

Whitmore Vale Housing Association Limited

Beaufort House

Inspection report

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Tel: 01483475536

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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

Beaufort House is a care home providing accommodation, personal care and support for up to seven adults who have a learning disability, physical disability or mental health conditions. There were six people living at the home at the time of our inspection.

There was a registered manager in place. 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.

At the last inspection on 6 October 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Robust recruitment procedures were followed to ensure only suitable staff were employed. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. Health and safety and fire safety checks were carried out regularly to ensure the home was safe and well maintained. The provider had developed a contingency plan to ensure that people's care would continue in the event of an emergency.

People received their medicines safely and as prescribed. Staff maintained appropriate standards of hygiene and cleanliness and followed safe infection control procedures.

People's needs had been assessed before they moved into the home to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively. All staff attended an induction when they started work and had access to ongoing training. Specific training was provided if people developed needs that required it. The provider supported staff to achieve further qualifications relevant to their roles.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. People who lacked capacity received appropriate support when decisions that affected them were made. The provider ensured that all relevant people were consulted to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to

keep them safe,

People were able to make choices about the food they ate and were supported to maintain a healthy diet. Staff ensured that individual support guidelines around diet and nutrition were followed. People were supported to maintain good health and to obtain treatment when they needed it. Staff were observant of any changes in people's healthcare needs and responded promptly if they became unwell. Each person had a health action plan which detailed their health needs and the support they needed.

The home provided bright and spacious accommodation. People had been encouraged to choose the décor and were able to personalise their bedrooms. Equipment and adaptations were in place to meet people's mobility needs.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them and there was a homely, caring atmosphere in the home. Staff treated people with respect and maintained their dignity. They respected people's individual rights and promoted their independence. People were supported to make choices about their care and to maintain relationships with their friends and families.

People received care that was personalised to their individual needs. Support plans reflected people's needs, preferences and ambitions. People's needs were kept under review and their support plans updated if their needs changed.

People had opportunities to take part in activities that reflected their interests and preferences. People were supported to access the local community and had developed relationships within their community.

There were appropriate procedures for managing complaints. People told us they had not needed to complain but were confident any concerns they had would be listened to and acted upon.

People, relatives and staff benefited from good leadership provided by the registered manager. Relatives and healthcare professionals told us the home was managed well and that communication from the home was good. Staff said the registered manager and deputy manager supported them well and valued them for the work they did. They told us their suggestions for improvements were encouraged. There was a strong team ethos and staff said they received good support from their colleagues.

People who lived at the home, their relatives and other stakeholders had opportunities to give their views and the provider responded positively to feedback. The provider's quality monitoring systems were effective in ensuring people received good quality care and support. Important areas of the service were audited regularly and action plans were developed when areas for improvement were identified.

Staff had established effective links with health and social care professionals to ensure people received the care they needed. The standard of record-keeping was good. People's care records were kept up to date and stored accessibly yet securely. The registered manager had notified CQC and other relevant incidents of notifiable events when necessary.

Further information is in the detailed findings below.

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 remains Good.

There were always enough staff deployed to meet people's needs and keep them safe.

People were supported to take risks as safely as possible.

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

People were protected from the risk of infection.

Is the service effective?

Good ●

The service remains Good.

People's needs had been assessed before they moved into the home to ensure their needs could be met.

Staff had access to the support, supervision and training they needed to support people effectively.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were encouraged to maintain a healthy diet and staff were aware of any dietary restrictions.

People's healthcare needs were monitored and they were supported to obtain treatment when they needed it.

The physical environment of the home met people's needs and equipment and adaptations were in place where necessary.

Is the service caring?

Good ●

The service remains Good.

People received compassionate care from staff who knew their needs well.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were encouraged to make choices about their lives and to be involved in planning their care.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

People were confident that they would receive a positive response if they raised concerns.

Is the service well-led?

Good ●

The service remains Good.

The registered manager provided good leadership for the service.

People were encouraged to give their views and the provider responded positively to feedback.

Quality monitoring systems ensured people received safe and effective care and support.

Staff shared important information about people's needs effectively.

