

Barchester Healthcare Homes Limited

Beeston View

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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We carried out this inspection on 21 July 2014 and this was an unannounced inspection.

The previous inspection was carried out on 1 May 2013. All areas reviewed met the current regulations.

Beeston View is a purpose built care home for people living with dementia, run by Barchester Healthcare Homes Limited. The care home is on the same site as Iddenshall Hall, which is a care home that is owned by the same company. The grounds and gardens are accessible to people who use the service. Bedroom accommodation consists of 48 single rooms all which have en-suite shower facilities. At the time of this inspection there were 43 people living at Beeston View.

Summary of findings

The registered manager has been registered with the commission since July 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us that they were happy living at the home and they felt that the staff understood their care needs. People commented “The staff are kind”, “I like it here”, “Mum is safe here” and “This is the best place I have been in.” However, relatives also raised concerns with regard to people being dressed in night clothes in the early evening; not being dressed in their own clothes; and some personal care needs not being fully met.

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone’s health needs. We saw the staff we observed were kind and thoughtful towards them and treated them with respect.

We found the home was clean, hygienic and well maintained.

Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We looked at the care records of five people who lived at the home. We found there was detailed information about the support people required and that it was written

in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. We saw that all records were well recorded and up to date.

We found the home had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the home had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS), safeguarding and staff recruitment. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at Beeston View.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at Beeston View could be confident that they were protected from staff who were known to be unsuitable.

We found on the day of the inspection that there was a lack of activities accessible for people. We found that there were no planned activities on the day of our visit. Relatives told us that they hadn’t seen activities taking place and one relative told us their relative had not been involved in any activities. Relatives and staff were concerned about the staffing levels particularly on the upstairs unit. During our observations, we saw that sufficient staff were on duty. Following the inspection the registered manager confirmed that sufficient staff were always on duty to meet the needs of the people who lived at Beeston View.

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?

We found the service was safe.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had policies and procedures in relation to the MCA and DoLS. One application was in place. Staff had received training on the MCA or DoLS. This meant that people who lived at Beeston View could be confident that staff were aware of when an application to deprive a person of their liberty should be made.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice is identified so that people are protected.

Good



Is the service effective?

We found the service was effective.

People told us they enjoyed the food provided in the home. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

We saw there were arrangements in place to ensure staff received and completed relevant training. Staff were also provided with regular supervision and an annual appraisal of their work performance. This meant that the staff had opportunities to discuss their work.

Visitors confirmed that they were able to see people in private and that visiting times were flexible.

People discussed their healthcare needs as part of the care planning process and we noted there was information available to staff on how best to meet people's needs. This meant that staff were aware of people's medical needs and they knew how to respond if there were signs of deterioration in health.

Good



Is the service caring?

We found the service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people. Many of the people

Good



Summary of findings

were unable to tell us if they were involved in decisions about their care and daily life activities due to their level of dementia. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the kindness and gentleness of the staff at Beeston View. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Is the service responsive?

We found the home was not responsive to people's needs.

People did not regularly take part in activities. Some people's preferences with regard to the time they got up in the morning were not being met. We found that some personal care needs were not being met and both relatives and staff told us about their concerns about the staffing levels, particularly on the upstairs unit.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People and relatives we spoke with said that they had been involved in the care plan process and they reflected their current needs.

People knew how to make a complaint if they were unhappy. We looked at how complaints would be dealt with, and found that on recent complaints the responses had been thorough and timely. People can therefore be assured that complaints are investigated and action is taken as necessary.

Requires Improvement



Is the service well-led?

We found the home was well led.

During our inspection we saw that staff were busy and the work was task led rather than person led. We saw there was little time for staff to spend talking to people who lived in the home. Relatives told us of their concerns about the staffing levels, particularly on the upstairs unit and of their concerns that some personal care needs were not being met. However, they had not discussed these with the management and were encouraged to do so.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

Good



Summary of findings

Staff were invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss the operation of the home.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that shortfalls they had identified were addressed. However, the service had not identified any problems with staffing levels or the level of care and support provided.

