Barchester Healthcare Homes Limited

The Reigate Beaumont

Inspection report

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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

About the service
The Reigate Beaumont is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Reigate Beaumont is registered to provide accommodation and personal care for up to 60 people. There were 51 people living at the service at the time of our inspection.

People's experience of using this service

There were sufficient staff at the service to support people with their needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. Safety checks were undertaken at the service and there were plans in place to protect people in the event of a fire. People received their medicines when needed. There were People were enabled by staff to be independent with their medicines if they chose this. People were protected from the risk of abuse as appropriate systems were in place.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way and in their best interests. Policies and systems in the service supported this practice.

Staff received appropriate training in relation to their role and were encouraged to progress. Nurses received clinical supervisions and were provided with updated clinical training. All staff were supervised in their role and staff told us that they felt supported. People told us that they were supported with all their healthcare needs, which was confirmed from records and by health care professionals.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions about their care.

There were sufficient activities and outings for people. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs and staff were provided with sufficient guidance in relation to the health care needs.

There was a comprehensive system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was robust and effective.

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

Rating at last inspection and update
At the last inspection the service was rated Requires Improvement (the report was published on the 3 July 2018) and there two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Follow up
We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Reigate Beaumont on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Reigate Beaumont

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
Our inspection was completed by two inspectors, a nurse specialist 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. As the registered manager was on leave on the day of the inspection we were supported by the deputy manager and other senior members of the senior management team.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with 13 people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the deputy manager, nurses, senior care workers, care workers and the chef. We spoke with one visiting health care professional. 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 seven people's care records and multiple medication records. We looked at two staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received feedback from three health care professionals and one external organisation who regularly visited the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At our last inspection, the provider had failed to manage medicines in a safe way. We also found that staff were not always deployed in an effective way to ensure that care was provided to people when needed. This was a breach of regulations 12 (Safe Care and Treatment) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people were safe and protected from avoidable harm. Legal requirements were met. The provider was no longer in breach of regulations 12 and 18.

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One person said, "I have lots of pills, the staff tell me when they give me the tablets, I know I have painkillers I need them they are very important."
- People's medicines were recorded in Medicine Administration Records (MAR) with a photo of the person and details of allergies.
- There were medicines prescribed on 'as required' (PRN) basis and these had guidelines in place for their use.
- Where topical creams needed to be applied there were body maps in place so that staff knew where this needed to be administered.
- Medicine competency checks took place to ensure that staff were appropriately administering medicines.

Staffing and recruitment

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- People and relatives told us there were enough staff. A person said, "There is always someone around. If I press this [their alarm] they [staff] are here in minutes." Another said, "Lots of staff always working hard and helping us, I call them, and they come quite quickly to help me."
- There were sufficient staff to support people when they needed. We observed that people's call bells were answered quickly and during meal time there were enough staff to support people with their meals.
- The registered manager assessed people's needs regularly using a dependency too to ensure that appropriate levels of staff were on duty. Staff told us that there were enough staff on duty. One told us, "I think we have enough. We can see how quickly call bells are answered. All staff help out."

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

● Care plans were in place to manage risks to people. These contained assessments related to risks and the steps staff should take, for example, the risk of falls, risk of dehydration and nutrition, pressure sores and moving and handling. One health care professional told us, "They [staff] are very attentive to the moving and handling side of things. Falls are managed appropriately."
● Equipment was available to assist in the evacuation of people. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Staff understood what to do in the event of a fire. One member of staff said, "We stay with the residents. We have a traffic light system. We move people that need hoists last."
● Where clinical risks were identified appropriate management, plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other health care concerns. Where wounds had been identified regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.

Systems and processes to safeguard people from the risk of abuse
● People told us that they felt safe with staff. One said, "[I feel] safe and sound, the staff look after me well." A relative said, "The relief I feel is immense about how safe both my parents are, this home has made such a difference and gives us peace of mind."
● Staff understood what constituted abuse and the actions to take if they suspected anything. One told us, "I would inform the RGN (registered general nurse) straightaway. We always keep an eye on people. We fill in an incident form. Abuse can be staff, an outsider, relative or visitor."
● Staff received safeguarding training and also discussed any potential safeguarding incidents during team meetings.
● We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Preventing and controlling infection
● People were protected against the spread of infection within the service. One person told us, "The home sparkles, it is so clean. They clean all day long."
● Staff were seen to wear Personal Protection Equipment (PPE) where needed. Gloves and aprons were available for staff throughout the service. Staff were seen to wash their hands regularly and there were hand gels available for everyone at the service to use. Staff understood how to ensure that people were protected from the risk of infection. One member of staff said, "We have white aprons for personal care and blue for food. The sluice is always locked. We wash our hands regularly."
● The service was clean and well maintained. Regular infection control audit took place to ensure that staff were adhering to the correct procedures. This checked to ensure that there was sufficient equipment and that this was all in date.

