

Ringdane Limited

The Beaufort Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service: The Beaufort Care Home provides nursing and residential care for up to 29 older people, including people living with dementia. At the time of our visit 25 people, most of whom had complex medical needs, lived at the home. This included three people in short term discharge to assessment beds (D2A) which are used to support timely discharges from hospital. Accommodation is provided in an adapted building across two floors, with communal areas on the ground floor.

People's experience of using this service:

We found there continued to be a lack of effective governance, management and provider oversight. Systems and processes designed to identify shortfalls, and to drive improvement continued to be ineffective. Completed audits and checks had not identified the concerns we found. This demonstrated lessons had not been learnt since our last inspection.

Low staffing levels continued to negatively affect people's day to day experiences. This meant people did not consistently receive good quality safe care. Despite staff understanding their responsibility to keep people safe, risk assessments did not always contain accurate information to help staff manage risk. Some risks associated with people's safety and the environment had not been identified or assessed. Medicines were not always managed safely, for example staff did not always follow nationally recognised guidance.

Staff were recruited safely and received support through an induction and on-going programme of training.

People had access to health and social care professionals. However, the advice of health care professionals and changes they made to people's planned care were not always recorded and followed. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's right to privacy and dignity was not always considered and upheld. Some people's personal belongings were not treated with respect and low staffing levels limited the choices people made. Staff understood the needs of people who lived at the home permanently but had limited information about people staying in a D2A bed.

Care was not always provided in line with people's needs and preferences. Care records did not consistently contain accurate and detailed information to help staff provide personalised safe care. Some people had opportunities to engage in meaningful activities. People spoke highly of staff and despite our findings people told us they felt safe. Complaints were managed in line with the provider's policy and procedure.

People and relatives had opportunities to feedback their views on the service they received. The most recent feedback showed overall people and relatives were satisfied with the service provided and how their home

was run.

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 28 October 2018) and 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 enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following our inspection, we notified the local authority commissioners about the areas of concern we identified.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 9 Regulated Activities Regulations 2015 – Person centred care
Regulation 10 Regulated Activities Regulations 2014 – Dignity and respect
Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment
Regulation 17 Regulated Activities Regulations 2014 - Good governance
Regulation 18 Regulated Activities Regulations 2014 – Staffing

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

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 safe

Details are in our Safe findings below

Inadequate ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

Inadequate ●

The Beaufort Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two inspectors, a nurse specialist and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

Service and service type: The Beaufort is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This comprehensive inspection was unannounced and took place on 08 October 2019.

What we did: We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection visit, we spoke with six people who lived at the home and three relatives. We spoke with the regional manager, registered manager, a bank nurse, a nurse, three care staff, the activities co-ordinator and cook.

We reviewed a range of records about people's care and how the service was managed. This included six

people's care records and medicine records to ensure they were reflective of people's needs. Three staff personnel files to ensure staff had been recruited safely. We also sampled records relating to the management of the service including quality checks and audits, complaints, staff training data and feedback about the service provided.

After the inspection: We were contacted by another relative who shared positive feedback about the service.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection in October 2018 the provider had failed to ensure there were sufficient numbers of staff available to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18.

- People told us there were not enough staff on duty which impacted negatively on their safety and experiences of living at The Beaufort Care home.
- A visiting health care professional informed a nurse a person was lying in a wet bed because their catheter was leaking urine. The person told us they had informed staff of this two hours earlier.
- Low staffing levels meant some people had to wait until the afternoon for staff to be available to help them to wash and dress. We asked staff the reason for this and were told, "We just haven't had time yet." This delay in providing timely personal care could contribute to people developing sore skin which places them at risk.
- Another person described how the sound of unanswered call bells prevented them from getting a good night's sleep. They said, "It's very annoying."
- We saw five people seated in wheelchairs in the lounge without a staff presence and some people were unable to summon assistance. We alerted the regional manager to this risk who in response instructed a nurse to supervise the lounge. However, the nurse did not remain in the lounge leaving highly dependent people unsupervised.
- Staff felt staffing levels were too low. One told us, "There's not always sufficient staff for the dependency needs of the current residents." Another said, "It's physically not possible to wash and dress everyone upstairs before lunchtime. Twelve out of fourteen residents need help from at least two of us." A third staff member explained it took extra time to support people in the D2A beds because they did not know them well. They added, "I don't think the managers appreciate that."
- The registered manager used the provider's 'dependency tool' to establish staffing requirements and confirmed they had no concerns about staffing levels. They said, "They are fine."

