were eating and drinking enough. When they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

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

- People were supported to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this.
- Staff understood people's conditions and how they should support people with these. People told us staff were quick to respond if they were unwell. One person told us, "I had an eye infection and they noticed as soon as I did and I have antibiotics." A relative said, "They are very observant and act quickly on a problem."
- People's healthcare conditions and needs were discussed and reviewed by staff at regular intervals to help staff identify any further support people might need, to help them stay well.
- The service was well supported by healthcare professionals to make sure people received consistent and timely care with their healthcare needs. The service was in regular contact with the GP practice supporting people at the service and staff raised any concerns they had about people's health and wellbeing promptly. The service also had access to the local authority Rapid Response Team who provided clinical advice and support to staff when needed.

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

- The design, decoration and layout of the home was finished to a high specification and meeting people's needs. Thought and attention had been given to making the environment suitable for people living with dementia.
- People's bedrooms had been individualised and furnished in line with their choices and preferences.
- There were comfortable spaces where people could spend time when not in their room including the communal lounges, dining rooms and specially designed spaces such as the cinema which encouraged and supported people to build relationships and socialise with others.
- There was signage around the premises which helped people identify important areas they might wish to access such as the lounges, dining rooms or toilet.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. If people lacked capacity to make specific decisions about their care and support the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations.

Authorisations were regularly reviewed to check that they were still appropriate.

- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- People told us staff sought their consent prior to providing any care and support and respected their choices and decisions about this. One person told us, "I would say they know what they are doing and they always check with me before doing anything." A relative said, "They definitely always check that they can carry on with whatever they are wanting to do."

# 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

- Staff looked after people well. One person told us, "The staff are polite and caring and you couldn't ask for better." Another person said, "They are brilliant...I trust them completely." A relative told us, "The staff couldn't be nicer...fantastic."
- People were relaxed and comfortable with staff and asked for their support with no hesitation, which staff were eager to provide. Conversations between people and staff were warm and friendly. One person told us, "They are absolutely lovely. Just like family."
- Staff were caring and showed genuine concern for people and their wellbeing. We observed when a person returned to the home after a short stay in hospital, staff greeted them warmly, asked how they were feeling and made sure they were comfortably settled back in their room. Once the person had time to settle, staff looked in on them regularly and checked if there was anything they needed.
- Staff were kind and patient when supporting people. People were not rushed or hurried and could take as long as they wanted doing activities, talking to others and when moving around the home.
- Staff were quick to comfort and reassure people when they became anxious or upset. A relative told us, "If [family member] is agitated they know exactly what to do to calm [them]."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with their needs.
- Staff received equality and diversity training as part of their role to help them make sure people were not subjected to discriminatory behaviours and practices.

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

- People and others involved in their care could express their views and were involved in making decisions about their care and support.
- People's care records reflected the choices and decisions they had made about how their care and support should be provided. A relative told us, "We are all involved and they really listen to what [family member] likes and dislikes."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff were respectful, listened to people and responded to people's requests in an appropriate way.
- People's right to privacy was respected. Staff made sure people could spend time alone in their rooms and staff only entered people's rooms after seeking their permission first.
- Personal care was carried out in the privacy of people's rooms or in bathrooms and staff sought people's

consent before carrying out any care. Staff made sure people were clean and dressed appropriately for the time of the year.

- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff only helped when people could not manage and complete tasks safely and without their support.

# 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

- People had choice and control about how they wanted to receive care and support from staff.
- People's records informed staff how people's care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's needs and how these should be met. A staff member told us, "I give people a choice and always ask them if that's what they want. If not I would listen to what they want and give that."
- Staff recorded the care and support they provided to people which helped the provider make sure people received the care and support planned and agreed.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified and recorded in their care records so that staff had access to relevant information about how they should be supported with these. For example, for people who had aids to support their sight or hearing, staff were prompted to make sure these were always easily accessible to people and in good order.
- The provider could make key information available to people in accessible formats if needed. For example, information was available in large print to make this easier to read.

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 were encouraged to have an active life at the service. People were supported to take part in a wide range of activities such as games and quizzes and arts and crafts sessions. A musical entertainer visited the service regularly to perform for people and got them involved in performing, for example, by playing instruments or singing along to songs.
- People enjoyed the activities provided and actively took part. One person told us, "There are activities, morning, noon and night. I like to join in to help the others who are less able than I am, we will all be there sometime, and I like to sing." Another person said, "I am never bored. I have puzzles, word search and I like

drawing and painting and the piano music with a sing song." A relative told us, "[Family member] loves the music and there is a programme with something going on all day if [family member] wants to join in."

- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions. One relative said, "They are welcoming." Another relative told us, "They look after us visitors...always greeted like friends and offered a drink and biscuits or cake."

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints.
- People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- People said they would be comfortable raising a concern or complaint if they needed to. One person told us, "I know that I would talk to the staff and the manager first and if this didn't help I would get my friend to help...I haven't needed to complain." Another person told us, "I do know how to complain, although I haven't needed to."

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This helped to make sure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Staff had received end of life training to help them provide appropriate support to people if this need should arise.
- Where this was appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and records showed people and those important to them had been consulted.

# 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations about the quality of care and support people should receive from the service. Staff were encouraged and supported to put people's needs and wishes at the heart of everything they did. A staff member told us, "It's such a difference here as they really drive home that this is people's home and if they want to have breakfast in the pyjamas or dressing gown, they can."
- The registered manager and senior staff team were available and accessible to people and visitors and took a genuine interest in what they had to say. One person told us, "The manager and deputy work very hard and are totally approachable." Another person said, "They are very visible and easy to talk to."
- Staff were well supported and valued by managers. One staff member told us, "The management here is different. If you tell them something they act on it." Another staff member said, "The management team are very supportive. If I have any problems I can speak to them and they will deal with things. This is a very different place and you can speak up and they are always checking on us."
- People's feedback and views about the service were sought and used to plan how the service could be improved for them. One person told us, "We are asked what we think and we tell them, but it is only minor things." Another person said, "They do ask, but I have everything as I like it, so don't change please!"
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was managed well. One person told us, "I think it is well managed. Everything rolls along." Another person said, "They are well managed. They don't get flustered, just put anything right." A relative told us, "Very good indeed. They are running a tight ship."
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager had good oversight of the service. They used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service
- Staff were focused on meeting people's needs and helping them to achieve positive outcomes in relation to their care and support. They delivered good quality support consistently. One person told us, "I am very



happy here and very confident in all the staff." Another person said, "They give me nice surroundings, and people, and let me do what I want. Nothing much to improve. The best thing here is that there is lots of laughter." A relative told us, "If I were awarding grades, it would be toward excellent." Another relative said, "It is a wonderful service and we are very grateful."

- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider was actively recruiting permanent staff to support the service to grow and expand in a safe and manageable way. They had plans in place to make sure the service could continue to provide consistent care and support to people if and when the numbers of people using the service increased.
- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.