Beeston View

Detailed findings

Background to this inspection

We visited Beeston View on 21 July 2014. We spent time observing care in the dining rooms and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms (with their permission) and the communal areas. We also spent time looking at records, which included people's care records, staff recruitment files and records relating to the management of the home.

The inspection team consisted of a Lead Inspector, Specialist Advisor and an Expert by Experience who had experience of care services. An expert-by-experience is a

person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had specialist knowledge and understanding of people living with dementia.

Before our inspection, we reviewed all the information we held about the home. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and other information from members of the public. We contacted the local safeguarding team and the local authority contracts team for their views on the service. They confirmed that they had no concerns regarding the home.

On the day of our inspection, we spoke with 15 people who lived at Beeston View, eight relatives who were visiting the home, the deputy manager and 14 members of the staff team.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure in the home. Comments included, “I like it here”, “Mum is safe here” and “This is the best place I have been in.” People said they could talk to a member of staff or the manager to raise any concerns about their safety. A relative spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member.

We looked at staff rotas over the last four weeks, which showed the staffing levels at the home. We saw that one nurse, one senior care assistant and seven care assistants worked during the day and at night there was one nurse, one senior care assistant and three care assistants on duty. The manager said these staffing levels currently met the needs of the people. The care team were supported by ancillary staff which included cooks, kitchen assistants, laundry and domestic staff, administrator, handyman, gardener and activities coordinators. The deputy manager confirmed that they currently had four staff vacancies for three nurses and a care assistant. They said they usually managed to cover shifts with staff who were prepared to do overtime, the home’s bank staff or by using a local agency. They also explained that they were aiming to recruit to ten percent over budget to cover holidays and sickness. People who lived at Beeston View said “The staff are lovely” and “They are marvellous here.”

We spoke with the staff and deputy manager about safeguarding procedures. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training, they were able to tell us the right action to take so that people were protected. The training records showed that staff undertook safeguarding training on an annual basis. This meant that staff had the knowledge and understanding of what to do if they suspected abuse was taking place.

We had a discussion with the deputy manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The staff spoken with during the inspection understood the importance of the MCA 2005 in protecting

people and the importance of involving people in making decisions. The deputy manager confirmed they had a copy of the Act’s codes of practice and understood when an application should be undertaken.

We looked at care documentation to track MCA assessments and DoLS and we saw that there was one DoLS in place. The information regarding this was seen to be in date and in good order. We were told that other DoLS applications had been applied for but there was currently a backlog with the Local Authority. The deputy manager said that these applications were “low level” and therefore the delay in processing was not affecting the people who used the service. We noted that the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. From discussions with the deputy manager and staff it was evident that they and the staff team understood when assessments of capacity were needed and how they should be applied for.

We looked at other staff training and found that staff had regular training in moving and handling, medication, fire awareness, health and safety, infection control and food safety. A one day dementia awareness course was undertaken by the staff team. The deputy manager also explained that a more in-depth course was available from the provider. Two senior staff were being trained as “train the trainers” for this course and they anticipated this would be rolled out to the staff over the next few months.

We looked at recruitment records of five staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the home. We discussed the induction programme with new staff members. We were told that it was a 12 week programme that started with five days of in-house induction which consisted of mandatory training delivered in a variety of ways. For example, e-learning and classroom based delivered by the deputy manager. One person explained that she had been well supported from the beginning, was given a clear statement of what would happen and a mentor to work with. She appeared well directed and motivated. She had received basic training in moving and handling, health and safety, basic care and had clearly understood how to maintain the privacy and dignity of people who used the service. This meant that people

Is the service safe?

were supported by staff who had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults and had received induction appropriate to their role.

Recruitment of new staff had been undertaken however some posts were still vacant. The deputy manager explained that staff usually covered for each other and bank staff supported them. Occasionally they used a local agency. We saw on the staff rotas that staff worked overtime to cover most of the shifts and that agency staff also were employed to cover shifts within the home.

We looked at six people's care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. Activities included moving and handling, falls, nutrition and medication.

