Beech House Carehome Worksop Limited

Beech House Care Home

Inspection report

292-294 Carlton Road
Worksop
Nottinghamshire
S81 7LL

Tel: 01909472149

Date of inspection visit:
11 February 2016

Date of publication:
11 March 2016

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

We carried out an unannounced inspection of the service on 11 February 2016. Beech House Care Home is registered to accommodate up to thirty two people who require nursing or personal care. At the time of the inspection there were twenty five people using the service.

On the day of our inspection there were two registered managers in place. One of the registered managers was newly registered and would soon be taking over full management of the home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Accidents and incidents were investigated, analysed and used to reduce the risk to people's safety. Regular assessments of the risks to people's safety, the environment in which they lived and the equipment used to support them were carried out. People had personal emergency evacuation plans (PEEPs) in place although these required more detail.

Processes were in place to support people to lead as free a life as possible with the minimum of restrictions.

People felt there were enough staff to support them safely. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored and administered safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills and training needed to support them effectively. However, there were a small number of areas where some staff required refresher training.

The registered manager ensured they had recorded how the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The appropriate processes had been followed when applications for Deprivation of Liberty Safeguards had been made. Some of the records for people who had 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders in place were not appropriately completed or reviewed. This is being reviewed by the registered manager.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by staff and external health and social care professionals. Referrals to relevant health services were made where needed. External professionals spoke highly of the quality of the service people received.

Staff supported people in a kind, caring and respectful way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed and communicated well with people living with dementia. Staff ensured they treated people with dignity when providing personal care and respected their wish for privacy.

People were able to contribute to decisions about their care. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People were involved with planning the care they wanted to receive from staff. People's care records were written in a person centred way and staff knew people's likes and dislikes and what interested them. Innovative and thoughtful activities were in place that encouraged all people to do the things that were important to them. People were provided with the information they needed if they wished to make a complaint.

The registered managers and the provider led the service well, understood their responsibilities and were well liked and respected by people, staff and relatives. People, relatives and staff felt the service was well managed. Staff understood what was expected of them and some staff had been given further roles of responsibility to aid their development.

People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

Accidents and incidents were investigated, analysed regularly and used to reduce the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe.

People's medicines were stored, handled and administered safely.

Is the service effective?

Good

The service was effective.

People's records showed how the principles of the MCA had been adhered to when a decision had been made for them. DoLS processes had been appropriately applied. A review of DNACPR orders was required.

Staff had received the training they needed to do their job effectively, although a small number of staff required refresher training in some areas.

People were supported to follow a healthy and balanced diet. People enjoyed the food provided and felt there was a wide choice available.

People's day to day health needs were met by staff and external professionals. External health and social care professionals spoke highly of the quality of the care provided.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful and treated people with compassion. Staff had a good understanding of people's needs.

People felt listened to and staff acted on and respected their views. People were provided with the information they needed that enabled them to contribute to decisions about their care.

People's dignity and privacy were maintained by the staff and friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

Innovative and thoughtful activities were in place that encouraged people to do the things that interested them.

People were involved with planning the support they wanted to receive from staff.

People's care records were written in a person centred way and staff knew people's like and dislikes and what interested them.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered managers and provider were well liked, and welcomed people's views of how to improve the service. They understood their responsibilities and met all requirements of their registration with the CQC.

Staff understood their roles and how they could contribute to providing people with safe and effective care.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Beech House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 February 2016 and was unannounced.

The inspection was conducted by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with four people who used the service, members of six families who visited their relatives during the inspection, four members of the care staff, the cook, the training officer, two registered managers and the provider. We also spoke with two health and social care professionals who visited the home during the inspection.

We looked at all or parts of the care records and other relevant records of twelve people who used the service, as well as a range of records relating to the running of the service.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. 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.

Good

Is the service safe?

Our findings

People and the relatives we spoke with told us they felt they or their family members were safe living at the home. One person said, "I feel really safe. I love my room." Another person said, "We all know each other and I feel safe." A relative said, "[My family member] is 100% safe here." Another relative said, "I can't imagine it even safer." Another relative said, "It's good, as it's a small home and has a safe layout."