Records were well organised and up to date.

Beaufort House

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 checked 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. The inspection took place on 30 November 2017 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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.

During the inspection we met five people who lived at the home and five members of staff, including the registered manager and deputy manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at three people's care records, including their assessments, care plans and risk assessments. We checked recruitment and training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

After the inspection we received feedback about the home from four relatives and two healthcare professionals by email.

Is the service safe?

Our findings

People told us they felt safe at the home and when staff provided their support. Relatives and healthcare professionals confirmed that staff made safety a high priority when providing people's care. One relative told us, "The residents are always kept safe." Another relative said, "I have noticed that staff are very safety conscious." A healthcare professional commented, "I have found all service users to be safe whilst under their care."

Risk assessments had been carried out to keep people safe while supporting them in areas including moving and handling mobility, eating and drinking and personal care. Staff understood any risks involved in people's care and followed the guidance in their support plans to ensure people were safe. Some people were at risk due to their individual needs, for example one person was at risk of developing pressure ulcers as they were not independently mobile. Another person had epilepsy and some people were at risk of choking due to swallowing difficulties. Staff had taken appropriate action to protect people from these risks. Pressure relieving equipment had been obtained to support the person at risk of developing pressure ulcers. The person's skin integrity was monitored and staff ensured healthcare professionals checked the person's skin regularly. The person had developed no pressure ulcers as they received effective care. Staff supported the person who had epilepsy to manage this condition through medicines and regular monitoring. People at risk of choking were protected because staff followed guidance from healthcare professionals to minimise this risk.

The registered manager and staff adopted a positive approach to learning from any events that occurred. Accidents and incidents were recorded in detail by staff and reviewed by the registered manager to identify actions that could be taken to prevent the event recurring. Accident and incident records were also checked in monthly audits carried out by the provider.

There were always enough staff deployed to keep people safe and meet their needs. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. Staff understood their roles in keeping people safe. All staff attended safeguarding training in their induction and regular refresher training. Staff told us safeguarding was discussed in team meetings and that the registered manager had reminded all staff about their role in keeping people safe. They knew how to raise any concerns they had outside the home if necessary, for example with the local authority safeguarding team.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form detailing their qualifications and experience and to attend a face-to-face interview. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff maintained appropriate standards of fire safety. Regular in-house checks were made on the fire alarm system, which was also professionally serviced each year. There was a fire risk assessment in place for the

home and a personalised emergency evacuation plan had been developed for each person. Fire drills were held on a regular basis and the outcomes recorded.

Safety certificates for the home's gas and electrical supplies were up to date as was evidence of portable appliance testing. Equipment used in the delivery of care, such as slings, hoists and pressure relieving mattresses, were checked and serviced regularly. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. A missing person profile had been created for each person which would be shared with the police in the event of a person going missing.

Medicines were managed and administered safely. Relatives confirmed that staff followed appropriate procedures to ensure their family members received their medicines as prescribed. One relative told us, "Great care is taken over following the correct procedure for medication." Staff authorised to administer medicines had attended training in this area and their competency had been assessed. The provider had appropriate medicines management procedures and staff followed these to ensure people received their medicines as prescribed. Medicines were stored safely and there were appropriate arrangements for the ordering and disposal of medicines. There were guidelines in place regarding medicines prescribed 'as required' (PRN) and any allergies people had were recorded. Staff carried out regular medicines audits and medicines management systems were also checked periodically by an independent pharmacist.

Staff maintained appropriate standards of hygiene which protected people from the risk of infection. Staff attended infection control training during their induction and had access to regular refresher training. There was an Infection Prevention and Control policy in place, which staff had signed to confirm they had read and understood. The registered manager was the infection prevention and control lead and infection control audits were carried out regularly. There was a cleaning schedule in place which ensured that all areas of the home were cleaned regularly. Relatives remarked on how clean the home was kept. One relative told us, "Beaufort House is always clean and tidy." Another relative said, "The home is kept very clean. [Family member's] room is always clean and tidy." A third relative told us, "It is always spotless when I am there."

