Whitmore Vale Housing Association Limited

Beaufort House

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

Overall summary

This was an unannounced inspection which took place on 06 October 2015.

Beaufort House provides support and accommodation for a maximum of seven adults with a physical and/or learning disability. At the time of this inspection there were four people living at the home. People had varied communication needs and abilities. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs. Everyone who lived at the home required full support from staff for all aspects of their life including emotional and physical support.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicines were managed safely and staff training in this area included observations of their practice to ensure medicines were given appropriately and with consideration for the person concerned.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for continually reviewing incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence. Checks on the environment and equipment had been completed to ensure it was safe for people.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

Beaufort House was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process. Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. People were supported to access healthcare services and to maintain good health.

People were routinely involved in the review of their care packages and regular house meetings took place that helped people to express their views. The minutes of house meetings had been produced in an easy to read format to aid communication for people. People played an active role in planning their meals and had enough to eat and drink throughout the day. People who were unable to communicate verbally were supported to make choices by using picture cards and objects of reference.

The home had suitable equipment and other adaptations to the premises had been made, which helped to meet people's needs and promote their independence.

Positive, caring relationships had been developed with people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed.

People received personalised care that was responsive to their needs. During our inspection we observed that staff supported people promptly in response to people's body language and facial gestures. Activities were offered which included those aimed for people with complex needs. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. Pictorial information of what to do in the event of needing to make a complaint was displayed in the home.

People spoke highly of the registered manager. Staff were motivated and told us that management at Beaufort House was good. The registered manager was aware of the attitudes, values and behaviours of staff. She took responsibility for maintaining her own knowledge and shared this with staff at the home.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. Quality assurance processes included obtaining and acting on the views of people in order that their views could be used to drive improvements at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff on duty to support people and to meet their needs.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. Beaufort House was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. Peoples healthcare needs were met.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be actively involved in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people to maintain their independence.

Systems were in place that supported people to raise concerns.

Good

Is the service well-led?
The service was well led.

The manager was committed to providing a good service that benefited everyone. People were encouraged to be actively involved in developing the service.

Staff were motivated and there was an open and inclusive culture that empowered people.

Good

Summary of findings

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

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.

One inspector who had knowledge and experience of supporting people with learning and physical disabilities carried out this unannounced inspection which took place on 06 October 2015.

Before the inspection, we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from three health care professionals who provide a service to people who live at Beaufort House and with their consent have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with all four people who lived at Beaufort House. Due to their levels of communication we were unable to have detailed or lengthy conversations with them. In order to ascertain if people were happy with the support they received we spent time observing the care and support they received, how staff interacted with people and people's body language when they were going about their daily routines. With people's permission we also sat and had lunch with them.

We spoke with two support workers, a senior support worker, the registered manager and a senior manager. We also spoke with a relative.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for two people, and other records relating to the management of the home. These included three staff training, support and employment records, quality assurance audits and reports, minutes of meetings with people and staff, findings from questionnaires, menus, incident reports and maintenance records.

Beaufort House was last inspected on 13 September 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

Due to the nature of people's disabilities we were not able to confirm with them directly that they were happy with the support they received to manage their medicines. However, when we observed a member of staff support a person to take a medicine we saw that the member of staff did this safely and with consideration for the person concerned. For example, they got down on their knees in order to gain eye contact with the person, explained to the person what the medicine was for and looked for eye movements from the person as an indication that they were happy to have the medicine.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. We saw that each medication administration record (MAR) sheet included the name and a photograph of the individual. We also saw that MAR sheets were legible and complete. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The recording and storage of medicines and training of staff was in line with the provider's medicines policy.

Staff responsible for administering medications were trained and competency assessments were in place that included observations of their practice. Staff were able to describe how they ordered people's medicines, how unwanted or out of date medicines were disposed of and the actions they should take in the event of a medicine error.

People appeared very happy and at ease in the presence of staff. One person smiled when we asked if they felt safe and went and sat next to a member of staff. An external health care professional expressed the view in a feedback form, 'Having met with and trained most of the staff I am confident that a safe and person centred approach is adopted at all times'. When asked if the service was safe a second external professional wrote, 'Timely and appropriate referrals are made to our team when a resident needs support with a health issue. Largely my input has been around eating and drinking difficulties, and I have been satisfied that my recommendations have been followed and staff members are aware of risks are how to manage them'.

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. A copy of the local authority safeguarding policy was in place and staff had signed to show they had read and understood their responsibilities. The home reported incidents to the local safeguarding team appropriately.