Two relatives commented "Staff are alright here" and "They are so busy, they don't always answer the call bell as quickly as I would like but they do their best." Also three

relatives commented that they didn't think there were enough staff on duty, especially on the upstairs unit. They told us that particularly when they visited in the evening there didn't seem to be any staff around the unit. Other relatives also raised concerns with regard to people being dressed in night clothes in the early evening; not being dressed in their own clothes; and some personal care needs not being fully met. Some staff we spoke with also commented that an extra staff member upstairs was needed. We discussed all these issues with the deputy manager and they said they were unaware of any problems. They agreed to look into the issues raised. However, during our visit we saw that there were sufficient staff to support people when they required. Call bells were answered promptly and people's needs were attended to in a timely manner. Following the inspection the registered manager confirmed that there were enough staff on duty to meet the current needs of people who lived at Beeston View.

We found that the home was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. One person commented "It's very clean here."

Is the service effective?

Our findings

Many of the people who lived at Beeston View could not tell us if they were involved in decisions about their care due to their level of dementia. However, we observed people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat and what clothes they would like to wear.

Family and friends confirmed they were consulted and felt involved. People commented “This is the place for mum” and “The staff are lovely.” Visitors confirmed that they were able to see people in private and that visiting times were flexible.

We spoke with 10 staff who were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs. We observed that staff on lunch duty were very attentive to people’s needs, some of whom needed assistance with eating. They talked to people in a friendly manner as they served the food. We saw people moving to tables for the lunch time meal. Some were led by the hand, others with an arm and all were settled down, with drinks. People were then provided with protective wear as needed.

We saw differences in the way meals were offered to people, for example upstairs people were asked whether they wanted meat or fish. However, downstairs food was chosen by taking samples of main courses together to show to each person. This was done by care and kitchen staff and then each person was served quickly. We considered this was a better approach and should be adopted on both floors. This was discussed with the deputy manager and she said she would look into this as she thought this already occurred on both floors.

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people’s care plans we noted there was information and guidance for staff on how best to monitor people’s health. For example we saw that reviews had been undertaken for medication and treatment for leg ulcers. These were documented in the care plans and when visits had been undertaken these were also recorded in the progress sheets of the person who lived at Beeston View. This meant staff were aware of people’s healthcare needs and knew how to recognise any

early warning signs of a deterioration in health. We noted records had been made of healthcare visits, including GPs, optician, nurse practitioner, community psychiatric nurse and the chiropodist. People confirmed the staff contacted their doctor when they were unwell.

We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people’s needs across the day and provided current information about people’s support needs. When a person’s need for extra nutritional support was identified, specialist advice was sought by the appropriate professionals.

We spoke with staff who said the nurse on duty was well respected and from discussions with them we saw they were knowledgeable about the people who lived at Beeston View. We also spoke with two relatives who confirmed that their relative was “Well looked after and we are kept informed about the care plan.”

There were systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, health and safety, safeguarding, customer care, infection control and food safety. Staff spoken with confirmed the training provided was relevant and beneficial to their role. During our visit we observed staff were efficient and worked well as a team.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home. Staff confirmed how handovers were conducted. We were told that information is verbally passed on between night staff and senior day staff and each member of staff have a handover sheet. This ensured staff were kept well informed about the care of the people who lived in the home.

People told us they liked the food provided in the home. One person commented “total satisfaction” with the food.

Is the service effective?

Other people said “The food is good here”, “I like the food” and “Food is good.” We found the food looked appetising on the day of our visit and all people told us they had enjoyed their meals. The menu was displayed on each unit so people were aware of their forthcoming meal. People were offered three meals a day and were served drinks and snacks at regular intervals and at other times on request. We saw staff being available to attend to people’s needs and offering juice mid-morning and interacting with them. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

The home had a four week rotational menu which had been discussed with people at residents’ meetings. The chef was an integral part of the staff team and had a good

knowledge of people’s likes and dislikes and any special dietary requirements. This meant the chef had up to date information about people’s preferences and nutritional needs.

We observed there was an unhurried and pleasant atmosphere at lunchtime and we noted people were given appropriate support to eat their meals. There were a number of people who needed help and they were attended to in an unhurried way, including dealing with a person with swallowing difficulties. We asked staff about people who were not in the dining area about their meals. The staff said one person always had meals in their room as this was their preference and another person preferred to dine alone in the dining room at a later time. During the mealtime we saw that staff kept a very watchful eye on people as they moved around the dining area, some moved all the time. We asked about this and staff explained this was to ensure their safety from falls.