We spoke with staff and asked them how they ensured the risk of people being abused was reduced. The staff could describe the different types of abuse people could encounter. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed that staff had received safeguarding of adults training. Two members of staff required refresher training, but plans were in place to address this to ensure all staff had the appropriate knowledge that meets current best practice guidelines.

Assessments of the risks to people's safety were conducted and they were reviewed regularly to ensure they met each person's current level of need. Assessments included; the risk of people falling, nutritional needs, managing their own finances and medicines and the risks associated with behaviours that may challenge. Where able, the registered manager ensured people were actively involved with the reviewing of these risks.

Regular assessments of the environment people lived in where conducted to ensure that people were safe. Regular servicing of equipment such as hoists and walking aids were also carried out. Regular servicing of gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the past twelve months. A business continuity plan was in place which contained contingency plans should there be an emergency such as a loss of electricity, gas, or if there was a major leak in the home. The plans were in place to minimise the impact to people's safety.

People had a personal emergency evacuation plan (PEEP) in place. The plans contained details of the room numbers for each person and the number of staff and type of equipment needed to evacuate people safely. However other information was limited, such as; whether people may present behaviours that may challenge and whether people were able to verbally communicate or could understand urgent instructions. The registered managers told us they were confident that people would be evacuated safely, but would review all PEEPs to ensure they contained sufficient detail for each person.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered managers. Where recommendations had been made to address the issues, checks were carried out to make sure they had been completed. Detailed, monthly analysis was conducted to identify any patterns or trends which could be addressed to reduce the risk of reoccurrence.

People's freedom was supported and respected by staff and no unnecessary restrictions were placed on people. The people we spoke with felt able to do the things they wanted to do when they wanted to. One person said, "I can do what I want and work to my own timing." Another person told us, "I can do whatever I

like whenever I like." A relative told us they were happy with the way staff supported their family member to live as free a life as possible, but were happy that this did not impact on their safety.

We spoke with the provider about measures they had put in place to support people's freedom. They told us they had ensured the garden and outside areas were secured so people living at the home were free to walk around as and when they wanted to. The provider showed us the security measures they had put in place to protect people living with dementia. These included gates, fences and barriers that would not restrict them and allowed them to walk around the grounds outside of the home if they wanted to. They told us when the weather was warmer, doors to the outside areas were opened and all people were able to use the outside spaces. They told us staff monitored them when they were outside but not in a way that restricted their freedom. They were confident that people living with dementia were given as much freedom as possible without impacting their safety.

People told us they thought there were enough staff to support them when they needed it. One person said, "I use my call bell in the night when I need help to the toilet, and never had a long wait, (no longer than) a couple of minutes." A relative said, "There normally seems to be a lot of staff around." One relative told us they did have some concerns previously regarding the number of staff, but they could see from their family member's daily records that staff carried out the required checks.

Throughout the inspection we noted there were always staff available when people needed them. When nursing call bells were pressed staff responded quickly. None of the staff we spoke with raised any concerns about the number of staff available to support people. The registered manager told us they carried out a regular assessment of people's needs to ensure there were enough staff in place to keep people safe and to give them the support they needed. We checked the staff rotas and saw the right amount of staff were in place.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. These checks assisted the provider to making safer recruitment decisions.

There were processes in place that ensured people's medicines were managed safely. People and relatives told us they were happy with the way medicines were managed at the home. One person said, "They [staff] appear with a little tray and a drink and wait with me." Another person said, "It's all as it should be." A relative said, "We're very happy with the way they [staff] do [my family member's] tablets."

People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. Risk assessments were completed and guidance provided for staff for each medicine people were taking. The majority of these contained sufficient information for staff on the reasons why a medicine should be administered and the possible side effects for the person taking them. Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

Where needed, mental capacity assessments were in place to support the administration and handling of the medicines by staff. We observed staff administering medicines to people and they did so in a safe and

informative way.

We looked at the MARs for twelve people who used the service. These records were used to record when a person had taken or refused to take their medicines. The majority of these records had been appropriately completed; however we did find one person's records where the staff had signed the wrong time of day a medicine had been administered. When the fault had been identified the records had been amended. The registered manager assured us the person received their medicines at the appropriate time of day and once the recording error had been identified it was addressed immediately.

