

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Beaumont Court

1-2 Beaumont Court, West Road, Prudhoe, NE42  
6JT

Tel: 01661520013

Date of Inspection: 29 October 2012

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December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	At Home in the Community Limited
Registered Manager	Mr. Dale Dawson
Overview of the service	Beaumont Court is a care home which provides accommodation for persons who require nursing or personal care. Nursing care is not provided at this home. Beaumont Court can accommodate up to eight people and provides support to people with learning and physical disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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Due to the nature of their condition, some people were unable to communicate with us verbally on the day of our inspection. People who could, told us they were happy with the care and support they received from Beaumont Court. We found that people's care and support needs were appropriately assessed and their care was planned. One person said, "I like it here, they care for me well. I tell them things and they sort it for me." Another comment made was, "Staff treat me well and care for me well."

We found that staff were appropriately trained and the service had systems in place to monitor the quality of the service that it provided. However, although people who received care and support told us they were happy and we saw they were well supported, we found that failures to maintain records appropriately may put people at risk of receiving inappropriate care and treatment. In addition, failures to manage cleanliness and infection control may put people and others, such as staff and visitors, at risk of catching a healthcare associated infection.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 21 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. Where possible, their views and experiences were taken into account in the way that the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During our visit staff interacted with people in a positive and respectful manner. Staff engaged with people who had complex communication needs and interpreted wishes by people's facial expressions and noises they made. We saw staff comforted and reassured people. For example, one staff member assisted a person at lunchtime and explained what food was about to be offered to them with each spoonful. This assistance given was dignified and unhurried. We observed medication being given to one person. We noted that the administration process was explained to them in advance and they were gently encouraged to swallow the medication when appropriate. We heard staff encourage people to make cups of tea for themselves and their own sandwiches at lunchtime. Staff told us that most people had a key for their bedroom so they could lock their room if they chose to. People said they had lots of choice. One person said, "We get lots of choice about what we do and also about what we want to eat on the menu." In the care plans we looked at there were a number of goal plans for the person concerned. These related to such things as spending more time with family and going on holiday with staff support. This evidence showed that people were treated with dignity and respect and staff promoted people's independence.

We looked at care plans and saw they were person-centred. The person's care needs, choices and preferences were recorded. We saw detailed information about each person in their care plans and where people were unable to be involved in their own care owing to their disability, care plans had been noted to reflect this. Where people were unable to be involved in the planning of their care, we saw evidence of regular multi-disciplinary involvement. One person told us, "I have a care plan, I know about it, and I can look at it whenever I want. I know about my care and they tell me things." We found that where possible, people were involved in making decisions about their care.

Documentary evidence showed that people were involved in a range of activities tailored to their own preferences and needs. These included gardening, crafts, swimming, trips to the theatre, cinema, local shops and day centres. A designated activity room was available to people within Beaumont Court where they could pursue music and crafts. This showed

that the service provided opportunities, encouragement and support to people, in relation to their independence and community involvement.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the care plans for three people who lived at the home. They were person-centred and contained a summary of information about the individual. They contained information about how each person's care and support should be delivered in order to meet their individual needs. There were risk assessments in place linked to these needs and other separate identified risks. For example, one person had assessments of need and risk related to eating and drinking, personal care and use of the community. This showed that people's needs were assessed and their care and support was planned. However, some care plans and risk assessments had not been reviewed in order to measure their effectiveness.

Staff were knowledgeable about the care needs of the people they supported. We observed the delivery of care and saw that staff adhered to guidance set out within care plans. Staff interactions with people were positive and people said they were happy with the care they received. We observed care being delivered to people in a professional, polite and caring manner. We saw that staff spoke with people when they delivered care and explained what they were going to do, before doing it. One person said, "They care for me well here. If they didn't I would tell them." We concluded that care was delivered appropriately by staff who were knowledgeable about people's needs. As a result, people's needs were met and their welfare and safety was ensured.

People who required specialist advice in relation to their care had received this and it was recorded in their care records. For example, we saw input into people's care from speech and language therapists, physiotherapists and specialist behavioural teams. In addition, records showed that specialist care was delivered by external healthcare professionals such as doctors, dentists and opticians. These showed regular and up to date contact with such health professionals and it meant that the service ensured people's general healthcare needs were being met.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from the risk of infection because the provider did not manage, maintain and monitor infection control procedures appropriately.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We walked around the building and found that the communal areas such as the lounge, corridors and kitchen were clean. We entered several bedrooms and saw that some were clean but others had dirt on the carpeted floors. We saw that there was a colour coded cleaning system in operation and a supply of personal protective equipment, such as gloves and aprons, was available in various parts of the home. All of the staff we spoke with confirmed they used personal protective equipment when necessary. One member of staff said, "There is a cleaning rota. Personal protective equipment is used when cleaning and when personal care is delivered." People told us they were happy with cleanliness levels within the home. One person said, "It is clean, they always clean." Another comment made was, "I help clean the kitchen floors."

All providers of health and social care have to comply with the Code of Practice for health and social care on the prevention and control of infections, and related guidance. We found that criterion 2 of this code, which requires the provider to maintain a clean and appropriate environment, was not being met.

Although staff told us, and we saw there were cleaning and infection control regimes in place, we found that these were not always followed in practice. Preventative measures for infection control were inadequate because some equipment within the home was dirty and some of the practices adopted by staff exposed people to the risk of catching an infection. For example, we saw that the lino floor covering in each of the communal bathing rooms was discoloured and cracked. We found that equipment which people had direct contact with such as toilet seats were not always clean. We saw that toilet brushes within communal bathing rooms were stored in containers which were dirty and filled with dirty water.