Is the service caring?

Our findings

We spoke with 15 people living in the home and 8 relatives and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was usually undertaken in an informal way. Everyone commented on the kindness and gentleness of the staff at Beeston View. This meant people who lived at the home were treated with dignity and respect and the views of their relatives about the way care and support should be provided was listened to.

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person's own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and ask people if it was alright before carrying out any intervention.

During our observations we used a short observational framework for inspection (SOFI) to gather information about the experience of care from the point of view of people who used the service, alongside other information we would usually gather during an inspection. As part of this we also spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves. We observed interactions between people living in the home and the staff that there was a warm and friendly atmosphere.

We saw that staff showed patience and understanding with the people who lived at the home. They spoke with people in a respectful and dignified manner. We saw good interactions throughout the day and all the staff we observed showed dignity and respect to people who lived at the home. For example, there was a situation during lunchtime where one person insisted on handling food, including that of the person sitting next to them. This person started to object and the staff member gently and

quietly moved the people apart and replaced the meal which had been compromised, peace was very quickly restored. Another example was a person new to the home developed a swollen arm and no obvious reason, for example a fall could be found. The nurse was called and an ice pack applied which appeared to have no apparent effect. A trip to hospital was then arranged for an X-ray. No break was detected and the arm returned to normal. Relatives spoken with were very happy with attention to detail and were kept informed at every stage. They said "Our satisfaction is total."

The deputy manager and staff showed concern for people's wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the home, in the form of a service user's guide. We saw a copy of this located in the reception area. The service user's guide ensured people were aware of the services and facilities available in the home. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people living in the home were in receipt of these services at the time of the inspection. Information about local advocacy services was seen on the noticeboard in the entrance hall.

There were policies and procedures for staff about the aims and objectives of the service. This helped to make sure staff understood how they should respect people's privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

We considered Beeston View was not always responsive to people's needs. We saw a lack of activities in place and relatives confirmed a lack of activities. Both relatives and staff were concerned about the staffing levels, particularly on the upstairs unit.

On the day of our visit we saw no evidence of activities taking place, even though on the notice board there should have been an activity in the morning and afternoon. The deputy manager explained that the person who visits to do music therapy was on holiday. This should have been the morning session. No alternative activity had been planned. Staff appeared to be busy with tasks and responding to needs of some people, whilst others sat in chairs with no interaction from anyone. We noted that although there was an activity co-ordinator and two activities organisers, they were used over the two homes. Two relatives we spoke with explained we "Hardly see anything going on" and another relative commented, "my relative has not been involved in any activities."

We did observe that when there was an interaction between staff and people who lived in the home that it was friendly and caring and that people responded well. This was evidence to support the fact that those people living with dementia were able to respond even if only in small ways. We saw that people who were more active or agitated received more attention whilst others that sat quietly inactive and silent appeared to be isolated. This may be due to staffing levels not being enough to meet people's needs or a lack of sufficient dementia training, but was not due to uncaring staff. Both relatives and staff stated that they were short of staff, especially on the upstairs unit.

We saw a planned schedule of activities for each week. This included regular external entertainers, films, arts and crafts, and manicures. The handyman played the piano and the gardener encouraged people who lived at Beeston View to take an active interest in the garden. Other activities included external visits to the local area. The home's mini bus seated seven so people took it in turns to go out and about in the local community. A hairdresser salon was situated in the home and open four days a week. We saw religious services were available at the home. An activities quality survey had been completed in May 2014. Its aim was to find out what people preferred to do. People

commented "I would like more trips out", "I am very happy in my room" and "I am very happy in my own company, I am settled." Many people commented that they would like more interaction with animals and pets.

We looked at five care plans and other care records for people who lived at Beeston View. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments, which we saw were up to date.

The risk assessments had been completed for a wide range of tasks that included moving and handling, falls, nutrition, pressure area care and continence. These identified hazards that people might face and provided guidance upon how staff should support people to manage the risk of harm. We saw that falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and specialist equipment put in place to reduce the risk.