People's medicines were stored safely in locked cabinets, trollies and fridges. Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. Processes were in place to ensure the timely ordering of medicines when stocks were running low.

Records showed that staff who administered medicines had received the appropriate training to ensure their knowledge was in line with current best practice guidelines. Regular medicines audits were carried out by the registered manager, and where any errors had been identified, immediate plans were put in place to address them.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the way staff supported them or their family members. One person said, "The staff are wonderful." Another person said, "They really know me." A relative said, "They seem very competent" Another relative said, "They certainly seem to know what they're doing."

Records showed that staff received an induction before they commenced work. The registered manager told us the induction was designed to give staff the skills they needed when they first started their role. The registered manager also told us staff who were new to the service would complete the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records stated and speaking with staff confirmed, that a wide range of training was available for all staff to ensure they had the skills required to carry out their role effectively. Staff told us they had received training in areas such as; safeguarding of adults and mental capacity and deprivation of liberty safeguards.

The staff training matrix, used to record the training staff had completed, showed the majority of training was up to date; although there were a small number of staff whose training required updating in some areas. For example a small number of staff required refresher training for moving and handling. The registered manager told us they were aware of this and the training officer had been tasked to ensure all staff training was up to date.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQ's) in adult social care. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. One member of staff said, "I feel very supported. I started two years ago and they [the registered manager] trained me up." Another staff member said, "I am very supported by the manager. I have supervisions every month. I am free to voice any concerns." Records viewed showed all staff had received supervision in January 2016. Prior to that some staff received supervisions more often than others. The registered manager told us they had identified that staff had not always received supervision as often as they could have, and have put the plans in place to address this.

Where people had been identified as having difficulties with communicating verbally, their care plans included detailed information about how best to use sign language or pictorial references. Included in these care plans was individualised information which explained how each person was able to say 'yes' and 'no'. This detailed information for staff ensured they were able communicate effectively with people and our observations throughout the inspection supported this.

People told us they were asked what they wanted to do and the staff would support them in doing it. One person said, "Everything's is your own choice." Another person said, "They [staff] don't make me do anything, (that I don't want to do)." We observed staff giving people choices and respecting people's wishes throughout the inspection.

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. We checked whether the service was working within the principles of the MCA.

In each person's records we saw their ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own finances and medicines. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest. Where appropriate, relatives or external professionals were included in these meetings to ensure the best possible outcome could be agreed from all interested parties.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for people that required them.

Records also showed almost all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of both. One member of staff could explain in detail the potentially restrictive nature of DoLS and how they ensured people's liberty was not unlawfully restricted.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. These had been completed by the person's GP or other appropriate professional person. Some of the documentation had not been appropriately completed or reviewed, which means in an emergency people's wishes could not be adhered to. We raised this with the registered manager who told us they would review all of these forms and would contact people's GP to ensure they corrected errors made when they completed the forms.

People's care records contained guidance for staff on how to support people effectively with behaviours that may challenge. We observed staff use these processes effectively throughout the inspection. Staff told us they had received training in managing these types of behaviours and the records viewed supported this.

All of the people and relatives spoke positively about the food and drink provided at the home. One person said, "It's lovely. (The food) is ever so good and you get a choice." Another person said, "It's excellent. I'm never hungry. I can ask for anything I like." A relative said, [My family] member is doing really well now and the food looks nice."

We observed lunch being served to some people in a pleasant dining room. People sat relaxing reading magazines or newspapers, or sat talking with friends. Others chose to eat in one of the lounge areas or in their bedroom. People told us they were always given the choice of where they would like to eat. A large menu board was available and staff bought out different choices for people to see and to taste before they made their choice. The menu board on the day of the inspection and subsequent menus viewed for other days showed there was a wide variety of choice available.

The cook, as well as some other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances and any assistance they required with eating and drinking. We observed staff support people with their meals in a way that encouraged them to eat independently if able to.

Where needed, to reduce the risk malnutrition or dehydration, a record of daily food and fluid intake was completed for people. If food or fluid intake levels fell below the safe recommended daily amount, action was taken to refer people to their GP or other healthcare specialists such as dieticians.