We found no evidence that people had been harmed however, the provider had failed to ensure there were sufficient numbers of staff available to meet people's needs This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- The regional manager acknowledged our feedback regarding staffing levels. They told us deployment of staff had been an area of focus and they felt 'vast' improvements had been made since our last inspection. They told us they were disappointed with our findings and said these would be 'investigated'
- Despite people's concerns about staff availability they told us they felt safe. One person said they felt safe because the front door to the home was locked.
- Improvements had been made to ensure staff were recruited safely in line with the provider's recruitment procedure. New staff had been appointed meaning the use of agency staff had significantly reduced.

Assessing risk, safety monitoring and management:

- Risk was not always identified, assessed and well-managed.
- Some people received their nutrition and medicine through a tube directly into their stomach (PEG). Records to show cleaning of the PEG site and monitoring for early signs of infection contained gaps. This meant we could not be sure daily cleaning had taken place in line with nationally recognised guidance issued by National Institute for Health and Clinical Excellence (NICE). NICE develop public health guidance to promote healthier lifestyles and help prevent ill health.
- One person was prescribed a medicine used to slow and strengthen the heart rate. Guidance for this medicine included the need to monitor pulse rates prior to administration as the medicine should not be administered if the pulse rate falls below 60 beats per minutes. Records to evidence this check had been completed contained gaps. This created a potential significant risk to the person's health.
- Another person had a specialist dressing on their foot. The dressing was attached to a drainage tube and vacuum pump. This type of therapy is used to promote wound healing. We saw the pump was disconnected. No records had been completed to show if, or when the equipment had been checked. We alerted a nurse who rectified this.
- The same person's catheter had been incorrectly connected. The catheter tubing was placed over the top of the bed rails preventing the urine from flowing down into the bag. This meant there was a risk the urine could flow back into the person's bladder increasing the chance of developing an infection. We immediately alerted a nurse who rectified this.
- Some known risks had not been assessed. Nurse's confirmed catheter risk assessments had not been completed.
- Some risk management plans did not contain the accurate detail staff needed to provide safe care. For example, one person's plan had not been updated to reflect changes to their care recommended by a health care professional. Another person's moving, and handling risk assessment stated they needed assistance from two staff to move safely. Staff told us this was incorrect because at times three staff were needed to support the person.
- Environmental risks were not always well managed. For example, the registered manager confirmed risks associated with trailing wires in a person's bedroom whilst known had not been assessed. Access to an 'emergency sledge' which staff would need to assist people with mobility difficulties to leave the building in the event of an emergency, for example a fire, was obstructed by a discarded radiator cover and moving and handling equipment.

Systems and processes were not sufficient to demonstrate risk to people's safety and the environment was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager informed us they had taken action to address some of the concerns we identified.

- Improvements had been made to the providers contingency planning. An up to date plan provided staff and the emergency services with the information needed to keep people safe in the event of, for example, a fire.
- Staff completed fire safety training and understood the action they needed to take in the event of an emergency.

Using medicines safely

- At our last inspection records for medicines administered through a patch applied directly to the skin were incomplete and pharmacy dispensing labels had been removed from some prescribed items. At this visit action had been taken to address these shortfalls.
- However, some previously evidenced standards had not been maintained. For example, thickening agents prescribed for people who experience problems swallowing foods or liquids were not securely stored. NHS England issued a storage safety alert in 2015 in response to an incident where a care home resident died following the accidental ingestion of thickening powder.
- Most people told us they received their medicines when needed.
- Effective processes were in place for the timely ordering, supply and safe disposal of medicines.
- Medicines were administered by trained staff whose competency was regularly checked.

Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and used personal protective equipment such as disposable aprons and gloves when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. One staff member told us, "I know if I see bruising to a resident's skin I need to document it and tell the nurse. It could be an indication of abuse."
- Staff whilst confident the registered manager would address any suspected or witnessed abuse understood how to escalate their concerns if they thought they had not been.
- The registered manager had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

Learning lessons when things go wrong

- Lessons had not always been learnt. For example, staff continued to not be available at the times people needed. Also, nationally recognised best practice guidance was not always followed.
- The registered manager had introduced weekly meetings with staff to share lessons learnt. They told us, "It's working but is still not fully embedded."

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Require Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they moved into the home. However, information for people in D2A beds was not shared with staff in a timely way. This meant staff did not fully understand people's initial needs and preferences.
- Nurses had not always followed best practice guidance. For example, there was no information to show a referral had been made to a dietician for a person known to have lost weight and their food and fluid intake was not being monitored. A nurse assured us they would address this.

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

- People gave positive feedback about the food. One person told us, "The food is delicious." However, we saw some people cared for in bed were not able to reach their drinks which could leave them at risk of dehydration.
- People's care records documented risks associated with eating and drinking. However, these were not always accurate and up to date.
- Staff were attentive at mealtimes and knew what people liked to eat and drink. People's dietary preferences were catered for. A relative told us they had requested different food items for their family member which had been provided.