During a residents meeting in June 2015 the registered manager had discussed what safe and abuse meant with people who lived at the home. This showed that the registered manager helped people to understand the concept of being safe and protected from abuse and harm.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. We observed one person who started to make a coughing sound when sitting at the dining table before lunch was served. A member of staff immediately went to their assistance and asked if they would like to go for a walk to which the person indicated with their body language that they would. Afterward the member of staff explained to us, "Due to the risk of choking as detailed in their assessment we cannot support X to eat when they are coughing. By taking for a walk we find this relaxes X and then they are able to eat as the coughing stops". Risk assessments and support plans were in place that considered any potential risks and strategies to minimize the risk of choking for this person and the actions completed by the member of staff reflected the contents of these.

Systems were in place for continually reviewing incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence. For example, as a result of a person's foot slipping between their mattress and bed rail the registered manager introduced a new checking procedure and this incident had not happened again.

Checks on the environment and equipment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hoists, wheelchairs, gas supplies and fire safety equipment. Personal emergency evacuation plans were in place for each person that would help them be moved from the home in the event of a fire.

Good

Is the service safe?

We observed that, on the day of our inspection, there were sufficient staff on duty. Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. The registered manager told us that staffing levels were based on people's needs. Their dependency levels were assessed and staffing allocated according to their individual needs. This was in agreement with the relevant local authority who funded people's placements. Of a morning three staff were allocated and two during the afternoon. The registered manager also explained that additional staff were at times allocated to shifts in order to meet the needs of people; for example when activities outside of the home required.

Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Good

Is the service effective?

Our findings

Due to the nature of people's disabilities we were not able to confirm with them directly that they had consented to the care they received. However, we observed that staff checked with them that they were happy with the support being provided on a regular basis and then waited for a response before acting on their wishes. A health care professional wrote and informed us, 'From my experience, I have always found the service to be effective in meeting the needs of its service users'.

Beaufort House was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. One person was subject to a DoLS authorisation at the time of our inspection and applications had been submitted for the three other people who lived at the home. The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (MCA) 2005 Code of Practice which guides staff to ensure practice and decisions were made in people's best interests. The registered manager demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe.

During our inspection we observed staff applying some of the core principles of the MCA when supporting people. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them, by using hand gestures and facial expressions in order to be satisfied that the person concerned understood the options available. Where people declined assistance or choices offered we saw that staff respected these decisions. Records that we viewed confirmed that staff had received training on the MCA in line with the provider's policy.

People were unable to confirm if they were happy with the support they received due to the nature of their disabilities. However, we observed that people appeared happy in their surroundings and with the staff that were supporting them.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Assessments and care plans detailed how those needs were to be met. Some aspects of people's care plans were person centred and included details about emotional and communication support people required. Other aspects of peoples care plans such as washing of genitals contained generic statements. The registered manager said that these would be reviewed in order that they accurately reflected each person's needs and preferences. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager during their induction who reviewed their progress and offered support. Training was provided during induction and then on an on-going basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. They had also completed training courses that were relevant to the needs of people who lived at Beaufort House. These included dignity and respect, Makaton, skin care and epilepsy awareness. One member of staff said, "We have had training about taste and textures of food that has thickening agent in it. We tasted items that had been thickened so that we are all aware of what it tastes like for people we support". This meant that staff were provided with training that enabled them to support people appropriately.

Good

Is the service effective?

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. All staff that we spoke with said that they were fully supported.

People played an active role in planning their meals and had enough to eat and drink throughout the day. People who were unable to communicate verbally were supported to make choices by using picture cards and objects of reference. People had a balanced diet that promoted healthy eating. Staff knew people's individual preferences without the need to refer to their records. People had individual support plans for meals that helped them to receive suitable and nutritious meals based on their individual needs. People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the service to provide people with food they liked and for those who could not tell them verbally what they wanted, with food they were known to enjoy. We noted that for one person, whose records we looked at, a copy of a speech and language therapist report was on file. This included information on food textures and the use of a thickening agent that reduced the risk of choking. A member of staff was able to describe in detail the specific support this person required and this corresponded with the recommendations in the speech and language therapist report.

With peoples consent we joined them for lunch. The mood throughout lunch was relaxed and friendly and people enjoyed the food and each other's company. Staff assisted people when required and offered encouragement and support. One person required minimal assistance and others required full assistance. Staff sat with people and gave them plenty of time to eat. Choices were offered by staff. For example, people were shown two different sauces which staff poured from a spoon into a jug in order that they could see and smell them. People then indicated their preferences using eye movements and facial gestures.