Some of the daily meals were provided by an external company who specialise in providing ready made meals for care homes and hospitals. The registered manager told us that due to the risk of people suffering from malnutrition they had decided to use this type of food as they were able to monitor the amount of fat, protein, carbohydrates and other sources of energy provided in meals. The cook told us they regularly asked people what they thought of the food and if there was any they did not like then they stopped providing it. Regular temperature checks of the food were conducted before they were served to ensure they were within the appropriate range. We looked at the other food stocks in the kitchen and found there was a plentiful supply of fresh fruit, vegetables and dried food.

People told us they were happy with the way staff managed their health needs. One person said, "I have the chiropodist man in to look after my feet and I went out to see an optician last year." Another person said, "They're [staff] good at calling the doctor if you need him. I see the chiropodist about every 5-6 weeks. You can just ask them for whoever you need to see."

Records showed people's day to day health needs were met by staff and this was supported by the views expressed by two external health and social care professionals who regularly visited the home. We spoke with two of these during the inspection. One of them said, "I've never had a problem with the staff. The care is absolutely fantastic." The other said, "The staff know exactly what needs to be done (to support and care for people) and they take everything I say on board."

Good

Is the service caring?

Our findings

All of the people we spoke with told us they were happy living at the home. They and their relatives also told us they thought the staff who supported them or their family members were kind and caring. One person said, "This place is top of the pops!" Another person said, "They're [staff] always kind to us." A relative said, "All of them [staff] are so kind. They make sure [my family member] has their favourite music playing in their room in the day." Another relative said, "Older and young ones, they're [staff] all good."

Throughout the inspection we observed staff treating people kindly and showing concern for people's wellbeing. Staff took the time to sit and talk with people and they never seemed rushed, or too busy to attend to people when needed.

During the lunch time meal we observed positive interactions between staff and people they were supporting. Staff made light conversation with people and the meal became a social occasion. Comments such as, "Take your time, my love" and "Your hair looks nice today" were reacted to positively. Staff showed a genuine interest in what people had to say and it was clear staff had built strong and friendly relationships with the people they supported.

People's care records contained detailed information about their life history and what was important to them. Outside each person's rooms were 'memory boxes' which contained examples of photographs, newspaper cuttings or other memorabilia that was personal to them. The registered manager told us this helped people living with dementia to identify their bedrooms, but also by seeing things that could trigger a happy memory for them. They also said the boxes provided further information for staff about each person which they could refer to if they were supporting them with their personal care in their bedrooms.

The staff we spoke with had a good understanding of people's personal preferences and we observed them use that information effectively when interacting with them.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed staff offering a reassuring hold of a hand, or arm around the shoulder when needed. People responded positively to this.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. The registered manager told us they and staff supported a person who had very specific requirements as to how they wanted to live their life in line with their chosen religion. The registered manager told us they had discussed this also with the person's family and their place of worship to ensure they were able to provide them with exactly the type of support they wanted.

People's records showed they were involved with decisions about their care. However, the people we spoke with told us they had not seen their care records. The relatives we spoke with told us they were regularly involved and attended reviews when required. One relative said, "We've got a meeting on Saturday about

[my family member's] care package, this one involves the whole family." Another relative said, "We have regular review meetings for [my family member] and they say I can tell them [managers] anything, any time."

Information had been provided for people about services and agencies they could contact if they had any questions about their health needs. This included information regarding deprivation of liberty, how they should expect dignified care and leaflets were provided from the Alzheimer's Society. This information ensured people were able to make informed and independent choices about their health and welfare needs.

Information was also available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted to be. Records included reference to the assessed level of each person's ability to undertake everyday tasks, such as carrying out elements of the own personal care. Staff treated people with respect. We saw staff, whenever they entered a room, said hello to people and asked them if they were okay or if they needed anything.

People told us that staff treated them with dignity and respected their privacy, and our observations throughout the inspection supported this. One person said, "They're [staff] never rude to me. And they close my curtains when they come in (to my bedroom)." Another person said, "It's nice and quiet here. I crave that." A relative said, "We have to leave the room when they [staff] come to provide personal care for (my family member). It is well done." Another relative said, "I'm happy with the way they [staff] treat [my family member]. They're very good at taking [my family member] to the toilet and chatting to them."