Good

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, people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and delivered in line with current evidence-based guidance. Barchester's standards incorporated relevant guidance that was specific to the services they delivered. For example, from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing, Mental Capacity Act 2005 (MCA) and NHS England.
- Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs. Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care being provided was effective and produced positive results for people. For example, one person had ulcerated legs. Staff contacted the tissue viability nurse (TVN) as they found that normal treatments were not working. Within six weeks of trying another treatment the wounds had completely healed. The deputy manager told us, "They [the person] can wear skirts for the first time in a long time."

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent and effective in their role. One person said, "Staff are trained here, and they know what they are doing." Another said, "The nurse is very good they know what they are doing."
- Staff completed a full induction when they first joined the service. This included completing all of the mandatory training and then shadowing experienced care staff. One member of staff said, "I had an induction with a senior and five days training when I started."
- Clinical staff told us that they have regular training to refresh their skills. They said that this included training on meeting the needs of people with pressure sores, diabetes, catheters. We confirmed this from the records we reviewed. All other staff were also updated with training specific to their roles. One member of staff said, "I think the training is fantastic. We have external and internal training and we get to pop into other homes as well to see staff practice."
- Care staff had received appropriate support that promoted their professional development and assessed their competencies. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the manager regularly. One member of staff said, "We have supervisions every three months. We can write down if we want any specific training."

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

- People told us that they enjoyed the food and drink at the service. Comments included, "You get a choice. You can see that my jugs of water are always filled up" and "The food is good. I have had a bit of a problem of losing weight, so they are always encouraging me to eat more."

● We observed that throughout the day people were offered drinks and snacks in between meals. During lunch people were offered a selection of hot meals and alternatives offered if people wanted something different. The dining room tables were pleasantly laid with serviettes and a menu on each table. Those that required adapted cutlery were provided with this to support their independence at meal times.
● The chef was provided the information about people's dietary needs including whether meals needed to be modified for example pureed and those that had allergies. The chef told us that no one at the service had any cultural needs in relation to meals but if they identified this they would ensure they had meals specific to their needs.
● People regularly left feedback on the meals provided and where possible the Chef altered the meals to accommodate their feedback. For example, one person had asked to not be served gravy and potatoes together. The chef always ensured the person was offered a gravy boat instead. One person said of the mealtime, "We all have a joke and a laugh lovely atmosphere."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff shared information effectively about people's needs. One health care professional had provided additional guidance in relation to the care of a person. The nurse at the care home had ensured that all staff were aware of this. One member of staff said, "We are colleagues and handovers are very good. As soon as you turn up, we're being told information about people. We have a good relationship with the nurses so any changes to people's needs are updated and told to us." One health care professional told us, "They are good with their communication channels."
● People had appropriate access to health care services in their ongoing care. There was evidence in care plans that a wide range of healthcare professionals were involved including the Tissue Viability Nurse, GP, speech and language therapist, physiotherapist, optician and dentist. One person told us, "If I am unwell and if necessary the nurse will call the GP." Another said, "I would ask, and the staff refer if you need the dentist or optician all no problem."
● Staff were aware of what they needed to do to monitor a person's health. One told us, "If someone has a poor appetite we start a food and fluid chart. We need to keep an eye on things and make sure we keep the nurse involved as there could be something wrong." We saw this had taken place. One health care professional told us, "The care provided to patients is excellent and feedback I have received from patient's resident in the home has been universally positive."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● During the inspection we saw staff asked people for consent before they delivered any care. One relative said, "The staff are excellent and explain and check with me if dad isn't sure and always check with mum."

One member of staff said, "I would ask for people's consent first. Some people can communicate with gestures or their eyes."

● Staff were aware of the principles of MCA. One member of staff told us, "You assume they have capacity and help them to arrive at a decision. They can make unwise choices. If they lack capacity, you do what's in their best interest in the least restrictive way."

● Capacity assessments had been completed where people were unable to make decisions for themselves. These assessments were specific to particular decisions that needed to be made for example in relation to bed rails and cover medicines. Records showed that staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support.