We found that the service did not dispose of clinical waste in a safe manner. The waste bins in one communal bathroom were not lined with plastic bags and one of these bins contained clinical waste which included used catheter equipment. We also saw that a disposal facility for used incontinence pads was not emptied regularly, contrary to the instructions staff told us they should follow.

We checked the facilities within the laundry room. Two red plastic bags which contained soiled laundry had been placed on the floor and were in close proximity to baskets of clean freshly washed clothing. A member of staff told us these should have been put in a designated container prior to being washed. This showed that there were procedures in place for dealing with such waste, but staff did not always follow these procedures in practice.

Products needed for personal cleanliness were not always available. The second communal bathroom upstairs had no toilet roll or hand-wash for people to use when washing their hands.

These failures to keep equipment clean, to follow safe practices when disposing of waste, and to have products available for people's personal cleanliness, meant the provider exposed people, staff and visitors to the risk of infection. The manager confirmed that no cleanliness and infection control audits were conducted at Beaumont Court to identify any shortfalls in the cleanliness and infection control procedures within the home.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People said they liked the staff who worked for the service. One person said, "Staff are always able to help me." Another comment made was, "Staff treat me well, they always speak to me nicely." Staff told us they had received the training they needed to carry out their role and felt supported by the management of the service. One staff member said, "I feel supported definitely. When you first start there is a lot to take in and I feel as though there is a lot of support." Another member of staff said, "You can pick up the phone to management at anytime if there is a problem."

Staff said, and records confirmed, they had completed an induction at the start of their employment which assisted them in their role. Training reflected vocational studies as well as basic training. We looked at two staff training records and certificates to evidence the training staff had received. These showed that training in a number of key areas, for example, medication, emergency first aid and food safety had been completed. Staff told us they could approach management at any time to request further training if they felt they needed it. We saw that, where appropriate, staff had completed training related to the specific needs of the people they cared for. Dates when certain training had to be refreshed were recorded in a training matrix which was held electronically within the service. We found that staff training was up to date and the provider monitored training requirements appropriately.

Staff said one to one meetings, known as supervisions, took place with their manager. We saw documentary evidence to support this within staff files. Supervisions are important as they support staff to carry out their responsibilities and deliver care to people to the appropriate standard. Staff told us, and records confirmed, that the service operated a staff appraisal system where staff performance throughout the year was reviewed. We found that staff received appropriate training, professional development, supervision and appraisal.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system in place.

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**Reasons for our judgement**

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We looked at records held within the service to assess how complaints were handled. We saw that the provider had a structured complaints policy in place with step by step instructions of how a complaint should be dealt with when received. We noted that the complaints policy had a number of timescales in place by which responses should be sent to the complainant and a target for resolution of the complaint within 28 days of receipt. The manager showed us a copy of the complaints log held by the provider. This showed there had been no complaints received by the organisation in respect of Beaumont Court in the ten months prior to our inspection. One person told us, "I have not had to complain about anything, there is nothing worrying me." Staff confirmed they had not assisted any person who lived at the home to make a complaint, but they could describe the process they would follow if they needed to do so. Staff said they spoke with people on a regular basis to confirm if they were content with the service they received, and with living at Beaumont Court. They said if people were not content, most issues could be resolved quickly and easily by the staff on duty.

We were shown a copy of a 'client complaint card' with pictorial prompts which people could use to make a complaint. The form had a comment on which said 'I am not happy, I want to make a complaint'. People could use these forms to express their dissatisfaction to staff or management and then receive support to progress their complaint through the provider's complaints procedure. We did not see any of these forms on display around Beaumont Court on the day of our visit. We have since been assured by the manager that people now have access to these forms in communal areas and within their own bedrooms.

We concluded the provider had an adequate complaints procedure in place for receiving, handling and responding to complaints and concerns raised by people or persons acting on their behalf. The provider may find it useful to note that there was no log kept within Beaumont Court where concerns, rather than complaints, could be recorded.

People's personal records, including medical records, should be accurate and kept safe and confidential

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because the provider failed to maintain records appropriately.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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We did not plan to inspect the management and maintenance of records on the day of our visit but we identified concerns which led us to look at this essential standard. We looked at the care records of three people and found that although the individual plans of care and risk assessments were present, they were not always up to date and not regularly reviewed. Therefore, staff could not be certain they were working towards the correct and most up to date plans of care or risk assessments.

In one case we found that out of approximately twenty three risk assessments on file, none had been reviewed since either 2010 or January 2011. In the front of this person's care file there was a sheet containing emergency medical information. This had been written in July 2011 and there was no evidence that it had ever been reviewed. Care plans had been written in April 2010 and reviewed once, two and a half years later, in October 2012. The care plans related to another person were written in May 2011, and the risk assessments in April 2010 and there had been no review of these documents until October 2012. As with the first person, there was a sheet containing emergency medical information in the front of the file, but this was dated July 2009 with no evidence that a review of this information had taken place. The plans of care for a third person had been written in November 2011 and they were first reviewed in October 2012. All risk assessments related to this person were written in March 2012 and there had been no review of these documents up to the date of our inspection.

This evidence showed that records were not reviewed regularly. We found that for up to two years prior to October 2012, staff could not be certain the care they delivered was appropriate and eliminated risk, as they did not have up to date care plans or assessments of risks to refer to.

We also looked at the management of records and found that staff records and some records related to quality assurance were held at the provider's head offices and not on the premises of Beaumont Court. This meant they were not easily accessible to staff when required.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> People were not protected from risk of infection because appropriate guidance had not been followed and they were not being cared for in a clean and hygienic environment. Regulation 12 (1) and 12 (2)(a)(c).
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> People were not protected from the risks of unsafe or inappropriate care and treatment because records within the service were not sufficiently maintained. Regulation 20 (1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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