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Staff had the skills and knowledge they needed to meet people's needs effectively. Relatives and healthcare professionals told us staff were professional and proficient in providing people's care. One relative said, "The staff are very able to provide all aspects of residents' care." Another relative told us, "There is an air of total competence. Certainly they have the skills and the right attitude to care effectively for [family member]." A healthcare professional commented, "The staff are skilled in providing good care to everybody who they support whether it be personal care, minor health needs, appropriately referring to people where necessary...and following recommendations given by our team."

Staff told us they had access to the training and support they needed to carry out their roles. They said training was provided to enable them to fully understand and respond to people's needs. Staff reported that their practice was observed by managers on a regular basis and that they met regularly with a manager for one-to-one supervision. One member of staff told us, "We have regular training and lots of observations." Another member of staff said, "We have lots of training, I really enjoy it." Another member of staff said of their supervision sessions, "I find them useful. You can discuss any problems." Each member of staff also had an annual appraisal with their manager, which provided an opportunity to receive feedback about their performance and discuss their training needs.

All new staff attended an induction which included the Skills for Care Common Induction Standards. We saw that a manager had signed off each element of the induction when completed. Staff were also expected to complete the Care Certificate if they had not already done so. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily working lives. Staff were given the opportunity to evaluate the training they attended which gave the provider feedback about whether it had equipped staff adequately for their roles. Staff were encouraged to work towards relevant qualifications in health and social care. The provider supported staff to achieve these qualifications by arranging an assessor who observed staff and provided them with feedback and advice about their practice.

The registered manager told us that the provider made additional training available when required to meet people's needs. For example one person had developed mental health needs and the provider had arranged training for staff to enable them to provide the support the person required. The registered manager said the provider also delivered training to enable staff to keep up to date with developments in adult social care regulation, such as the new key lines of enquiry adopted by CQC when assessing the quality of care provided by registered care services.

Staff communicated effectively with one another and worked well as a team. All the staff we spoke with emphasised the strength of the team as a unit and the positive impact this had on the care people received. One member of staff told us, "We're a good team and we work very well together to meet people's needs." Another member of staff said, "We've got a fantastic team here, we support each other as well as the residents." Keyworkers reported on the people they supported at team meetings, which meant all staff were

kept up to date with any issues affecting people.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff followed appropriate procedures to ensure that people's rights under the MCA were protected. Capacity assessments had been carried out where necessary to determine whether people needed support when decisions that affected them were being made. Staff presented information to people in ways they best understood, which helped their decision-making. People's support plans outlined how they indicated consent to their support and how they communicated their choices. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. The provider's Business Services Manager's audits checked that mental capacity assessments had been carried out where necessary and that all relevant people had been involved in making any best interests decisions.

Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority. We saw evidence that people had been supported by independent mental capacity advocates regarding DoLS applications. Staff understood that restrictions should only be imposed upon people where authorised to keep them safe and people were supported in line with the conditions of any DoLS authorisations.

People told us they enjoyed the food provided and were able to make choices about what they ate. Relatives said their family members were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Some relatives told us their family members had specific dietary requirements. They said staff followed professional guidelines to ensure these requirements were met. One relative told us, "The residents are given choices of what they would like to eat when appropriate. [Family member's] food is always liquidised and given to her with amazing patience." Another relative said, "Staff have gone out of their way to provide a different diet for my sister when she has not been able to eat the food that they are cooking for other residents." A third relative told us, "Meals are generally of good quality, nutritious and varied. [Family member] has a strong appetite and enjoys his food. He is happy with the food provided."

People's nutritional needs had been assessed before they moved into the home and any support they required was outlined in their care plans. Healthcare professionals such as speech and language therapists had been consulted when people developed needs related to eating and drinking. Any guidelines put in place by healthcare professionals had been incorporated in people's care plans and was followed by staff.

People were supported to stay healthy and to obtain treatment if they needed it. Relatives told us staff were observant of any changes in their family member's healthcare needs and responded promptly if they became unwell. One relative said, "The residents' health is closely monitored and any necessary treatment is quickly and efficiently organised." Another relative told us, "Doctors' visits are arranged as required. A sight

test was arranged for [family member] and reading glasses provided as a result."

