

Hestoncourt Limited

Beverley Court Residential Home

Inspection report

334-336 Beverley Road
Hull
Humberside
HU5 1LH

Tel: 01482449296

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Ratings

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

Summary of findings

Overall summary

Beverley Court Residential Home is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 30 older people, some of whom may be living with dementia.

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

Systems were in place to maintain people's safety and protect them from abuse. Risks were identified, appropriate control measures were implemented, and the safety and cleanliness of the environment was maintained. Systems were in place to recruit staff safely and administer medicines as prescribed.

People were supported to access appropriate healthcare services. Professional advice was sought and followed. People received good support with their nutritional needs. Staff were equipped with relevant skills and were supported in their role.

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

People were supported by staff who were kind and caring. Staff promoted people's privacy, dignity and independence. There was a homely atmosphere and people appeared relaxed in their surroundings.

Staff were responsive to people's needs and provided support in line with their preferences. People were supported to access stimulating activities and follow their interests. People and relatives felt able to raise concerns and their feedback was sought.

There was a positive culture within the service; staff felt supported and worked as a team well. The management team were approachable and accessible. Systems were in place to improve the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Beverley Court Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Beverley Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and contract monitoring teams. 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 the inspection

We spoke with two people who used the service and three relatives. We spoke with eight members of staff

including the registered manager, operations manager, deputy manager, senior care worker, care workers and two kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service, training data and quality assurance systems.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to recognise abuse and protect people from harm. They were aware of whistleblowing procedures and felt confident to raise any concerns should these arise.

Staffing and recruitment

- The provider operated a safe recruitment process.
- There were sufficient staff to meet people's needs and people received care in a timely way.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. However, we found some information from health professionals had not been transferred on to people's care plans or risk assessments. Staff were knowledgeable about people's needs in these areas which mitigated any risk. The registered manager ensured these were updated.
- Accidents and incidents were recorded and responded to appropriately.
- The environment and equipment had been assessed for safety.

Using medicines safely

- Medicines were stored and managed safely. People received their medicines as prescribed in a personalised manner by trained staff.
- There were some minor recording errors and some medicines prescribed for use 'as and when required' were missing guidance or required more detail to guide staff on when to use them. This was addressed during the inspection.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. Personal protective equipment was used by staff.
- The home was clean and tidy.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to meet their nutritional needs. People's dietary requirements were met and nutritional needs monitored.
- People were seen to enjoy the food and mealtime experience. People were offered choices and the food appeared appetising. A relative told us, "The food is good, [my relative] always enjoys it."
- The registered manager told us pictorial menus would be implemented to assist people in making choices.

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

- People's health and wellbeing was monitored. Staff supported them to access healthcare services when required.
- Staff liaised with health and social care professionals and ensured their advice was sought and followed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff received regular support and supervision to discuss their role and the care they provided.
- Staff told us the training was relevant to their role and they felt well supported to deliver good standards of care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed before receiving a service to ensure these could be met. A care plan was developed detailing how to meet people's needs and preferences.
- Care and support was reviewed to reflect people's current needs.
- People's bedrooms were personalised, and the environment had been adapted to accommodate people's needs, including the use of dementia friendly signage.

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 when this is in their best interests and legally authorised under the MCA.

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.

- Applications for DoLS authorisations had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interests where required. We found a missing record for one decision which had been made in a person's best interests. The registered manager addressed this.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed good relationships with people and were friendly and caring towards them. Staff knew people and their preferences well. A relative told us, "Staff are very caring. They have a good sense of humour. They bother to get to know people."
- There was a relaxed homely atmosphere. People appeared comfortable in their surroundings and around staff. People enjoyed chatting, singing and listening to music whilst sat in the dining room. A relative said, "It's got a good atmosphere, warm and caring." Another told us, "It's got a nice feeling here."
- Visitors felt welcomed and involved in their relatives' care.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. For example, staff supported people to the bathroom discreetly and were patient and allowed people time when completing tasks. One person told us, "The same staff help me so I feel comfortable." A relative said, "[Name] is slow with eating but staff let them take as long as they like."
- People looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Supporting people to express their views and be involved in making decisions about their care

- People felt supported and listened to by staff.
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes.
- People were supported to access advocacy services if required, so they had access to independent support with decision making and expressing their wishes.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people and talked to them about their interests.

Meeting people's 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.

- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the AIS; forms had been developed which were due to be completed to ensure this standard was met for each person.

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

- People were supported to access a range of social and leisure activities and follow their interests. People enjoyed activities such as knitting and visits from guest singers.
- A personalised activity plan was being developed for each person, to guide staff about how to engage people in meaningful and stimulating activities.
- Links had been developed with the wider community, such as the local church, and people's individual interests were responded to. A relative told us, "Staff are good at getting people involved. They encourage people. They are very positive in that way."

Improving care quality in response to complaints or concerns

- People and relatives felt able to give feedback about their experiences of care or express any concerns to the management team. They were confident any concerns would be addressed. A relative said, "I know how to make a complaint."
- A complaints policy was in place and complaints had been responded to appropriately. There had been a delay in responding to one complaint, but the registered manager was taking steps to prevent this reoccurring.

End of life care and support

- People were offered the opportunity to discuss any end of life care wishes. People's wishes, preferences or religious views were recorded in their care records.
- Systems were in place to support people to have a dignified death.
- Staff were in the process of completing training in this area and a champion role was being developed to promote best practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supported by a deputy manager and operations manager. The management team worked well together to ensure the smooth running of the home. A member of staff said, "All managers communicate with each other well."
- The registered manager and management team were open and transparent. Staff, relatives and people felt they were accessible and approachable. A member of staff told us, "There is good communication, so any issues would be sorted out really quickly." A relative said, "I wouldn't hesitate to go and talk to [the registered manager] if I needed to."
- Staff felt valued and supported in their roles; there was a positive team morale. A member of staff told us, "It's like a big family, we all get on well and help each other out."

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

- Systems were in place to monitor and improve the safety and quality of the service and care provided.
- Some quality checks, such as the medication audit, had not identified the minor issues we found during our inspection. The registered manager developed these during the inspection, so any shortfalls would be identified and addressed in future.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives felt listened to and their views were acted on. Feedback was sought from people through a variety of means including meetings and surveys; this was used to drive improvement.
- Links and been developed with other organisations and services in the community, such as the local primary school, to improve outcomes for people.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were responsive when any issues were identified. They addressed issues and demonstrated learning to improve the service and the support people received.
- The management team had developed a positive culture which was open and transparent. They valued

the importance of providing high quality care, which was shared by staff.