

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: 24 May 2013

Date of Publication: June
2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	At Home in the Community Limited
Overview of the service	Beaumont Court is a care home which provides accommodation for persons who require personal care. 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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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 May 2013, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they were happy living at Beaumont Court and their care needs were met. One person said, "I like living here, yes I do, yes." Another person told us, "I like it here and the staff are alright."

People told us their consent was obtained before care was delivered and staff acted in accordance with their wishes. Where people did not have the capacity to consent we found the provider acted in accordance with legal requirements.

We found that people's care needs were assessed and their care and treatment was planned. People received care which reduced the risk of poor nutrition and dehydration. Where necessary external healthcare professionals had been consulted about people's dietary concerns.

We saw that people had enough equipment available to enable them to maintain their independence as much as possible and this equipment was suitably maintained.

We found the provider had a structured staff selection and recruitment policy in place which aimed to ensure staff were suitably skilled, experienced and qualified to deliver care safely.

At this inspection we also checked whether previous shortfalls in the management of cleanliness and infection, and the maintenance of records had been addressed. These issues had been identified during our last inspection at the service on 29 October 2012. We found improvements had been made and the risks associated with infection and the maintenance of records had been reduced.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People told us staff asked them what they would like and if they were happy with the care they would receive before it was delivered. Their comments included, "They (staff) ask me things" and "They (staff) ask if it is alright to help me." One person said, "Sometimes when I go to the doctors I say yes to staff coming in the room and sometimes I say no. Staff do what I ask."

We spoke with staff about consent and found that they understood the necessity to gain consent from people, so the choice was their own, before care or support was delivered. Staff told us that they always explained to people the care that they would be delivering in advance and they asked people for their preference whenever possible. We saw people were given choices in relation to the care they received. For example, one person was asked if they wanted to get out of bed and when they chose not to, their choice was respected.

Our observations on the day of our inspection confirmed that people's consent was sought by staff before care was delivered. For instance, one person was asked to move from a chair they were sitting in and get ready to go out, with support from staff. When they did not consent to this, staff did not insist and the person's refusal to move was respected. In another situation, a person was asked for their consent to have a shower and we saw that they agreed to this willingly.

Whilst some people to whom the provider delivered care had the ability to make decisions about their day to day lives, some people did not. In addition, several people did not have the capacity to consent to complex decisions related to their care and treatment. For these people we saw the provider had assessed the person's capacity in relation to each individual decision and a 'best interests' decision had been made. A 'best interests' decision, in line with the principals of the Mental Capacity Act 2005, is taken when a person lacks the mental capacity to make a decision for themselves. In relation to care based decisions, it is usually made collectively by a number of people, including the care

staff in day to day contact with the individual concerned, when necessary other healthcare professionals involved in their care, and where possible, family members. This showed the provider was mindful of people's ability to consent and where they were unable to do so the provider understood their legal obligations.

The provider may find it useful to note that not all of these 'best interests' decisions were documented within people's care records to evidence the person's lack of capacity, who was involved in the decision making process and the basis on which the decision was made.

We concluded that people were asked for their consent before any care or treatment was delivered and staff acted in accordance with people's wishes. In addition, the provider acted in line with legal requirements when necessary.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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 very detailed 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. For example, one person had assessments of need and risk related to eating and drinking, health and sleeping. This showed that people's needs were assessed and their care and support was planned.

We observed the delivery of care and saw that staff adhered to guidance written in people's 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, respectful 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, "I like it here the staff are alright and they help me with things." Another person said, "I like living here yes I do, yes. They look after me." 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.

The provider had a daily staff communication book in place and kept a record of each person's activities and other issues of note. Where people required monitoring in relation to specific health conditions, for example, by measuring their weight or fluid and food intake, records showed this was done appropriately. This showed that staff were kept informed of people's care needs and progress on a daily basis.

People who required specialist advice in relation to their care had received this support 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 demonstrated the provider ensured people's general healthcare needs were met.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us they were happy with the food and drink they received. Comments made included, "I like healthy food and I get it all the time. I have packed lunches, sandwiches, bananas and yoghurt" and "The food is nice. We get all different kinds of things from mince and dumplings to fish and chips." One person told us, "I help choose the food and do a menu with staff. I can say what I would like and I get enough." We reviewed the menu in place and found that this was varied, with plenty of healthy, wholesome food available.

We spent time with people at lunch and saw that they were provided with attractive and healthy food options. People were offered a choice of different food types and drinks and these were prepared to their individual preferences by staff. We saw one person refused to eat what had been made for them and an alternative option was immediately prepared, which they duly ate. People who required assistance with eating were assisted by staff appropriately and they enjoyed their meal in a dignified manner. One person had been provided with a plate guard, which prevents food spillage from a plate, to enable them to eat independently. We saw that each person ate a substantial amount of their lunch. We found that people were provided with a choice of suitable and nutritious food and drink.

We asked senior care staff if any person within the home had special dietary requirements. They said one person was on a soft diet and required their drinks to be thickened, under the direction of their speech and language therapist. We observed this person at lunch and saw they were given a soft food option and the specialised drink they required by staff. Two other people who lived at the home were on healthy eating regimes in relation to their weight. We asked staff about the dietary needs of all of these people and the information they provided tallied with the documentation we had viewed in their care plans. We saw that their fluid and food intake, and weight, was monitored and recorded as required. This showed that people were supported to eat and drink appropriately in order to meet their needs.

We looked at the storage of food within the home and found that it was appropriate.

