

Barchester Healthcare Homes Limited

Beaufort Grange

Inspection report

Hatton Road
Cheswick Village
Bristol
Avon
BS16 1AH

Tel: 01173210430
Website: www.barchester.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beaufort Grange is a residential care home providing regulated activities of nursing care to up to 74 people. At the time of the inspection there were 58 people using the service.

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

People's care plans did not always contain important information relating to their individual needs such as catheter care and how staff were to use their equipment such as their sling. Staff received training in moving and handling although one person was observed to support someone unsafely and not in line with their training.

We found the service was supporting people with their care and most feedback from people and staff was positive. Some feedback did suggest at certain times of the day it was busy with staff supporting other people. We fed this back to the registered manager so they could review this feedback and the staffing situation.

People received their medicines safely from trained staff. Although some improvements needed to be made to recording medicines such as when and where to apply topical cream and when someone might require their angina spray.

People felt supported by staff who they described as 'nice'. The staff team felt it was a nice place to work with good support from their colleagues, although some feedback suggested improvements could be made to how management dealt with issues when raised with them.

People were supported by staff to make daily decisions although best interest decisions relating to covert administration of medicines were not being documented as being in the best interest decisions.

People were supported with referrals to health and social care professionals when required. People had access to a varied diet and hot and cold drinks were available throughout the day.

People were supported by staff who had checks prior to their employment. Incidents and accidents were completed when required and these confirmed any monitoring undertaken by clinical staff and referrals and actions taken.

Rating at last inspection and update

The last rating for this service was Good (Published 13 September 2022). At this inspection we found the service is Requires Improvement.

Why we inspected

The inspection was prompted in part due to concerns received about people getting safe care and there

being enough staff. A decision was made for us to inspect and examine those risks.

We found during this inspection that people could be at risk of harm from this concern. Please see the Safe sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

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 changed from Good to Requires Improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified a breach in relation to ensuring staff provide people with safe care.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beaufort Grange

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

The inspection was carried out by 1 inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people.

Service and service type

Beaufort Grange is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Beaufort Grange 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 on the 15 May 2023 which was the first day of our inspection. We announced our visit on the 18 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We raised information with the local authority so they were aware of the concerns we had received and so we could gain their feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed 4 people during their lunch time experience. We spoke with the registered manager, the clinical lead, 17 care staff, 17 people and 7 relatives. We reviewed people's care plans, support plans and 41 Medicines administration charts along with incident and accident forms, quality assurance audits 1 staff file.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we had received concerns that people were not receiving safe care. During our inspection we observed 1 instance where the person was supported unsafely. The registered manager took action to address this and the member of staff received re-fresher training prior to supporting people with their mobility. The registered manager also provided them with additional support so they were aware of the unsafe practice.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who had received training in safeguarding adults along with training in moving and handling. Although during our inspection we found this training was not always ensuring staff provided safe effective support to people with their mobility needs.
- Most staff felt people were safe. One member of staff told us, "I love it here and yes (I feel people are safe)". Staff were able to explain different types of abuse such as physical, emotional, sexual. One member of staff told us they felt new staff could benefit from a bit more support around understanding how to support people with their moving and handling. Although they said they would discuss this also with the member of staff.
- The registered manager monitored concerns and there was a system in place that recorded any actions.

Staffing and recruitment

- Prior to our inspection we had received concerns regarding there not being enough staff to support people. During our inspection we found there were enough staff although some feedback suggested at certain times of the day when staff might be supporting other people or covering for a colleague who was on a break people might have to wait.
- Following our inspection the provider sent confirmation that the registered manager undertook daily walk arounds. These were an opportunity to ensure there was adequate staff on duty. They also confirmed rotas were planned 6 weeks in advanced so to ensure there were enough staff on duty.
- Some people required assistance from a dedicated member of staff throughout the day and some people required assistance from two staff. When staff took a break from supporting someone with their dedicated one to one support, staff from the floor covered them. This meant at times there were less staff available to support people should they require assistance or support during this time. We fed this back to the registered

manager so they could review this arrangement inline with their daily walk arounds.

- Most staff were happy with the staffing. One member of staff who works nights told us, "Enough staff yes". One member of staff who works days told us, "We help each other". They went on to say there was enough staff. Some varied comments from staff included certain times of the day when people needed 2 staff members and when other staff who were allocated 1 to 1 support were on a break.
- Most people were happy with the support they received from staff. One person told us, "They are very kind and good. They are always helpful and are absolutely brilliant".
- People were supported by staff who had checks in place prior to starting their employment. Checks included identification checks, disclosure and barring service checks (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely from nursing staff.
- Records were current and up to date with when people had been administered their medicines. Although some improvements could be made to guidance of how often topical creams were to be administered along with when people should be given their angina spray. Action was taken by our second day.
- Records confirmed medicines were administered as and when required. Although some improvements were needed to the rationale of why the medicine had been administered.

