

The Royal Agricultural Benevolent Institution

Beaufort House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beaufort House is a residential care home. It provides accommodation and personal care for up to 37 older people. At the time of the inspection there were 21 people living at the service.

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

During this inspection we did not speak directly with people at the service due to the increased risks associated with the Covid-19 pandemic. People appeared relaxed and had a good rapport with staff. Staff demonstrated a good awareness of the safeguarding processes and told us they would feel comfortable raising concerns with the interim manager.

People's medicines were administered and managed safely. We found arrangements for the ordering, storage, administration and recording were effective. Assessments were in place to identify and reduce risks to people. Staffing levels were safe and robust recruitment systems were in place. The service was clean and infection control management was in place.

People were supported to have maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. Governance systems within the service were effective and monitored the risk to the health, safety and welfare of people. We received positive feedback about how the service was managed from relatives and staff. There was a positive staff team and culture. There were effective systems to seek and act on feedback from people, their relatives, staff and visiting professionals. Legal requirements around notifications and displaying performance ratings were met.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 August 2019), there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of either regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 and 24 June 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in regard to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance).

We undertook this focussed inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaufort House on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Beaufort 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.

Service and service type

Beaufort 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. The registered manager was currently absent from the service and the appropriate notification has been submitted to CQC. There was an interim manager in post at the time of the inspection.

Notice of inspection

We gave 48 hours notice of the inspection to ensure we could manage the risks related to Covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return prior to this inspection. 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.

During the inspection

We spoke with five members of staff including the registered manager and deputy manager. We looked at a range of people's care and support records, staff files and medicine administration records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment information, policies, audits and health and safety records.

After the inspection

We received clarification from the service to validate evidence found and requested further information which we have used to support our judgements in the report. We also contacted one person's relative and five members of staff to seek their views. We received a response from four members of staff and have used their evidence to support our judgements.

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 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection people were not fully protected against all risks associated with medicines. We identified concerns relating to the ordering, storage, administering and recording of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Medicines were stored, managed and administered safely. Systems were in place to regularly check this. Liquid hand gel was available to staff completing medication rounds.
- Protocols were in place for medicines taken 'as required', for example paracetamol. These were currently under review by the deputy manager to add further personalised information.
- Medicine Administration Records (MAR) were completed accurately. Temperatures of medicine storage areas and fridges were monitored.
- Medicines that required additional storage in line with legal requirements were stored appropriately. Balances checked were accurate against the register.
- Medicines with a restricted shelf life after opening were dated when they were opened. This reduced the risk of them being used beyond the manufacturer's recommended time period.
- Staff were assessed to ensure they were competent in medicine administration. People who managed their own medicines had risk assessments in place.

Preventing and controlling infection

- The service was clean. Dedicated staff were deployed to maintain continual high standards.
- 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 would admit people safely to the service, when appropriate.
- We discussed with the provider ensuring personal protective equipment (PPE) was consistently used effectively and safely by staff.
- We were assured 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.

Assessing risk, safety monitoring and management

- Care plans identified risks to people and where required detailed mitigation strategies to help protect people. Care records included assessments relating to the risk of falls, mobility, skin breakdown and use of bedrails.
- Whilst care plans identified how to reduce known risks, it was evident that the mitigation measures in place were also designed to allow people to remain as independent as possible.
- We reviewed the personal evacuation plans which set out the support people would require if they needed to be evacuated from the building. These were current and accessible if required.
- The service environment and mobility equipment such as hoists and slings was maintained. Records were kept of regular health and safety checks.
- Dedicated staff ensured fire risk assessments were completed and regular testing of the alarms, lighting and fire fighting equipment was completed. Regular servicing of the fire alarm was completed.