There was plenty of private space available in the home for people to sit and talk with friends or family who come to visit them, or if they wanted some time alone. We observed staff respect people's wishes to be left alone when asked.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We observed relatives visiting people throughout the day. The relatives we spoke with told us they were able to visit their family member at any time of the day or night and especially if they were ill. Staff told us relatives could join their family member for a drink or meal and were welcome to sit in on activities and help on outings to the shops.

Staff were aware of the importance of ensuring that people's records were treated confidentially. Care records were stored in a locked office or behind the reception desk. When staff had finished using people's records they ensured they not left in public view and were returned to the appropriate place. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

Good

Is the service responsive?

Our findings

Staff asked people what they would like to do during the afternoon. Some people stated they wished to take part in the activities provided, whereas others wished to remain in the lounge or in their bedrooms. Efforts were made by staff to include everyone to encourage social interaction and to avoid isolation. However, when people said they did not wish to take part, their views were respected.

The home had a full time activities coordinator in place. We spoke with them and they explained how they planned the activities each day to ensure they provided a person centred activities programme that catered for all people, some of whom were living with varying communication and mental health needs.

We sat for a period of time in the designated activities room and observed the activities coordinator interact with people and present the activities for them. The activities were clearly thought out, appropriate for the people taking part and efforts were made to incorporate people's personal interests and hobbies. For example, one person who was living with the early onset of dementia had a keen interest in gardening. During the summer months they were encouraged to plant fruit and vegetables in the garden. This was difficult when it was colder, so they found other ways to incorporate their interests. We saw they had been provided with a floral colouring book which they were happily colouring in.

We saw other ways the activities coordinator had incorporated people's interests into the activities afternoon. One person liked to serve tea and coffee and had been given the role of sorting the cups and saucers for people. Another person had been given a box of reminiscent photographs which they were happily looking through throughout the afternoon. When their relative arrived for a visit, the activities coordinator offered to bundle the photographs together so they could take them to share with their relative. The person responded positively to this.

We also saw group activities were provided which people seemed to enjoy. A quiz which required people to think of children's names beginning with a certain letter was enjoyed by people in the room. Others either sat and talked, enjoyed the music, or entertained themselves with a number of other activities within the room. Another member of staff came into the room. They saw a person sorting out some balls of wool. They sat and talked with the person for ten minutes about how their mother enjoyed knitting, which resulted in a positive and stimulating conversation for the person. These simple, yet innovative activities, planned around people's interests, provided a calm, happy and stimulating experience for people who used the service.

The activities coordinator told us when the weather was warmer they ensured a lot of the activities took place in the secure garden areas of the home. They told us they did not have a mini bus to arrange group outings, but they did arrange some individual trips to the local shops. The registered manager told us if a person asked to go somewhere, they would discuss it with them, agree a suitable time and date and then arrange for a staff member to support them. None of the relatives or people who used the service raised any concerns with us regarding the activities provided.

People's care records were in the process of being transferred to a new format. The registered manager told

us, having reviewed the content of the care records, they had concluded they were not as person centred as they would have liked them to be. We were shown a number of examples of the 'old' and 'new' style of care planning documentation. Although the old process did make reference to people's preferences, the new format displayed this more clearly for staff, the information was more succinct and were written in a person centred way with the views of people referred to in each care plan.

We saw examples within people's care records of people being actively involved with giving their views on how they wanted their care and support to be provided. This included a pre-admission assessment to ensure the service was able to provide people with the care they wanted and needed. A relative told us they had been involved in the planning of the care for their family member. They said, "I was asked to do a document when [my family] came in, and they [staff] keep me up to date on things too."

People's care records contained detailed guidance for staff on how to support people with their day to day health needs in the way in which they wanted. This included how much support they wanted with personal care, eating and drinking and other health related matters. We did find one area where further guidance was needed. Where people had been diagnosed with diabetes, the registered manager had ensured that guidance was provided for staff on how to support people with their diet. However, the records did not contain guidance should a person have a hypoglycaemic or hyperglycaemic seizure. These can occur when blood sugar levels are too high or too low. The registered manager told us they were confident people were not at risk but would address this immediately.