Record demonstrated that people's healthcare needs were monitored by staff and that relevant healthcare professionals were consulted about people's care where necessary. Staff had developed a health action plan for each person which recorded their medical history, any health needs they had and any treatment they received. Each person had a hospital passport, which provided important information for medical staff in the event of a hospital admission.

Relatives told us the home provided suitable, comfortable accommodation for their family members. One relative said, "The physical environment of the home is very good. A pleasant Edwardian house with nicely proportioned rooms and an air of spaciousness. [Family member's] bedroom is quite large and very comfortable. It is carpeted and well furnished with plenty of storage space for his belongings and a comfortable bed." Another relative reported that the home was, "Always clean, warm, airy and freshly decorated."

The home provided bright and spacious communal and private rooms. A sensory room had been created and the home had a large well maintained garden for people to use. People had been encouraged to choose the décor and furnishings for their bedrooms and were able to personalise their rooms as they wished. Equipment and adaptations were in place where necessary to meet people's mobility needs including hoists, chairs and wheelchairs, profiling beds and adapted baths. There was evidence that these were checked and serviced regularly.

Is the service caring?

Our findings

Relatives told us there was a warm, caring atmosphere in the home. They said staff had created a homely environment in which their family members felt well cared for. One relative told us, "From the moment I first visited the home I have been impressed at how positive, homely, caring and flexible to individual needs the staff are. As a result Beaufort House is a home rather than an institution." Another relative said, "A notable feature is that the staff themselves all seem happy in themselves and happy with each other. There is a very happy atmosphere in the home which is noticeable and very pleasing." A third relative described the home as, "A real home for those who live there." A fourth relative said, "It is truly a home where she has never been so well cared for."

Relatives told us their family members had developed close, positive relationships with the staff who supported them. They said staff were kind and welcoming to people's families when they visited. One relative told us, "In our experience all the staff, without exception, are kind, caring and compassionate. It has been wonderful to feel the warmth and consideration shown to [family member] and also to me." Another relative said, "[Family member] loves her carers and it appears to us that they love her. They are very considerate in every regard, to [family member] and to us. Whenever we visit we are made very welcome. So although the house, I am sure, meets all the physical and clinical requirements of a modern care home, it feels very much like a family home." A third relative told us, "The staff are always welcoming and cheerful." A fourth relative praised the staff for "Their enthusiasm for what they are doing."

Relatives and healthcare professionals reported that staff knew the people they supported well and provided their care with compassion. One relative told us, "The staff couldn't be more kind, caring and compassionate. (They have a charming sense of humour too!)" Another relative said, "The residents are at ease with all the staff." A healthcare professional told us, "All the staff are friendly and know the residents well. The residents are well looked after and appear content and happy." Staff spoke positively about their work and with warmth about the people they supported. They were confident that people received a caring service and were happy at the home as a result. One member of staff told us, "People are happy here, you can see it in them."

Relatives told us that staff treated their family members with respect and maintained their dignity. They said staff respected their family member's right to privacy when they wanted it. One relative told us, "The residents are always treated with dignity and respect. The staff always knock on their room doors before entering. Any personal conversations are done in private." A healthcare professional said of staff, "The way they speak to everyone they care for has always been observed as being respectful, dignified and caring towards them." The results of the most recent surveys received from people, relatives and other stakeholders all confirmed that staff treated people with dignity and respect.

People were encouraged to make choices about their daily lives and to be involved in planning their care. Staff ensured that information was presented to people in ways they understood, which helped them make choices and decisions. For example staff used photographs, symbols or objects of reference to give people as much information as they could. Relatives confirmed that staff encouraged their family members to live

their lives as they chose. One relative told us, "I believe that people are able to make choices and these are respected. [Family member] is limited in his ability to express his wishes but he is asked what he would like to do and he is able to say what he wants, and it is done." Another relative said, "As far as is possible, the residents can make choices which are respected."