Staff support: induction, training, skills and experience

- People were confident in the skills and knowledge of staff.
- Staff completed an induction when they started working at the home.
- Staff were supported to develop and refresh their knowledge and skills through a programme of on-going training. Staff training was up to date.
- Staff told us they received support and guidance through individual and group meetings and observations of their practice.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- The provider was compliant with the requirements of MCA.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

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

- Some areas of the home were in need of updating and a redecoration programme was underway. The registered manager told us new carpets were due to be fitted to address malodours we noted in some bedrooms and corridors.
- Bedrooms belonging to people who lived at the home permanently had been personalised.

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

- People had access to a range of health and social professionals.
- Staff regularly consulted with healthcare professionals. However, health care professional's advice was not always clearly recorded and followed.
- The registered manager and staff felt they had good working relationships with health and social care professionals.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care.

- People living at home did not always benefit from a caring culture. The provider and registered manager had not considered the impact low staffing had on people's day to day experiences.
- People's right to privacy was not always considered. Despite, previous assurance from the registered manager people had not been consulted about having the facility to lock their bedroom doors. The registered manager told us, "I wouldn't want a lock on my bedroom door." In contrast a person said, "I didn't know I could have one. That would be nice."
- People's dignity was compromised due to the length of time they had to wait for assistance, including support with personal care.
- People's personal belonging were not always respected. One person said, "Look what they've done with my clothes." Their clothing had been left overnight in bags on the floor.
- People continued to feel the choices and decisions they made were negatively affected by staff availability. For example, when and how often they could have a bath.
- Some staff demonstrated a caring attitude but were not providing timely personalised care because they were busy which made them task focused. Staff explained this approach was the only way to get things done.

We found no evidence that people had been harmed however, people's privacy and dignity was not always considered and promoted and their preferences respected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoke positively about staff. One person said, "The staff are lovely and good as gold." A relative described staff as 'very good and caring'. Adding, "They just don't have the time they want to be with people."
- Staff supported people in a kind and respectful manner. Interactions between people and staff showed staff cared about people and wanted to provide good care.
- Staff enjoyed working at the home. One told us, "I enjoy my job but it's hard work. The reason I stay is the residents. I love them all."
- People and relatives were involved in planning and reviewing their care. Records for people who lived at the home permanently contained information about their backgrounds and beliefs.
- Staff had completed equality and diversity training.

- Some people told us their independence was promoted. One person said they were able to go outside when they wanted a cigarette because they had the code to the door. They said, "I come and go as I please here. I feel free."
- People were supported to maintain relationships that were important to them. The homes WIFI enabled people to contact relatives who were not able to visit. Relatives were made to feel welcome and could visit their family members when they chose.
- At the start of our inspection files containing people's confidential information were hung over handrails in the corridor. The files were open. The registered manager told us this practice prevented people from being disturbed during the night. However, they acknowledged the need to ensure records were confidentially stored in line with requirements.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not consistently receive personalised care which was responsive to their needs. Low staffing levels identified at our previous inspections and detailed within this report meant staff were not available or did not have the time needed to provide individualised care.

- One person told us they felt 'a bit dirty'. They explained this was because having their hair washed was limited to when they were assisted to have a bath. Records confirmed the person had been assisted to bathe on two occasions in a month. A staff member told us, "We would like to give her more baths, but it takes two of us an hour. We haven't got time."

- Another person cared for in bed told us they would like to watch the television but couldn't because they did not have a remote control. The person said they had spent their time 'looking out the window' since their admission to the home the previous day. Staff confirmed they had not had time to speak with the person to learn about their needs and wishes. This meant the person had not had the opportunity to ask for a television remote.

- A third person called for assistance because they wanted to get up and needed assistance to get out of bed. The staff member who entered the bedroom said, 'you're lying on your call bell' turned the call bell off and left the room. When we raised this with the staff member they acknowledged they should have asked the person what assistance they needed and returned to do so. Having established the person wanted to get up we heard the staff member say, "I'll tell the day staff. I'm going off soon."

- Two people were restricted from eating and drinking (Nil by mouth). People who are Nil by mouth are susceptible to bacterial infections and good oral hygiene is essential to reduce this risk. Personal care records did show oral care was being consistently provided.

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

The registered manager and regional manager assured us action would be taken to address the concerns we identified.

- At our last inspection care plans were detailed, personalised and up to date. However, this standard had not been consistently maintained. For example, one person had very dirty finger nails. The registered manager told us this was because, "[Name] can be difficult with personal care. We try but she often refuses." This information was not recorded in the person's care file. Another person's care plan had not been updated to reflect recommendations made by a health care professional. This meant staff were not

providing the correct care and support which placed the person at risk of their skin becoming damaged.