When we spoke with staff they had a good understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

People were provided with the information they needed to make a complaint. The process clearly explained how people should expect their complaint to be dealt with. The people and relatives we spoke with told us they were happy with the complaints process and were confident if they raised a complaint it would be acted on. One person said, "If anything was wrong, I'd tell him [owner], he's the top man." Another person said, "No, I've had no complaints. I'd talk to my carer (if I did)." A relative said, "There's been nothing to complain about really. I could talk to any of the owners" Another relative said, "I'd see either of the owners." Another said, "The owners are all very good. They're there straight away."

We viewed the complaints register and saw the registered managers had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner.

Good

Is the service well-led?

Our findings

People and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. The registered manager used team meetings and 'resident' meetings to enable staff and people who used the service the opportunity to give their views. Records showed resident meetings were held fortnightly. Recent subjects discussed included; activities, staff lead roles and memory boxes.

Meetings for relatives to give their views were also in place, although relative's knowledge of when they happened was mixed. One relative said, "They have them every year, we get invited and there's refreshments and we get feedback after." Another relative said, "I don't know about actual meetings but we've done those surveys."

Records showed annual questionnaires were sent to people and their relatives to gain their views on the service. The questionnaire for 2016 was about to be sent. We reviewed the most recent questionnaire and the results and analysis of it. The questions asked covered a wide range of subjects such as; whether the care provided was safe, whether people's privacy was protected, the quality of the food, staff attitude and whether management listened and responded to concerns. All of the responses received rated each of these questions as either 'good' or 'excellent'.

People and relatives were also encouraged to add further comment if they wished to. Responses included; 'I would recommend Beech House to anyone. The management, staff and facilities are excellent'. Another response said, 'It is a very friendly and homely place'. Other responses stated, 'There is a tranquil and calm atmosphere. The staff are very caring and treat people with compassion and respect'.

Our observations throughout the inspection supported these comments. We found the home to have a calm and welcoming atmosphere. The management, staff, relatives and people who used the service all interacted positively with each other. The registered manager told us this was, "A family run home and we treat everyone who lives, works and visits like family."

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. They told us they had recently moved their main office downstairs to ensure they were able to be more involved with what was happening on a day to day basis. The position of the office meant the registered managers and the provider could see all visitors to the home and we saw them welcome people warmly throughout the inspection.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "To provide the best care we can in safe surroundings."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistleblower is an employee that reports an employer's misconduct.

There are laws that protect whistleblowers from being fired or mistreated for reporting misconduct. One of these laws is the 'Whistleblower Protection Act'.

Staff spoke highly of the registered managers and the provider. One staff member said, "They are dedicated and a good role model. They give clear direction and regular positive and negative feedback."

People and relatives spoke highly of the registered managers and the provider. One person said, "He's [the provider] the best of the lot." Another person said, "It's a very well run place." Another person said, "They're lovely people, they always have a friendly word." A relative said, "The managers are really approachable." Another relative said, "It's well run. I could talk to anyone in the office."

The registered managers and the provider told us they ensured there was always a member of the 'management team' available before people woke up and when they went to bed. This meant a member of management was available between 6am and 9pm. The provider told us they took pride in being at the home at 6am; when they carried out a 'walk around' each day to make sure the environment was well presented for people when they woke up. We observed the provider talking with people throughout the inspection and it was clear people liked and respected him.

The registered managers had a clear understanding of their role and responsibilities and they personally contributed to the development and success of the home. They told us they continually looked for ways to improve their skills and understanding of their role. Records showed both registered managers had attained their NVQ Level 5 in Health and Social Care. This qualification is specifically designed for people who work in managerial roles in adult social care settings.

The registered managers ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered managers had ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The registered manager told us they ensured staff were kept fully informed of the risks during detailed handovers between shifts. Staff were also encouraged to develop their roles and were accountable for them. Some staff were given 'Champion' roles, which they were personally responsible for .These roles included; ensuring measures were in place to reduce the risk of people receiving a pressure sore, supporting people with their continence and encouraging people to maintain a good level of oral hygiene. People who lived at the home were informed of these lead roles in 'resident meetings' and told staff were available to them if they had any questions.

The risk of people experiencing harm was reduced because the registered manager had quality assurance processes in place to identify the risks and to deal effectively and appropriately with them. These audits included the environment, medicines and staffing levels. Action plans were in plans were in place to address any areas of improvement.