People were supported to access healthcare services and to maintain good health. These included referrals, appointments and assessments with GP's, orthopaedic consultants, physiotherapists, dieticians, speech and language therapists and psychiatrist's. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. A Disability Distress Assessment Tool was also in place for each person which helped staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication.

The home had suitable equipment and other adaptations to the premises had been made, which helped to meet people's needs and promote their independence. This included on the ground floor three bedrooms, one of which had overhead hoist tracking, bathrooms and a shower room with a reclining bath, wide doorways and corridors and ramped exists from the building. A separate sensory room that contained sensory objects and lighting offered stimulation to people who lived at the home. An adapted mini bus was available to transport people in their wheelchairs when drivers were available to facilitate this.

Good

Is the service caring?

Our findings

Relatives praised the staff that supported their family members within feedback forms that they completed. Regarding staff one person wrote, 'She loves the staff. She has never been better cared for'. A second relative wrote, 'All the staff are very friendly to all the residents and their visitors. They care for the residents' individual needs with kindness and efficiency and a sense of humour, which X appreciates!'

An external professional expressed the view in a feedback form, 'The staff are very warm, caring and friendly, treating residents as individuals'. A second wrote, 'I have seen evidence of good relationships between staff and residents. Staff take residents' opinions into consideration and from what I have observed it is my opinion that staff work to promote the quality of life of the people they support. Staff appear caring and friendly and know the residents well'.

Positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

We observed that people were treated with kindness and compassion in their day to day care. When one person became upset a member of staff immediately took their hand and offered reassurance in a kind, gentle and unobtrusive way. They also showed respect for the person concerned by positioning themselves so that other people in the room could not see that the person was upset. Within minutes the person was smiling.

People were supported to express their views and to be involved in making decisions about their care and support. People were routinely involved in the review of their care packages and regular house meetings took place that helped people to express their views. The minutes of house meetings had been produced in an easy to read format to aid communication for people. Records confirmed that as a result of people expressing their views changes had been made to routines in the home, activities and meals.

Each person was allocated a key worker who met with them on a monthly basis to discuss and plan their care. The registered manager reviewed the key worker meeting records and discussed with these with staff to ensure people's goals were being met. For example, in a member of staffs records the registered manager recorded, 'X looks fantastic and you have particularly supported X to maintain a more age appropriate hair style and colour to suit her changing needs and her bedrooms looks clean, tidy, organised and X now has a lovely selection of age appropriate clothes. You have achieved a huge task and showed initiative and imagination in supporting X to reach these goals'.

Staff knew people's individual communication skills, abilities and preferences. Staff understood the different ways in which people communicated and responded using their preferred communication method. One member of staff explained, "X hums as a form of communication and uses eye contact and facial expressions. So we look at these to help them make choices. Another person X can say words such as full, hungry, no, tea".

Relatives said that staff treated their family members with dignity and respect within feedback forms that they completed. One person wrote, 'Staff always help to keep her dignity. Any discussions of a personal nature are always done in private'. Another relative wrote, 'Great consideration is given to the dignity of residents and their modesty'. A healthcare professional wrote, 'During my visits I have found the support staff to be respectful and caring towards the service users'.

Staff understood the importance of respecting people's privacy and dignity. We observed staff knocking on bedroom doors before entering and ensuring sufficient toiletries and towels were taken into bathrooms before they started to assist people with personal care. People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. A separate lounge was available in the home for people to spend time with relatives in private if they wished.

Good

Is the service responsive?

Our findings

Due to the nature of people's disabilities we were not able to confirm with them that they received the care and support they required, as detailed in their care plans. However, during our inspection we observed that staff supported people promptly in response to people's body language and facial gestures.

Relatives said that their family members received responsive care and support in feedback forms that they completed. One relative wrote, 'X goes to music therapy and a musician comes to the house as well. X has recently begun having sessions of Reiki which seem to help her relax'. A second wrote, 'The residents are helped with their daily routines and extra activities according to their needs and preferences. X sometimes chooses to get up late, or go to bed early, or have a rest after lunch. She needs a lot more rest than she used to. If X has extra activities she needs extra rest, which Beaufort House staff are very aware of'.

An external health care professional wrote and informed us, 'Staff refer residents appropriately and in a timely fashion, and follow up on recommendations. They are proactive in contacting the Speech and Language Therapy team for advice if needed'. A second health care professional wrote, 'I do find that the support staff are responsive and I am confident that they do follow advice from professionals'.