The daily record sheet was completed during each shift. This showed the care and support each person had received and also included information about their wellbeing. We saw that the GP and other professional's attended the home and this information was included in the care records. Professionals included GP's, chiropodists, opticians, nurse practitioner, community psychiatric nurse and social workers. Hospital appointments were also documented. We saw that people had received medication reviews undertaken by their GP and other medical reviews had been undertaken and recorded for areas of concern such as skin integrity and nutrition.

Within the daily record we saw the two people received a shower on a regular basis early in the morning. We looked at their care records which showed they preferred to get up later than the daily records showed. We discussed this with the deputy manager who agreed to look into it. This meant that for these people their preferred times for getting up in the morning were not being adhered to and therefore their wishes were not being met.

Visitors we spoke with said they would feel confident in raising issues with the registered manager if they needed to. One visitor said they never had to complain. We saw that six complaints had been received since the last

Is the service responsive?

inspection. These had been fully recorded and resolved satisfactorily within 28 days. This meant that people could be confident their views would be listened to and acted upon.

There was a complaints policy in place which set out how any complaints would be managed and investigated and a complaints procedure. The procedure included relevant contact details and timeframes. The deputy manager told

us they kept a record of complaints, and we noted there were six during the last 12 months. We saw that these had been resolved to the complainant's satisfaction within 28 days. No concerns about the service had come directly to us at the Care Quality Commission. We saw a number of cards and letters complimenting the service during the visit.

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been in post since 1 April 2014. The deputy manager had been in post since February 2014. We saw the deputy manager during this visit and during discussions we found they had a good knowledge of people's needs. They said they aimed to provide people with good quality care.

We noted that although we were told that activities took place each day, and we saw a plan of activities for the month, no specific activities were undertaken during our visit. Relatives said that they rarely saw activities taking place and one relative commented that their relative had not been involved in any activities.

Observations of how the deputy manager interacted with the staff and comments from staff showed us that the leadership was good and a positive influence on the home. We also spoke to people who lived at the home and visitors. They said "The staff are lovely" and "The staff are caring and kind." Staff said the management were approachable, and interested in their views;

We spoke with the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this home. This showed the service worked well with other agencies and services to make sure people received their care in a joined up way. The local authority contracts team had recently undertaken a review of the service in April 2014. As part of their review they observed interactions between people who lived at the home and staff. They stated "Staff appeared friendly." They made some recommendations for improvements and we saw that these had been implemented by the registered manager by June 2014.

CQC had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. For example when a person has died or has a serious injury the service notified us of the event shortly after it had occurred. We saw that details of how an injury had occurred and actions taken by the service were detailed in the notification. This meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities to the people who lived at Beeston View and the management team.

We saw the home had systems in place to monitor and review the service provided. The care and quality audit programme included audits on infection control, medication, health and safety, documentation and professional practice. These were completed on a rotational basis over the year. We also saw that accidents and incidents were recorded and audited by the manager. The deputy manager confirmed that audits were used as an overview of the service and areas of concern were addressed to improve the service provided. The registered manager also completed a quarterly quality assurance tool. When action was needed this was documented on the audit and a record of when it had been addressed kept. We saw evidence of this on the recent audits produced.

The registered provider undertook visits to the home on a monthly basis. The last one was 17 July 2014. An action plan was completed and the actions were reviewed at the beginning of the next visit. We saw on a previous visit the action plan had been reviewed and signed off as completed.

Beeston View used an external agency to conduct a survey of the home. The survey covered staff and care; home comforts; choice and having a say; and quality of life. The overall performance rating was 82% satisfaction with the service. Most people said they were happy with the care and support they received.

People who lived at the home and their relatives had the opportunity to attend meetings on a regular basis. The last meeting was in April 2014. Issues discussed included meals, activities, home improvements, hairdressers, parking and general feel of the home and grounds. People confirmed they were happy with quality of the food and that meals were good. It was agreed that a suggestion box should be placed in the reception area. We spoke to relatives about resident and relative meetings, they said go on but if they can't attend they don't know what the outcomes are. We checked with the deputy manager and they explained that minutes were taken of the meeting and a copy was available in the reception area. This meant that people had the opportunity to discuss issues with the management, and that the home had sought the views of people who lived at the home.