Following our inspection, the registered manager informed us care records had been updated and the person had been provided with a remote control for the television.

Meeting Peoples communication needs

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

- Staff understood how to communicate effectively with people.
- People had access to some information in different formats including, pictorial and large print.

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

- We saw people in the lounge engaged in a range of activities, including making Halloween pictures. People told us they enjoyed making things. However, engagement with and activities for people care for in bed required improvement. A staff member told us, "The social side is neglected a bit. I would like more time to just sit and chat to people and hold their hands without feeling rushed."

Improving care quality in response to complaints or concerns

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

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care. However, staff had previously cared for people at the end stage of life and were trained to do so.
- A relative of a person who previously lived at the home described how at the end stage of their family members life staff had also supported family members in a very respectful manner.
- Care plans contained some information about people's end of life wishes.

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 this key question was rated as Requires Improvement. At this inspection the rating has deteriorated to Inadequate. This meant there were significant on-going shortfalls in management oversight. Service leadership did not assure the delivery of high-quality care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

Since 2015 the provider has either failed to make improvements to the service or failed to comply with regulations. At our last inspection the provider had not implemented effective governance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although some new systems and processes had been introduced to improve governance of the service, not enough improvement had been made and the provider remains in breach of regulation 17.

- At our last inspection in October 2018, the service was rated requires improvement for the third consecutive time, and therefore at this inspection we expected significant improvements would have been made and the provider to be compliant with all regulations. However, we found repeated breaches of two regulations.
- The provider had failed to ensure action was taken to address the regulatory breaches and concerns we identified at the last inspection to ensure people received high quality, safe care.
- Despite the introduction of additional management audits and checks these processes had not identified service shortfalls. For example, a medicine audit dated September 2019 and a 'daily walk round' dated October 2019 had not identified the concerns we found.
- The provider and registered managers lack of oversight meant improvements had not been made and some previously demonstrated standards had not been maintained.
- The provider had failed to effectively assess and maintain the staffing levels needed to meet people's needs.
- The registered manager had failed to take action to ensure people's rights and choices were fully considered, promoted and upheld.
- The provider's plan to drive forward improvement continued to be ineffective. For example, actions marked as completed contradicted our observations and feedback received from people and staff about staff availability.
- Information the provider had submitted in their PIR was not an accurate reflection of how the service operated. For example, the PIR told us there are 'adequate staffing levels for the residents in our care'. This

conflicted with our inspection findings

- The registered manager had not ensured people's confidential information was always stored in line with requirements.

We found no evidence that people had been harmed however, the provider had failed to make improvements to the service and comply with regulations. Service oversight and governance systems were ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively about the registered manager. One staff member said, "The manager is approachable. I am confident if I raised an issue it would be resolved."
- The home had a stable management team supported by a regional manager. The registered manager told us the regional manager was always available to offer support and guidance.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

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

- Feedback from people and relatives was encouraged through meetings and questionnaires which was used to drive improvement. For example, a staff photo board was being introduced in response to feedback from relatives about knowing the staff on duty.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

Working in partnership with others;

- Overall, despite our findings people and relatives were satisfied with the service provided and spoke positively about the registered manager. One relative described the positive change in their family member since living at The Beaufort care home as 'incredible.'
- The provider and staff worked in partnership with health and social care professionals to promote people's physical health and well-being. The regional manager told us the home was working with the local authority to implement a 'Red Bag' initiative to ensure a person's experience of being admitted to hospital was positive and had achieved accreditation to a pressure ulcer prevention scheme awarded by health and social care partners.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) HSCA RA Regulations 2014 Person-centred care The provider had not taken all reasonably practicable steps to ensure people received person-centred care that met their needs and reflected their preferences.

The enforcement action we took:

NOP to restrict admissions and impose a condition around governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (2) (a) HSCA RA Regulations 2014 Dignity and respect The provider had not ensured people's privacy need and expectation were identified, recorded and met. The provider had not ensured people's privacy and dignity was maintained at all times.

The enforcement action we took:

NOP to restrict admissions and impose a condition around governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was consistently provided in a safe way.

The provider had not ensured risk associated with people's care and the environment was identified and assessed.

The provider had not ensured staff followed risk assessment.

The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.

The enforcement action we took:

NOP to restrict admissions and impose a condition around governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided. The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date. The provider had not ensured, timely, improvements to the service provided had been made and sustained.

The enforcement action we took:

NOP to restrict admissions and impose a condition around governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) HSCA RA Regulations 2014. Staffing The provider had not ensured sufficient numbers of staff were available to meet people's need.

The enforcement action we took:

NOP to restrict admissions and impose a condition around governance.