The home had a focus on supporting people to maintain and increase their independence. Each person had an independent living plan which set out short and long term goals for people in terms of increasing their independence. People's progress towards achieving these goals was regularly reviewed to ensure they were receiving the support they needed. People were encouraged to share in responsibilities for household tasks and to manage aspects of their own care. Relatives confirmed that staff supported their family members in a way that promoted their independence. They said their family members found it difficult to manage most tasks independently but that staff encouraged them to perform tasks with support.

Is the service responsive?

Our findings

People received care that was personalised to their needs. Relatives told us staff provided the individualised care and support their family members needed. One relative said, "The care appears to be centred on the individual resident's needs rather than the individual having to fit into the rules of an institution." Relatives told us staff responded appropriately if their family member's needs changed. They were confident staff would review the support their family members received to ensure it continued to reflect people's needs. One relative said, "The staff are very quick and efficient in responding to any changes of need." Another relative told us, "[Family member's] needs have not changed while at Beaufort House but I have every confidence that the staff would respond appropriately to change."

Each person had an allocated keyworker who played an important role in monitoring the service people received. People met with their keyworkers each month to review the service they received, including any activities they attended, and to review progress towards achieving individual goals. All the relatives and other stakeholders who responded in the most recent quality survey agreed that people received care and support that met their individual needs. A healthcare professional had highlighted the positive outcomes achieved for one person by the efforts of the staff team. The healthcare professional commented, "We have seen a tremendous improvement in one of our service users since they have been under your care and I think this shows first-hand the difference a hard-working, understanding, caring and experienced team can make to an individual's well-being."

People had opportunities to participate in activities that met their individual needs. Each person had a weekly activities plan. The registered manager told us activities were always planned but that people's schedules were flexible to take account of their individual needs, including their health on the day of the planned activity. The registered manager said one person's needs meant they sometimes did not wish to engage with other people and that staff planned their activities accordingly. The registered manager told us, "We have such a knowledgeable team here. They know when it's a good day to try community activities or whether she wants her own space."

Staff had arranged visiting activities for people who preferred to spend the majority of their time at home. For example one person liked chickens so staff had organised a mobile farm experience to visit the home. Staff told us they planned to arrange a visiting nativity play at Christmas for people who did not wish to leave the home. Staff reported that some other people found whole day activities tiring so shorter trips and activities were arranged for them. Staff said activities people took part in were reviewed to establish whether people had benefited from their participation.

People were active in their local community and regularly walked to local shops, pubs, cafes and church. People used public transport regularly when travelling further afield. Staff provided opportunities for people to establish friendships with others, for example arranging visits to another of the provider's care homes locally. Several people visited the local church regularly and had established friendships through their attendance.

There were appropriate procedures for managing complaints. The provider had a formal complaints procedure that set out how complaints would be managed. This procedure was sent to all stakeholders with their annual quality surveys. Checks on the management of any complaints received were included in the provider's quality monitoring audits. The home had received no complaints since February 2014. None of the people we spoke with had needed to complain but all said they would feel able to raise concerns if necessary. A relative told us, "I have never had cause for concern but feel confident any complaint would be taken seriously." Relatives told us that they had always been able to raise any issues they had with the registered manager or a member of staff. They said the registered manager and staff demonstrated a positive approach to resolving issues. One relative told us, "When I have wanted to discuss something about [family member] with the manager or staff they are always very positive and attentive, they always try to be helpful."

Is the service well-led?

Our findings

Relatives and healthcare professionals told us the home was well managed, which meant people received a well-planned service. One relative said, "Beaufort House is extremely well managed." Another relative told us, "In my view the home is very well managed." A healthcare professional reported, "In my opinion the home is very well managed and that is reflected in the quality of the staff."

Relatives told us the registered manager and staff communicated well with them. They said they could discuss their family member's care whenever they needed to and received an appropriate response to any requests they had. One relative told us, "There is very good communication with the manager, deputy manager and all staff. If I telephone the home the telephone is answered promptly and I am able to speak to either the manager or deputy manager very easily." Another relative said, "Management are very responsive to my requests." A third relative told us, "A staff member will always ring me if there is anything I need to know."