Staffing and recruitment

- During observations we saw people we supported by staff when needed. This included within the service and outside in the grounds when people wanted to enjoy the sunshine.
- When we spoke with people's relatives, they felt the service was appropriately staffed and that people's health and social needs were met.
- Whilst people's relatives and friends had not been in the service since March 2020, no concerns were raised when we discussed staffing levels on the telephone, and all felt people's needs were met.
- Staff commented that they felt staffing levels were appropriate and all said people's needs were met. The provider had ensured additional staff were deployed during the pandemic to support staff with the additional pressures presented. Call bell response times were also audited monthly.
- The provider had a dependency assessment tool used to aid in the calculation of required staffing numbers and staffing rotas were planned in advance.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be at ease with staff and appeared happy and comfortable in their company. Staff were observed communicating in a warm, polite and friendly manner.
- Relatives were positive about the staff team at the service and the level of care they provided. One commented, "I have complete trust in the staff."
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding. All staff we spoke with told us they had received training.
- All staff told us they felt confident that any safeguarding concerns they raised would be responded to, would be treated seriously, and that prompt action would be taken to address the concerns.
- The provider had safeguarding policies in place for staff to access and follow should they be required. These policies were supported by local multi agency policies.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff and reviewed by the interim manager or another senior staff member. Staff we spoke with understood the relevant reporting procedures.
- In addition to reviewing accidents and incidents, the interim manager monitored any evident patterns or trends.
- Records showed that following an accident or incident, key information such as where the person was or if there was any equipment involved was reviewed. A record of any action taken was recorded.

- Learning from any incidents and accidents was shared and disseminated throughout the staffing team to reduce the risk of recurrence. We saw records that where required, reflective learning or further competency assessments were completed with staff.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified auditing and governance systems were not always fully effective in relation to the management of medicines and the monitoring of care record accuracy. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The provider had fulfilled their action plan from the previous inspection. Medicines management was now safe and governance systems were effective.
- Effective systems were in place to monitor and review the quality of the service by the interim manager and provider. Actions were monitored and progressed to ensure changes and improvements were made.
- Effective medicines audits were in operation. The new deputy manager was now the medicines lead and was continually looking to improve processes.
- Staffing roles and structures were clear and organised. Staff rotas demonstrated seniority within the service and staff understood their roles.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.

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

- From our observations at the service the culture appeared positive, open and person centred. Staff support was personalised, and staff knew the people they supported well.
- Relatives we spoke with commented positively on the service and the support that had been given to people during the recent challenging period. One relative described staff as an extension of their own family. A comment we received was, "We are happy as a family as to how [person's identity] is cared for."
- Staff we spoke with spoke positively about the quality of life people had living at the service and how they aimed to ensure the best outcomes for people. One staff member told us, "All staff go above and beyond for people."
- Staff told us they felt there was good team cohesion and morale was positive despite the challenges

posed by the current pandemic. One staff member commented, "It has been a hard period, but staff have pulled together."

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 provider understood their responsibilities under the duty of candour. Relatives confirmed they were informed of any incidents or concerns.

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

- We observed people were involved in daily choices and decisions about their care. People were empowered in their daily lives and independence was promoted.
- We asked staff if they would be happy for a relative or somebody they knew to live and receive care at the service. All of the staff asked said they would happily recommend the service to others.
- Staff told us that although no formal meetings were held currently due to the pandemic, the communication in the service was very good and daily handover meetings were effective. All said the interim manager was approachable if there was a concern.
- Whilst no resident or relative meetings were being undertaken, the interim manager told us communication was frequent with people and their relatives. Relatives we spoke with were positive about the communication received from the service.
- A survey of people was completed in March 2020 for people using the service, staff, friends and relatives and visiting professions. Responses within the service were overall positive.
- We saw further surveys to people's friends and relatives had been sent in July 2020. This related to the external visiting arrangements provided, to identify satisfaction levels or any area to improve.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to communicate information and guidance to staff. Whilst formal staff meetings were not currently being arranged to aid in social distancing and reduce gatherings, staff we spoke with felt the communication was positive.
- The service had worked with external professionals both prior to and during the current pandemic. District Nursing teams were involved in some people's care and records evidenced communication was maintained. The provider had worked in partnership with local authority teams and the registered care providers association during the pandemic.
- There was a system to review incidents and accidents to reduce the chance of recurrence. This included a system to review and analyse reported incidents. There was evidence of lessons learned through investigations when matters had been identified.
- A business contingency plan to ensure the service continued to be operationally effective in the event of an emergency such as power or gas loss was in place.