We concluded the provider reduced the risk of poor nutrition and dehydration by supporting people to eat and drink, and referring them to external healthcare professionals when necessary.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. They were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our previous inspection on 29 October 2012 we found the provider was not meeting this essential standard. Our judgement stated, "People were not protected from the risk of infection because the provider did not manage, maintain and monitor infection control procedures appropriately". We judged this had a moderate impact on people who used the service and told the provider to take action. In response to our concerns, the provider wrote to us and told us what actions they planned to take in order to improve.

At this visit, we saw improvements had been made and people were cared for in a clean and hygienic environment. Daily cleaning checklists were in place to ensure cleaning tasks were performed as required. We talked with staff and found they were aware of their responsibilities in relation to infection control. Our observations on the day of our inspection confirmed staff followed appropriate practices in order to reduce the risk that people, staff or visitors may be exposed to an infection.

We looked around the home and found that both communal areas and people's bedrooms were clean. We saw that the lino floor covering in each of the four bathrooms within the home had been replaced and was in good condition.

We found that equipment which people came into direct contact with, such as toilet seats and toilet brushes, was also clean. We checked the facilities for the disposal of clinical waste and the laundry facilities and found that these were now appropriate. As a result, the risk of cross contamination had been reduced.

We checked supplies of personal protective equipment such as gloves and handwash around the home and found that these were plentiful.

We spoke with people about cleanliness within the home. One person said, "It's clean."

We concluded there were effective systems in place to reduce the risk and spread of infection. The provider had made improvements to their management of the risks associated with infection, and as a result, people, staff and visitors were protected from the risk of catching an infection.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from risks associated with the use of unsafe or unsuitable equipment.

Reasons for our judgement

Most of the people in receipt of care at Beaumont Court were fully mobile and did not need equipment to enable them to pursue their daily activities and tasks. Some people did need equipment and we saw this equipment maintained people's independence and dignity as much as practically possible. For example, we saw that one person had a plate guard on the side of their plate to prevent food spillage at lunchtime and consequently they were able to eat independently rather than needing assistance from staff.

We spoke with people, but their feedback did not relate to this essential standard. One staff member told us, "X uses equipment. People come in and service it." Another staff member said, "X has all the equipment they need. The company bought some of it for X."

We saw the home had a mobile hoist, moving and handling equipment, an adapted bed, an adapted chair, electric and manual wheelchairs, shower chairs and plate guards. We found that all of this equipment was in good condition and in full working order. We reviewed the equipment maintenance log and found that equipment had been maintained and serviced where necessary, at the appropriate times.

We checked electrical appliances throughout the home and found that Portable Appliance Testing (PAT) had been carried out in December 2012 and the suggested date of retesting was set as December 2013. All of the appliances that we looked at had been deemed safe for use. This showed the provider had sought to protect people from unsafe or unsuitable equipment.

We concluded there was enough equipment available to promote people's independence and comfort. In addition, this equipment was in good condition and serviced regularly where necessary.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at how the provider ensured that staff employed by the service were suitably skilled and qualified. We saw the provider had a structured recruitment policy in place and we reviewed their recruitment and selection processes. Documentary evidence showed that staff had completed a job application form, they had been interviewed prior to their appointment, and the provider had explored their experience, qualifications and skills. We saw staff had been given a letter of appointment and a contract of employment.

We noted that staff were asked to confirm any health conditions within their application form. This showed the provider sought to ensure staff were able to carry out their roles effectively and there was no impact on the care they delivered to people.

Records showed, and staff confirmed, that appropriate checks had been undertaken before staff began work. For instance, we looked at four staff files and found that references had been sought from previous employers in all cases and identification supplied by the applicant. For each staff member the provider had also carried out a Disclosure and Barring Service check (DBS) and obtained the results in advance of the staff member's start date. The Disclosure and Barring Service replaces the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). DBS checks are designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The fact the provider carried out these checks demonstrated they sought to ensure people's safety by appropriately vetting the staff they employed.

We asked staff about their experiences of the provider's employment process. They told us the recruitment and selection process was very thorough and this supported our findings. One staff member said, "My recruitment was spot on. I completed an application form then had an interview. A CRB check was done but I didn't start work until that was through."

We reviewed four staff training records and found these care staff were suitably skilled and qualified to deliver care safely and appropriately.

We concluded there were effective recruitment and selection processes in place and people had their care needs met by staff who were fit, appropriately qualified and both physically and mentally able to do their jobs.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our previous inspection on 29 October 2012 we found the provider was not meeting this essential standard. Our judgement stated, "People were not protected from the risks of unsafe or inappropriate care and treatment because the provider failed to maintain records appropriately". We judged this had a minor impact on people who used the service and told the provider to take action. In response to our concerns, the provider wrote to us and told us what actions they planned to take in order to improve.

At this inspection we found that previous failures to maintain records appropriately had been addressed. Records related to people's care and treatment were now appropriately maintained.

We looked at the care records related to three out of six people in receipt of care from this service. We found that new, structured and detailed paperwork was in place which accurately reflected people's needs. Care plans and risk assessments for each person had been reviewed since our last inspection and dates for future reviews of these documents had been set. Important contact details and emergency medical information had also been reviewed and updated since our last inspection. The team leader for the service told us that each person had a key worker who held responsibility for the maintenance and review of their care records. This showed the provider had a system of accountability in place related to the management of care records. We concluded that people's personal records including medical records were accurate and fit for purpose.

We looked at other records within the home related to the running of the service, such as, health and safety checks and cleanliness checklists. We found that these were completed regularly and were up to date. We noted that staff records and some invoices were not kept on the premises at Beaumont Court, but at a head office location. We discussed this with the manager who advised that this would be addressed immediately and the staff files relocated to the home for easier access.

We concluded that the provider was now meeting this essential standard.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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