● We noted that DoLs applications had been completed and submitted to the local authority in line with current legislation for some people living at the service, for example in relation to the locked front door. Other people were not restricted in any way.

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

● The premises were not purpose built however a lift had been installed to ensure that people could move from floor to floor. We saw people in wheelchairs accessing various areas of the service. There was a large garden that we saw people accessing during the day.

● People's rooms were personalised and individual. Special beds and pressure relieving mattresses were in place for those who needed them. Where required bed rails and pressure/falls mats in place for people.

● We did raise with the deputy manager the need to have more sensory equipment in the communal areas for people that were living with dementia. They told us they already had plans in place to address this.

Good

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 remained Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring towards. One person said, "They [staff] are so pleasant." Another said, "They are very nice people and I love them."
- We saw examples of staff being kind and attentive to people throughout the day. A member of staff approached a person to wake them up. They gently rubbed the person's arm and stooped down to their level. On another occasion a member of staff held a person's head in their hands when talking to them. They asked them if they were too warm and then moved a fan onto them to cool them down.
- There were times where people and relatives told us that staff went above and beyond in their delivery of care. One relative told us, "I was out with my mother at hospital appointments and she missed the pancake day here, a few days later [the chef] prepared this lovely plate with a pancake, slice of lemon and some sugar and one for me as well we were so touched."
- When people were being supported to eat staff chatted to them. Staff warned people that the food was hot and offered to put it aside for them if they wanted. Through the day we saw staff talking to people, asking them about their lives and giving the person time to respond. One health care professional told us, "The carers are wonderful and extremely caring."
- There were religious services planned for people of various dominations. This included services at the home and people attending services outside.
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative told us, "I always feel welcomed here. It's like my extended family." A health care professional said, "The interaction between staff and people was very good and the home felt very welcoming."

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

- People told us that they felt involved in their care planning. One person said, "The manager talks through everything and the staff help me." A relative told us, "Staff talk it through with me I am kept very well informed on the phone and when I visit."
- There were people that chose to stay in their rooms and staff respected this decision.
- People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. One person told us, when asked if what they wanted was considered by staff, "I think the staff take such an interest and go over and above."
- People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there.

Respecting and promoting people's privacy, dignity and independence:

● People and relatives told us that staff were respectful. A person said, "They listen to me and respect me." One relative said, "The staff are aware of the importance of dignity and respect."

● When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff knocked on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner.

● Staff encouraged independence in people irrespective of their conditions and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. People during lunch were encouraged to eat independently and when people were playing games staff supported people to move the pieces themselves.

● Staff told us that they liked working at the service. One said, "I like the people and I like to help them." One health care professional told us, "Many [staff] have worked at the home for years and they know the residents well."

Good

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 remained as Good. People's needs were met through good organisation and delivery.

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

● There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information.

● There were 'care books' in people's rooms. This gave staff a 'getting to know me' overview of each person including their likes/dislikes, activities, favourite TV show, radio and music, how they like their tea/coffee, favourite foods. It included the help they need with personal care, preferences in relation to bathing, pillows and bedtime preferences. One member of staff said, "I also chat to them ask for their likes and dislikes."

● Staff on the day were knowledgeable about people's care needs. A health care professional told us, "There is a more holistic approach [to care] than before."

● Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken.

End of life care and support

● End of life care was planned around people's wishes. However, we fed back to the deputy manager that more information was required in the care plans about what people wanted at the end of their life. The deputy manager told us that they would address this.

● Relatives were complimentary to the staff at the service about the care of their loved ones received at the end of their lives. Comments included, "We are very grateful to each one of you who allowed his last few days to be as peaceful as possible" and "Thank you so much for the way you took care of mum in the last few days of her life. You showed not just her but also the whole family such care and concern."

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 and relatives were positive about the range of activities on offer at the service. Comments included, "They have entertainment and other things. I have plenty to do" and "There is always something going on, music and singing a man comes in to sing with us he plays the ukulele, violin and guitar it is great fun and we all sit down and have a sing song."

● People were supported to maintain their hobbies and interests. For example, staff ensured that one person had all of their art materials with them in their room so that they could make cards. They told us this was their passion.

●We observed games being played in the morning in the lounge area and staff were engaging people in the

room. There was a pleasant atmosphere during this activity. One member of staff said, "Every day there is something going on or someone comes. When the weather is nice everyone goes outside. We make sure people in their rooms have social time."

● Where people were cared for their room staff visited them to undertake one to ones to reduce the risk of social isolation. One member of staff said, "We will go into people's rooms and chat."