Staff said they received good support from the registered manager and deputy manager. They told us the registered manager and deputy manager were approachable and valued them for the work they did. One member of staff said, "I get a lot of support from [registered manager] and [deputy manager]." Another member of staff told us, "[Registered manager] is a fantastic manager and she is very easy to approach. She is very supportive and helpful, she listens." A third member of staff said, "Management are very approachable. They are full of praise. You are definitely valued for what you bring to the team." The registered manager told us they received good support from the provider to do their job. They said their line manager was always available for advice and support. The registered manager said, "[Line manager] is always available, even out-of-hours. The organisation is very supportive." The registered manager told us they received regular supervision and an annual appraisal.

Staff communicated information about people's needs effectively. Staff beginning work had a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. One member of staff told us, "We have very thorough handovers." Staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. Staff met regularly as a group and used these meetings to review people's needs and to consider how the support they received could be improved. Staff told us the management team encouraged their suggestions to improve the service people received and valued their contributions. One member of staff said, "Our ideas are encouraged, we all contribute." Another member of staff told us, "What's nice is that if we have ideas, they are listened to." A third member of staff said, "[Registered manager] is very open to our views and suggestions."

Staff also used team meetings to discuss the provider's values, such as promoting dignity in people's care and ensuring people were valued as individuals, and how these could be implemented in practice. Staff had worked together to set team goals which included promoting inclusion and the provision of high quality personalised care. The registered manager told us, "We have the Mum test in mind and try and get staff to think that way." The registered manager had introduced reflective practice sessions where staff considered

what had gone well and in which areas the team could have performed better. A member of staff told us, "Reflection has been really useful; it makes sure we're all on the same path."

The registered manager used a variety of ways to keep staff knowledge up to date and to enable them to gain insight into the experience of the people they supported. For example the registered manager had used quizzes to test staff knowledge of MCA/DoLS, medicines management, food hygiene and safeguarding. Staff reported they found these sessions useful as they were relevant and practical. Staff had experienced different aspects of care to understand the experience of the people they cared for. For example staff tried thickened drinks and experienced being hoisted in a sling.

The home's quality monitoring systems ensured people received safe and effective care. Staff and the management team carried out regular checks on key aspects of the service including health and safety, medicines management, infection control and fire safety. We saw that any shortfalls identified through these checks were addressed. For example a medicines recording error had been discussed at a team meeting and addressed individually with staff. The registered manager also regularly observed staff practice in personal care, medicines administration and supporting people to eat and drink. A senior manager visited the home each month to carry out quality audits which focused on a different aspect of the service on each occasion. Reports of these visits were produced and an action plan developed to address any areas identified for improvement. The provider's Business Services Manager also carried out regular quality checks which considered the five domains addressed by CQC when assessing the care people receive.

People, relatives and other stakeholders had opportunities to give their views about the service and these were listened to. The provider carried out an annual survey of people, relatives and other stakeholders such as professionals with an involvement in people's care. One relative told us, "Beaufort House issues an annual service survey." Another relative said, "We are invited to give any feedback on the home at any time, but also specifically asked to complete a survey regularly, and invited to [family member's] formal annual assessment. So there is ample opportunity to raise any concerns if we had any." The results of the most recent annual survey all provided positive feedback about the service, including the care people received and the skills and attributes of the staff team.

Staff worked well in partnership with other agencies to ensure people received the care and support they needed. The staff team had established close links with the community learning disability team to support some people. Healthcare professionals reported that staff engaged positively with them and implemented any recommendations they made. One healthcare professional told us, "My experience of the staff's engagement with professionals is very positive." The healthcare professional added, "They have appeared eager to put suggestions or recommendations into practice as quickly as possible." Another healthcare professional said, "Staff's willingness to engage and follow PBS [positive behaviour support] has been excellent. [Person] has come to a really nice home."

The standard of record-keeping was good and people's personal information was kept confidential. Staff maintained accurate records for each person about their needs and the care and support they received. A relative told us, "Excellent records are maintained with up-to-date paperwork." The registered manager knew which events should be notified to CQC and had informed the Commission and other relevant agencies about notifiable events when necessary. The provider's quality monitoring audits included checking that CQC had been informed of any notifiable events.