People received personalised care that was responsive to their needs. The registered manager told us of arrangements that had been made for holidays to take place that reflected people's individual needs and preferences. Two people were going to the Isle of Wight in October and a third was having a number of day trips as short experiences away from the home better met their needs. Another person had been on holiday to Lourdes with their family.

During the morning of our inspection a musician arrived at the home to entertain the people who lived there. People appeared to enjoy this activity and were seen smiling and rocking their bodies in response. One person also shook a tambourine and appeared to enjoy the sounds this caused.

An activity programme was in place that included shopping trips, art and craft sessions, music therapy, day trips and Reiki (a form of relaxation therapy). 'Us in a bus' was also included in the weekly activity programme. This was a communication activity for people with profound learning disabilities and/or complex needs that aimed to encourage people to connect and communicate with each other and to improve emotional well-being. Records evidenced that each person participated in a planned activity each day which also included going out for a meal, or a drink or for a walk.

People were supported with their relationships and spiritual needs. A Vicar from a local church said in a feedback form that they had completed, 'I occasionally visit and members often come to church services. I frequently meet people and staff in the wider community'. Everyone who lived at the home attended a local Church service on Sundays. Staff helped people to purchase birthday cards for family members and to arrange visits and contact. Arrangements had been made for one person to meet a family member who they had lost contact with. The keyworker for this person wrote, 'As a keyworker I feel proud of this, that X will be in touch with her X (family member) soon'.

People were supported to maintain their independence based on their individual capabilities. One person was able to eat independently after staff cut their food into small pieces. They were also provided with a plate that had raised sides. We also observed staff use an i-Pad to communicate choices of drinks with this person. The i-Pad had pictures on it that staff showed to the person who was then able to respond. A member of staff told us that this communication tool had been implemented, "A couple of months ago and is still in its infancy. We have introduced it to help X increase their involvement, choice and communication skills. We are using it for meals, personal care and activity preferences".

Support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed

Good

Is the service responsive?

staff assessing if people were happy as part of everyday routines that were taking place. Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. As one explained, "If X goes off their food this can mean they are not happy. So we look at why they might be unhappy".

Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the manager. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC.

The service had not received any formal complaints in over 12 months and therefore there were no records for us to examine.

Good

Is the service well-led?

Our findings

There was a positive culture at Beaufort House that was open, inclusive and empowering. People spoke highly of the registered manager. Staff were motivated and told us that management at Beaufort House was good. They told us that they felt supported by the registered manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One person told us, "The support is really good from the manager and other staff. We support each other and work well together".

An external health care professional wrote and informed us, 'In my opinion the manager is competent and practical in leading the team. She also demonstrates good relationships and knowledge of the residents on a personal level'. A second health care professional wrote, 'I do think the service is well led by the home manage. In my most recent contact with her I found that she was particularly sensitive to the needs of the service user we were supporting and therefore does provide a good example to the support staff she manages'.

A relative wrote, 'X is an ideal manager. She contacts me whenever she thinks it is necessary. She has a very good team of staff who like and respect her, and who work well together'.

The registered manager had sent surveys to people's relatives and professional's in order that their views could be used to drive improvements at the home. The findings from the June 2015 surveys were all very complimentary of the services provided with no suggestions made for improvements.

Regular staff meetings took place where people were encouraged to be actively involved in making decisions about the service provided.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction. Discussions with staff and records confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these by observing practice and during staff supervisions and staff meetings. For example, the registered manager had recorded in one person's records, 'X is a good role model and her positive and motivated attitude had led to an established rapport with X (resident)'. Records confirmed that the provider's vision and values were discussed during induction with new staff and staff that we spoke with confirmed this. Records also confirmed that the vision and values were discussed with staff during their annual appraisal.

To enhance and update her knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. The registered manager shared her knowledge with the staff team. For example, during a recent staff meeting she included a learning set about the Fundamental Standards with staff.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. These included audits of medicines, accidents and incidents, health and safety, care records and staffing. The findings were discussed with people during staff meetings in order that they knew of changes and/or of potential risks that could compromise quality.

Since the home was inspected in 2013 we had received statutory notifications from the registered manager about incidents that had occurred in line with her registration requirements. During this inspection we found two incidents that had occurred which the registered manager confirmed we were not notified of. We found no evidence that the lack of reporting had impacted on the safety and wellbeing of people who lived at Beaufort House. The registered manager said that she would review the reporting procedures to ensure CQC were notified of all events as required.

The registered manager had recently introduced 'Observational Competency Assessments'. These recorded observations of staff practices in relation to the support they gave people, record keeping and if people's rights were promoted. The registered manager explained that these were also used to monitor the quality of service provided to people.