Assessing risk, safety monitoring and management

- People's care plans did not always contain detailed support plans in how staff were to support someone with their catheter care, infection, and diabetes care. Although there was pre-printed information for staff. Individual support plans are important as they give clear instruction in how staff should support the person with their individual need. We raised this with the registered manager, who took action by our second day.
- Where one person needed assistance with their moving and handling additional information was required in their risk assessment. This included informing staff what sling loops to use and how to support the person with their equipment. The registered manager had addressed this by the second day of our visit. They confirmed they had also implemented a laminated sheet containing information which was available to staff within people's rooms.
- The registered manager confirmed following our inspection there was a resident of the day system in place. This was where care plans were reviewed each month. It was an opportunity to review the person's care plan along with their activities and other aspects of care.
- Building checks and certificates were in place for gas, electric and water safety. People had personal evacuation plans within their care plan. A summary was held in the reception area. One person required important information adding to their personal evacuation plan. We fed this back to the registered manager.
- The home was purpose built with good lighting, wide corridors with pictures placed on the walls. It was free from odours and was clean and if needed there was air conditioning.
- People's rooms were personalised which created a homely experience.
- One person had accessible information available to staff so they could support with the persons individual communication needs. It confirmed how staff were to communicate with the person including their interests.
- The home had an intercom system which meant visitors had to announce their arrival and be let in. The health and safety officer confirmed checks were completed for fire safety drills and tests were undertaken yearly.
- The kitchen had been awarded a five-star rating from the food standards agency. This is the highest award

they could be given

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

- We found the service was working within the principles of the MCA and where people required a best interest decision one was in place for example where they were receiving their medicines covertly and crushed.
- Records confirmed involvement with who had been involved such as family, GP and pharmaceutical involvement.
- Legal authorisations were in place to deprive a person of their liberty and referrals were made when required. Records confirmed when referrals had been made and when previous applications had expired.
- People had mental capacity assessments in place for personal care, one to one support, vaccinations, photos and hourly checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Although one person needed a care plan in relation to how staff were to support them with their infection. Staff knew how to support the person. The registered manager took action to implement a care plan around these arrangements.
- We observed one member of staff taking dirty laundry unbagged through the home. We raised this with the member of staff and the registered manager. The registered manager took action to address this following our inspection.
- 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.

We have also signposted the provider to resources to develop their approach where on person required a specific care plan in relation to their infection.

Visiting in care home

People were being supported with visiting arrangements in line with government guidance.

Learning lessons when things go wrong

- Prior to our inspection we had received concerns around incidents and people having unexplained bruising and injuries.
- During our inspection we found incident and accident forms were completed when required. Information was recorded when advice was sought including a GP review of other medical assistance.
- Where people had an injury that required monitoring, records confirmed these had been completed.
- The registered manager monitored falls. Records confirmed analysis was undertaken to prevent similar incidents from occurring again and actions were taken to make referrals if required.
- Incidents were discussed at clinical governance meetings along with other important information which was shared with staff including actions taken.

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 Good. At this inspection the rating has changed to Requires 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

- The registered manager had systems in place to monitor incidents and accidents, safeguarding concerns and deprivation of liberty safeguards. However, some improvements were required to shortfalls found during our inspection relating to care plans, how people were being supported with their mobility and some shortfalls in medicines records. Although the registered manager was responsive to our feedback shortfalls were not identified prior to our inspection.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed a review of falls was going to be undertaken following our inspection of the service. This they confirmed would be conducted by a clinical lead.
- The registered manager was supported by a team of senior managers. A recent visit from human resources had been provided to the service. Most comments from staff were positive although some improvements had been identified around communication.

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

- Most staff felt well supported and it was a nice place to work. One member of staff told us, "Good support, quite happy". Another member of staff told us, "I can always go to (registered manager)". One member of staff felt unable to raise concerns with the manager although they felt supported by their colleagues.
- The registered manager confirmed they held regular supervisions with staff and these meetings were an opportunity to discuss performance and any training and support needs.
- Some people and relatives shared with us mixed feedback about the management of the service. One person told us, "The manager comes around". Another person told us, "The manager is a very kind lady". Although we received some feedback from people and relatives with there being a lack of communication and actions not being taken when issues were raised.
- People felt supported by staff who they described as nice and friendly. One person told us, "The care staff know me well. I'm quite happy". Another person told us, "They are very good to me".
- Staff had daily hand over meetings. The registered manager also held monthly clinical meetings with staff.

These meetings were an opportunity to discuss any changes and updates to people's care needs and the running of the service.

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 registered manager was open to our feedback during our inspection.
- The home had a range of leads who were champions within the service. These included roles in infection control, falls, continence, dementia, tissue viability, well-being, moving and handling, training, topical creams, equality and diversity, health and safety, safeguarding and speak up champion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the time of the inspection surveys had been sent to people and staff and these were in the process of being returned.
- Various positive feedback and compliments had been provided to the home in the last few months. Comments included thank-you, for your 'Kindness and care provided'. Another included 'Friendly environment'. One visiting health professional said, 'Smiling faces, nurses and carers help with any questions'.
- Incidents and accidents were recorded including any actions. Records confirmed actions taken including any professionals liaised with.
- The volunteer coordinator had raised funds for the home to buy a mobile sensory trolley for the memory lane. The registered manager confirmed people would be consulted with prior to the equipment being purchased.
- The registered manager confirmed there was an improvement plan to re-furbish areas of the service including soft furnishings and the cinema room.
- The team were looking to implement a topic each month where the service could pick a subject and learn about it. The registered manager felt this would help improve staff's knowledge and their competency.

Working in partnership with others

- The registered manager confirmed they worked in partnership with local teams and health professionals. Referrals were made to physiotherapists, GP's, continuing health care professionals, care home liaison team members and hairdressers as needed. Records of conversations and appointments were held within people's care plans and other documentation within the service.
- People were supported to have a varied diet. During lunch we observed people have cold and hot drinks and choice about what they wanted to eat.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always being supported safely by staff. Regulation 13 (1)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had failed to identify shortfalls found during our inspection. Regulation 17 (1) (2) a, b