Improving care quality in response to complaints or concerns

● Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. Comments included, "Sometimes some clothes go missing but they find them very quickly, any queries I would go straight to the manager she would sort it out for me" and "In all the time I have been visiting I have had no complaints, there really is nothing bad to say about this place but I would be able to talk at the relatives meetings or talk to the carers or manager"

● Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one relative complained that a personal item of the relative had gone missing. The registered manager undertook a full investigation and wrote a letter to the relative.

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 had access to assistive technology including white boards and laminated pictorial card to assist them to communicate. We saw in one person's room staff wrote on a white board the activities that were on and what the meals were.

●The deputy manager told us that all documents could be provided to people in larger print and in picture format.

Good

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 Requires Improvement. At this inspection this key question has now improved to Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Previously we found that the service quality assurance was not robust and had not identified the shortfalls in medicine practice and the ineffective deployment of staff. We had made a recommendation around this. This had now improved.

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

- People and relatives were complimentary about the leadership of the service. Comments included, "She [the registered manager] calls in to see me, asking me how I am. I think she is very good and manages this place well" and "I talk to her most weeks, she is an excellent manager you can tell how well run this place is and it has to be from the top down."
- Staff told us that communication in the service was good and leadership were clear on what was expected. One told us, "She [the registered manager] is approachable and there is help us. She knows her job inside out." A health care professional told us, "She [registered manager] is around and you often see her going through care plans and updating paperwork."
- At the end of the inspection the deputy manager updated us on matters that we had brought to their attention during the inspection to ensure us that these had been addressed. For example, one person told us that they would like the option to go to bed later. The deputy manager arranged for the person to be spoken to assure them that this would be accommodated.
- Audits took place to look at the clinical care being provide. This included looking at people's skin integrity, falls, weight loss, infection control audits and health and safety audits. Each audit had an action plan to address any areas of concern. For example, it had been identified that one person had been falling frequently. As well as being referred to the falls team, one member of staff was allocated to be with them.
- Other audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

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

- People and relatives had the opportunity to attend meetings to feedback on any areas they wanted improvements on. One person told us, "They ask us what we think and there are meetings." The minutes of the meetings showed discussions about activities and food. Another person said, "There is an ambassador system here so the residents can tell the ambassador about their opinions and she or he can bring it up with

staff and the management. We have meetings here for relatives and for residents, they are very interested in our opinions."

● We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. The minutes identified that matters discussed included, daily duties, people's health care, training and policies. Staff were asked to identify areas of improvement. One member of staff told us, "We can share our point of view."

● Staff told us that they felt valued and supported. One said, "I feel confident in what I am doing. They [management] trust me." They told us that they were supported to develop in their role.

Continuous learning and improving care

● The PIR stated, "We try to integrate with other health and social care organisations locally and meet with them." We saw that the service was involved with a CQUIN [a health system set up to demonstrate improvements in quality of care]." The clinical commissioning group [CCG] fed back, "The home are fully engaged with the CQUINs and have been for the last couple of years." The service provided information to CQUINs to look at where they could provide more effective care for example in relation to nutrition and hydration and falls prevention.

● The registered manager and staff undertook a review of antipsychotic medication that people had been prescribed to look at ways of reducing the need to administer the medicines. We saw from care plans that staff were provided guidance on how to manage a person's behaviour in an alternative way rather than administering an antipsychotic.

● Staff told us that they discussed accidents and incidents during staff meetings. They said this helped all staff to learn from incidents, so they could try to prevent a repeat. We saw that these meetings took place.

● The leadership team responded well to areas that required some improvement during the inspection. During the inspection we found a concern with the medicine room and one aspect of administering of medicines. The provider responded immediately during and after the inspection. They confirmed all the concerns had been addressed and provided photos to evidence this.

Working in partnership with others

● Steps were taken by the provider to provide good care to enhance people's lives. They worked with external organisations to help with this. For example, the service hosted two people in community for lunch each Sunday. A representative from Age Concern told us, "Their [Reigate Beaumont] staff collect them from their homes, take them to the Beaumont where they are wined and dined, have some activities and then they are taken home again. This is very popular with our members as it gives them a chance to enjoy a meal and a chat with other people."

● One visiting professional told us, "[The registered manager] is part of the organisations outreach commitment to the local community to explore ways of working together, and to find a way for the Beaumont to give something back to the community."

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 provider and registered manager ensured that they shared information with people and their families. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.

● Duty of candour reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted.