

Beulah Lodge Rest Home Limited

Beulah Lodge Rest Home Limited

Inspection report

1 Beulah Road
Tunbridge Wells
Kent
TN1 2NP

Tel: 01892543055
Website: www.beulahlodge.co.uk

Date of inspection visit:
15 October 2019

Date of publication:
29 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Beulah Lodge Rest Home Limited is a residential care home providing personal care for up to 21 older people with various support needs, including physical and sensory impairment. At the time of our inspection, 17 people were in residence. The care home is located close to local shops and amenities. It consists of one adapted building. There are a range of communal areas, including a garden for people to enjoy.

People's experience of using this service and what we found

Without exception, everyone we spoke with talked about the outstanding care they received at Beulah Lodge Rest Home. Everyone was happy to be living there and spoke positively about all aspects of the service. One person said, "I truly am very happy". A relative told us, "They genuinely care about her welfare, and are always looking to do the best for her".

People received exceptional care that improved their wellbeing. Strong relationships were formed between staff and people due to the continuity of staff and the very caring approach of staff members. Staff actively supported people to remain independent and to retain their mobility.

People spoke of the 'family feel' within the home and said staff couldn't do enough for them. In compliments to the home we read, 'Beulah is the most homely and caring of homes' and 'Beulah provides the best of care in a professional yet friendly and happy environment'. People were encouraged to be involved in decisions relating to their care and were treated with the utmost dignity and respect.

Care was highly personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and exactly how they wished to receive personal care.

Activities were organised according to people's preferences, interests and suggestions. Several activities involved people from the local community. People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People felt safe and told us they enjoyed living at the service. One relative said, "What we wanted was a home from home environment, this has proven to be just that but safer". Risks to people had been assessed and staff followed guidance to keep people safe. Staffing levels were enough to meet people's needs and to offer one to one time. Medicines were managed safely. The home was clean and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People were very enthusiastic about the food and were able to make suggestions for the menu. Snacks and drinks were readily available throughout the day. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs.

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

Areas of concern identified at our previous inspection had been addressed. The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. People considered the home was well-organised. The registered manager provided a visible presence at the home and was well-regarded.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Beulah Lodge Rest Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beulah Lodge Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clerical manager, team leader, care workers, nominated individual and the chef. We also spoke with a community nurse who was visiting.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training and maintenance records and minutes of resident, relative and staff meetings. We spoke a further care worker and the housekeeper.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also recommended that descriptions of medicines were kept together with the Medication Administration Records (MAR).

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 12. The provider had also addressed the recommendation.

- Medicines were handled by trained staff and managed safely.
- People received their medicines as prescribed.
- Guidance was in place for medicines prescribed on an 'as needed' basis (PRN). Staff knew people well and were able to describe to us how people who were unable to ask directly for their PRN medicine would present if in pain or distress. We discussed with the registered manager how the written guidance could be further improved by adding this personalised information.
- A medication lead had been appointed. Staff completed checks on MAR to ensure any omissions or errors were quickly identified. Regular audits of the medicine procedures had been used to make improvements.
- We observed a member of staff giving medicines. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

Assessing risk, safety monitoring and management

At our last inspection the provider had not maintained a safe environment. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 15.

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Window restrictors has been reviewed by the provider and replaced where necessary. This meant windows could not be opened fully and reduced the risk of people falling through open windows.

At our last inspection we recommended the provider reviewed their fire evacuation plan in conjunction with the staff team, so that all members of staff understood the action they needed to take. The provider had taken action to address this recommendation.

- Fire evacuation procedures had been reviewed with staff and all staff were clear on who was in charge in the event of a fire. A schedule of fire safety checks was in place and up to date.
- The Fire and Rescue Service had visited the home following our inspection and were satisfied with the processes in place.
- Each person had a personal evacuation plan (PEEP). These were updated where a person's needs changed. For example, following a hospital stay one person's PEEP had been amended to say they required one to two staff to support them due to reduced mobility.
- Risks to people's safety had been identified, assessed and minimised. Areas of risk included falls, continence, social isolation, smoking and attending events outside of the home. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom. For example, following intervention from the falls prevention team, one person had been given a frame to aid their mobility. While staff encouraged the person to use the frame, they preferred to use a stick and walk with a staff member for reassurance and this was supported.
- Accidents and incidents were reviewed to establish any patterns and to help keep people safe. All findings were shared with staff via the communications book or in staff meetings to ensure changes to people's care had been communicated effectively.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us all the staff were, "wonderful". One relative said, "We are very happy we have complete peace of mind". Another told us, "It is nice for us to be able to relax and know that she is safe 24 hours a day".
- Staff had received training in safeguarding. They knew what to do and who to contact if they had any concerns about people's safety. One staff member explained, "It is about keeping residents safe and putting things in place to make sure they are safe. I would look for unexplained bruising, if after visit from family the person's behaviour changes, or if they react to a particular staff member". Another staff member said, "I just wouldn't hold back. Sometimes we have to be other people's eyes and ears".
- Information on the steps staff or people should take if they witnessed or suspected abuse was displayed around the service.

Staffing and recruitment

- There were enough staff on duty to keep people safe. One person told us they felt safe, "Because there are always people around". A community nurse said, "They are always very helpful. I ask for help and someone will always come".
- The registered manager used a tool to determine staffing levels based on people's care needs. Rotas showed this level had usually been exceeded. Staff were happy with the staffing levels and felt able to provide quality care to people, for example the said they were able to spend social time with people, to accompany them to the shops or sit an offer reassurance.
- Staff shared examples of how the staffing level was adapted to respond to changing needs. One said, "Management listen to us, it seemed to get a bit harder in the mornings so they've put four staff on rather than three which has really helped out. We're past that stage but they still try to put four on rather than three".
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that

potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Preventing and controlling infection

- The service and its equipment were clean and well maintained. One person said, "It is very clean and tidy here".
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong

- Following the last inspection and rating of requires improvement, the registered manager told us, "We have gone above and beyond. We are a home that wants to do well. We care about what we are doing". All of the concerns from the last inspection had been addressed and the home was striving to make further improvements.
- When errors or near misses occurred with medication, thorough reviews had been conducted. For example, when one person did not receive a full dose of their medication, an investigation showed that tablets issued were of a smaller dose than usual. A reconciliation form had been introduced to check medicines in more detail when they arrived at the service.
- A 'Learning lessons' policy was in place. This set out the procedure to follow after an incident, including who would be responsible for gathering the evidence and carrying out the analysis. The findings would then be reported to senior management and decisions cascaded to all staff about any changes in practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People spoke highly of the care they received, with many sharing how their health had improved. One person said, "I feel that I have improved 100% since being here", citing the good food and staff support which had increased their confidence. A relative told us, "(Name of person) is looking healthier since living here". Another relative said, "She is very well looked after here".
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals. We saw evidence of people's health improving, for example gaining weight or being able to mobilise without the need for a hoist or stand aid.
- Staff were proactive in assessing and maintaining people's oral health. A care worker had been appointed as a champion in this area and staff training had been delivered. A further training session was planned with a local dentist to support staff in knowing how best to help people care for their teeth and dentures. Staff had noted that one person had a sore mouth due to an ill-fitting denture and a dentist appointment had been arranged.
- People told us they were able to have appointments with the GP. One said, "They are always here for you and if ever I am unwell they call the doctor to visit". Staff kept clear records of visits from healthcare professionals and their advice. Where appropriate, staff would accompany people to healthcare appointments. A community nurse said, "They are very good at following advice".

Staff support: induction, training, skills and experience

- Staff had received training to support people. Staff were knowledgeable of relevant best practice and regulations. We observed staff supporting people with confidence and professionalism.
- People had confidence in the staff team. One person told us staff were, "Caring, obliging and kind". A relative told us, "(Name of person's) dementia is getting worse, but they are dealing with it very well they understand it far better than we do as a family".
- New staff attended an induction course run by the provider. They then worked alongside experienced staff until they were competent and felt confident to work independently.
- Staff felt supported and received regular supervision and appraisal. One staff member said, "I can bring up anything". Another told us, "If I have got a concern I know I can fly straight in that office or phone (provider) at home".

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

- People were offered nutritious food and drink which met their nutrition and hydration needs.
- There was a varied menu, specialist diets were catered for and people were complimentary about the

meals served. One person said, "I love the food here, he is a fantastic chef". Another told us, "They cannot do enough for you there is always food and drink on offer in abundance". A third joked, "We're overfed here!"

- People were offered a choice of menu on the day. The chef was extremely accommodating to those who had any different preferences. One person didn't have much of an appetite so opted for toast which chef gladly prepared for him. A relative told us how their loved one had returned at midnight from hospital. They told us, "They were hungry and staff prepared them some food before bed, this is a perfect example of the home from home feel it has here".

- Staff monitored people's weight and took action where concerns were identified. One staff member had been appointed as nutrition champion and had attended further training, including a course on diabetes. Those who required assistance to eat were supported in a kind and caring manner with lots of positive communication. We heard one staff member say, "Just take your time, there is no rush at all".

- Staff actively promoted good hydration. People had free access to a water machine and jugs of juice, plus a coffee machine. A relative told us, "(Name of person's) health has greatly improved since being here, they have fewer urine infections now and are maintaining a good weight". We noticed some people had water bottles with the time of day printed on them. Staff said this encouraged them to drink, it also enabled staff to monitor their fluid intake. The registered manager said, "When they are independent they don't like you to keep asking and checking".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other professionals and used guidance and best practice to improve the care delivered. Over the summer months, staff had taken ideas from a hydration initiative called 'Don't dry out', launched between Kent Community Health and South East Water.
- Following a stay in hospital, staff visited to reassess the person. Details of this review were used to update staff and to ensure the care plan reflected the person's current needs.

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

- People's individual needs around their mobility were met by the adaptation of the premises. People were able to ask the handyman to attend to any small jobs to improve their living space.
- There were handrails along the corridors and a passenger lift.
- People's bedrooms were personalised and had their own sink and toilet. There was an adapted bathroom on each floor.
- There were a variety of communal areas for people to use, including two lounges and a secure garden. One relative commented, 'I am also pleased with how the home is maintained; in particular the entrance hall has been decorated very nicely and the top lounge is a nice space'.
- Consideration had been given to enabling people to find their way independently around the home. There was clear, pictorial signage which may help people living with dementia. We observed people navigating with ease around the home.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- At the time of our visit, one person was subject to a DoLS authorisation. Staff shared examples of how they supported this person, who was a risk of falls and had a lack of awareness of personal safety. They explained how when the person had expressed a wish to return home, a staff member remained with them walking alongside.
- Where people had appointed a power of attorney to manage their health or finances, copies of the authorisations were kept in the person's records. Information about advocacy services was displayed and staff were able to help people to access this support if needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were extremely complimentary about the staff team. One person said, "They are smashing, they spoil you rotten here". Another told us, "The staff are wonderful". Staff spoke fondly of people and clearly knew about them and their families. One staff member said, "I love them all individually. It makes a difference being such a small home and being family run. This is not just a job, and this is their home".
- People and staff enjoyed warm and friendly relationships. One person told us how staff had made an effort to get to know them. They told us, "The best thing about this place is the girls that work here". A relative had written a card of thanks saying, 'You all took time to know her so well'. In a relative meeting another commented, 'I am always impressed by how well they know the residents. They know my Dad and his quirks so well'. Some staff told us how they continued to visit people who had moved on to nursing care, because they missed seeing them.
- Staff went over and above to let people know they mattered. Staff told us of one person who enjoyed jewellery and make up. When they arrived at the home they didn't have any so staff went out and bought some products and jewellery so they could get 'all glammed up'. Another person had been given new bedding for Christmas and had written to staff saying it was their, 'Favourite Christmas present'. Staff had helped individuals to personalise their rooms by purchasing pictures or ornaments. One staff member researched a ship a person had worked on and printed out pictures for them. One person said, "They are very kind, they cannot do enough for you". The registered manager told us, "We're proud of the thoughtful things that our staff do for the residents, it's the small things here, small acts of kindness".
- Staff had received training in equality and diversity. People's needs were considered in preadmission. We saw people were supported to remain part of their local church fellowship or to attend services which took place in the home. Following an action plan around Equality, diversity and inclusion, a section had been added to the monthly keyworker reviews. This gave people the opportunity to discuss any preferences or support they needed. We saw how these forms had sparked conversations, some about people's past experiences of discrimination. One person had mentioned how staff don't treat them 'like an idiot' but society can because of their age. The registered manager told us, "Staff seem to be more open to ask the questions now and are feeling more comfortable. The culture is more open now".

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

- Care plans were person centred and meaningful to the individual. It was apparent that people had been actively involved wherever possible. Staff knew the intricacies of people's care. One staff member said, "(Name of person) likes tea in pot with hot water, not a metal pot. They like a white cup with a sugar pot".
- Each month people were invited to review their care with their keyworker. Discussions included whether

the person felt safe, if they were happy with their personal care, if they required more help in any areas and if there were activities they wished to take part in. Records of these discussions demonstrated people were listened to and changes were made to their planned care. For example, one person had stated they disliked vinegar, and this had been added to their list of dislikes in another section of the care plan.

- Staff were proactive in supporting people to retain or improve their mobility. People had asked for exercise-based activities and these were now provided two or three times a week. One person said, "They have encouraged me to move again, I had a fall in my last care home and I lost all my confidence, they've helped me build my confidence to walk with my walker again". Another person had recently stopped using their stand-aid as, thanks to physio exercises and staff help to complete them, their mobility had improved. One person told us, "When they help me they are very gentle". For a third person, staff had ordered a new sling so they could assist them out of bed. This had enabled the person, who was usually cared for in bed, to get up for a short time and have their hair done by the hairdresser.
- People were free to determine how they spent their day. The registered manager explained, "Breakfast is 6.30am to 10am, depends on their choice". One person told us, "I am not very sociable so I choose to stay in my room, they don't nag me to join in". A relative told us, "Like I say she thinks this is her home, what more could you ask for".
- People had been asked specifically how they wished to spend their birthday. This included what they would like to do, have to eat and who they would wish to celebrate with. Staff had planned a birthday party for one person and invited ex members of staff. The chef said, "I see staff coming in on their days off to be involved in events".
- There was a shopping trolley where people could purchase items including snacks, cards and seasonal items. Staff told us how they regularly changed the stock based on people's request. For example, people had asked for tissue packets and these were now available.
- People were busy planning a Christmas fair in aid of the children's ward at the local hospital. The suggestion had come from one of the people living at the home and as a group, people had chosen the charity. Those who were able were going to go to the hospital to hand-deliver gifts they had purchased in town. Others were ready to help with the wrapping. Money would also be raised by selling bags of sweets, a bottle tombola and offering a gift-wrapping service. It is hoped that from the items for sale, people who are less able to go out will be able to do some of their own Christmas shopping. A magician and local community choir were also booked to attend.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treated people with the utmost dignity and respect at all times. Staff knew people's preferences and respected them. A relative had written, '(Name of person) was treated with the greatest respect and kindness, for which we are eternally grateful'.
- One person had a soft toy they were very fond of and carried with them. Staff treated the toy with respect and included him in conversation. The person appeared very happy whenever people talked to or about their toy.
- On the morning of our visit, a fire alarm test was scheduled. We observed staff informing people this was about to happen. One person said, "I've just been told so it won't make me jump!"
- There were signs on bathroom doors to show when the room was in use. These were decorative, wooden signs which created a homely feel.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were asked what was important to them and their needs assessed prior to admission. From the pre-admission, an information care plan was developed for staff. This provided initial information about areas including, the person's background, personal care, communication, medication, mobility diet, lifestyle and social needs.
- The provider had as an aim to provide a, 'Bespoke service for each individual'. Care plans had been developed with direct involvement from people. In one we read a conversation about the time a person liked to get up in the morning. It said, 'I like to wake up in my own time' and, 'The night staff confirmed that the time (name of person) gets up varies, sometimes it can be as early as 6am, other days they are asleep past 8am'. Other care plans included detail such as, 'I don't sleep with a light on. I can see my dreams without a light!', then for staff, '(Name of person) prefers the light off and the door shut'. We saw information about how many pillows a person liked, whether or not they liked their hair blow-dried and the things they did for themselves such as making the bed and opening curtains.
- Staff responded promptly to feedback from people and were vigilant to changes in their needs. One person told us, "The carers are excellent, no matter what you want, they see to it". A relative said, "We are very happy with the care here, they are very aware of her needs". Staff discussed people's wellbeing in staff meetings and agreed how best support them. For example, when one person was resistant to personal care they agreed to offer toast and coffee first and to let the person take their time. When one person required additional equipment to support their mobility, the provider was able to move them to a larger bedroom.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we recommended the provider seek advice and guidance from a reputable source on implementing AIS. The provider had taken action to address this recommendation.

- A specific AIS assessment had been introduced and completed for each person. This detailed, for example, whether a person could hear at healthcare appointments and in residents' meetings.
- Care plans contained information about people's communication needs, for example about their sight, hearing and ease of communication. In one care plan we read, 'Does not wish to wear hearing aids but does require people to speak loudly and clearly due to hearing loss. In another, '(Name of person) is very quiet, however, is able to communicate if staff speak slowly and clearly and give plenty of time'. In a third staff

were encouraged to reword the question if the person did not understand, for example, 'Instead of asking if she needs a drink, staff may need to ask if she is thirsty'.

- One person shared how staff assisted them with their post and provided documents in large print. One document was an article about a loved one which staff had typed out and enlarged so the person could have a copy to read again. She said, "The administrator is a delightful person, she prints my things in large text for me, I miss reading so much". This same person used audio books. They said, "This is giving me a whole new lease of life. I was so depressed when my eyesight deteriorated and I could not read books anymore".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their family and friends. Visitors were welcomed at any time. One person was supported by staff to visit their friend in another local care home. People could use technology within the home to make video calls.

- People had formed friendships with others at the home. One relative explained how their loved one had first visited the home for lunch and hit it off right away with the other residents. We observed people looking out for others living with more advanced dementia.

- Staff were able to give people time and reassurance. Some people did not wish to participate in organised activities. They told us staff stopped to chat with them. One staff member told us, "We have time to go and ask them, "Are you OK, is there anything wrong". Many won't say unless they are asked". Another told us, "You actually have time to sit and chat and have a cup of coffee".

- There was a range of activity on offer. The activity schedule included crafts, music, quizzes, a movie afternoon, games and 'fruity Fridays', where people made their own smoothies. There were also local school children, musicians, the church minister, two PaT (Pets as Therapy) dogs and exercise instructors who visited. Activities had been tailored to people's wishes, for example there were now up to three exercise-based classes a week following feedback.

- Staff supported people with individual wishes. One person went regularly with a staff member to see shows at a local theatre. Staff had arranged for another person who was particularly keen on tea to visit an attraction called 'teapot island'. They had gone with a staff member and enjoyed afternoon tea together.

- People enjoyed links with the local community. In addition to the local church and school, the home had hosted a coffee morning for Macmillan. A party in the summer was attended by family and friends, including relatives of people who used to live at the home. One staff member said, "It is the connection. A way of them remembering their relative".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if necessary. Guidance on making a suggestion, comment or complaint was displayed throughout the home. The information was presented in an accessible format and stated, 'Please be assured that a member of staff will always help you to record your comments'. There was also a feedback box in the hallway if people wished to make a comment anonymously.

- Staff were proactive in responding to suggestions and concerns. In the entrance hall we saw a, 'You said/We did' board where staff could display the actions they were taking. The call bell system was being updated at the time of our visit. This was in direct response to feedback from people over disturbance from the old system which would sometimes cause the fire doors to close.

- Any complaints received had been responded to in line with the provider's policy. The registered manager said, "I don't want them to leave my building unsatisfied. I want to see a smile on their face and to provide the best care and support to everyone".

End of life care and support

- People had been asked about their wishes for end of life care, where they would wish to be cared for and if there was anything that may bring comfort in their final days. These wishes were recorded.
- Staff had received training in providing support to people at the end of their lives. One staff member had been appointed as end of life care champion. They had received additional training and took the lead in liaising with the hospice and district nurses.
- Staff shared examples of how they had worked to make people as comfortable as possible, such as by sourcing equipment like a hospital bed to make it easier to move the person or contacting the GP to review a person's medicines. They told us they had time to spend with people, just being there, or offering hand massage or singing together. Relatives were welcomed and were able to stay overnight in the home if they wished.
- People were remembered. A wing of the home had been named after a longstanding resident who passed away. Families were able to plant plants in the garden in memory of people. One staff member told us, "I tend to go to everyone's funerals. I keep all the orders of service".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured their operating systems were effective to monitor and improve the quality and safety of the services provided. The provider had not maintained accurate and complete records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements and was no longer in breach of regulation 17.

- There was a robust system in place to monitor the service and drive improvement. There was a range of audits, including of infection control, medicines and staff files. Action plans were put in place and monitored to ensure improvement was made. Issues around safety of the premises, medicines and records identified at our last inspection had all been resolved.
- The registered manager carried out unannounced visits at different time of day and night. A representative of the provider was regularly at the service, they too carried out formal audits of the care and premises. Furthermore, external support had been commissioned through a health and safety consultancy and a care consultancy. Action had been taken in response to their reports and suggestions.
- The provider had an ethos that, 'Quality is everyone's responsibility'. Staff were motivated and keen to improve the service. One staff member said, "We've all pulled together and it is much improved".

At our last inspection the provider had failed to notify the CQC of authorised DoLS applications. This was a breach of (Registration) Regulations 2009.

The provider had made improvements and was no longer in breach of the registration regulations. Missed notifications were submitted following our last inspection and the registered manager understood when notifications to the Commission were required.

At our last inspection, we recommended the registered manager reviewed Regulation 12 of the Care Quality Commission (Registration) Regulations 2009 and ensured their revised Statement of Purpose contained all of the required information. Following our last inspection, the registered manager had reviewed and updated their Statement of Purpose.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a warm and positive atmosphere at the home. People and staff often spoke of the 'family feel' and enjoyed the fact it was a small and close-knit home. One person said they felt welcomed the first time they arrived. A relative said, "(Name of person) has not been here long but already they think it's home". In compliments received by the home we read, 'You all make the house a true 'home'! and 'All the staff appear genuinely committed to helping create a welcoming, safe, friendly respectful and fun community'.
- The registered manager was well-regarded. One person said, "The manager is smashing, she's always smiley and positive". Another told us, "She (registered manager) is wonderful, there is never anything she won't do for you".
- A representative of the provider told us, "We want happy, healthy residents that have good fulfilling lives and happy staff, that is very important to us". In the entrance hall a photo board entitled 'Life at Beulah' displayed photos of birthday celebrations, outings and activities. There were regular 'drop-in' sessions for staff to share any concerns or ideas they may have. The registered manager spoke of the importance of communication. She said, "It is important to listen to my team as they are full of ideas and they are here to make a huge difference".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager fostered an open culture. She told us, "I encourage a trust with my staff so they can come and talk with me at any time; anything good, a mistake or if they want to learn something". She added, "We never try to cover up if anything has gone wrong. We always try to learn from our mistakes. It is better to try and be proactive, to involve family members and apologise. I always believe in an open and honest culture because I think that can help to improve a service".
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- People were actively involved in shaping the service and had a variety of ways they could provide feedback. One person told us, "The staff are wonderful, the manager comes and checks on you every morning". Another said, "The residents and staff are always chatting together to make sure everything is fine". There were regular resident meetings where people were asked for their views and ideas were shared.
- The provider was working to improve the side access to the home in response to feedback from people that the path was bumpy when travelling in a wheelchair.
- The provider asked for feedback in satisfaction surveys. These were sent to people, their relatives, staff and professionals. A quarterly newsletter was produced.
- Staff attended daily handover meetings and regular staff meetings. One staff member told us, "The owner actually cares, she will ask how staff are. She will take time out of her day to speak with us. She wants to know what I think could be done to improve the home. She is interested in what I have to say". There was a staff member of the month system in place to celebrate success. People had not wished to select the winners but their feedback was used by the senior team to do so.

Continuous learning and improving care; Working in partnership with others

- The provider was investing in the home. A new call bell system was due for installation. This would be more discreet and also provide monitoring information. A smart TV had been purchased and there were plans to purchase an 'Alexa' for the residents for Christmas. This would enable people to find out information or to select music to listen to using their voice.
- The provider and registered manager attended forums run by the local authority. This was an opportunity to receive updates on best practice and to share ideas. The registered manager told us the idea for 'fruity Friday's had come from one of these meetings. Staff were encouraged by the registered manager to attend special events and training as part of their professional development.
- The registered manager spoke of the support they received from healthcare professionals. In relation to end of life care she said, "The hospice support us, they are really good".