

Glancestyle Care Homes Limited

Beech Manor

Inspection report

21 Banstead Road South
Sutton
Surrey
SM2 5LF

Date of inspection visit:
24 February 2020

Date of publication:
07 April 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Beech Manor House is a residential care home that provides accommodation and personal care support for up to eight adults with mental health problems. At the time of our inspection seven people were using the service.

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

Staff were exceptionally caring and compassionate towards people. We saw instances of how staff had gone the extra mile to care and support people with their emotional needs.

People were safe at the service. There were systems and processes to safeguarding people from abuse; and staff knew the procedures to follow to report any concerns of abuse. People's needs were met by enough numbers of staff who had undergone safe recruitment checks. Risks to people were managed effectively to mitigate risks identified. Staff knew people well and how to maintain their safety. Medicines were administered and managed safely, and records were maintained. The environment was safe, and clean. Staff followed good infection control procedures. There were systems in place to learn lessons when things go wrong.

People's care needs were thoroughly assessed in line with recommended guidance, and their support planned and delivered in a personalised way. Care plans were developed with the involvement of people and relevant professionals. Regular reviews took place to ensure support delivered to people met their needs. People received food and drinks to meet their nutritional and dietary needs. People received support to maintain good health; and staff worked effectively with health and social care professionals.

Staff were trained, supervised and had the skills and knowledge to meet the needs of people they supported. The service had systems in place to enable a smooth transition when people moved between services. There were suitable facilities and adaptations available for people to use. Staff supported people to express their views. People were encouraged to follow their interests and develop daily living skills for independent living. People were encouraged to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received care and support personalised to their individual needs. Staff communicated with people appropriately and met their communication needs. The service provided information to people in an accessible format.

People knew how to make a complaint if they were unhappy with the service. The views of people, relatives, staff and professionals were sought and used to develop the service. The quality of the service was regularly

assessed and monitored through audits and checks. The service worked in partnership with external organisations to develop and improve the service.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Rating at last inspection and update:

The last rating for this service was Good (published 22 September 2017). At this inspection the service remained Good overall.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Beech Manor

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 conducted by one inspector.

Service and service type

Beech Manor House 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. The inspection site visit took place on 24 February 2020

What we did before the inspection

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law.

During the inspection we spoke with four people, the registered manager, team leader, senior support worker and deputy manager. We reviewed four people's care records and medicine administration records for four people. We reviewed three staff member's recruitment, training and supervision records. We also

checked records relating to the management of the service including quality audits and health and safety management records.

After the inspection, we received feedback from three relatives, two support workers, and one healthcare professional involved in the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe at the service. One person said, "I definitely feel safe. Nothing and no one make me feel unsafe here." A relative commented, "[Relative] is absolutely safe and there are no concerns about their safety at Beech Manor."
- Staff had been trained in safeguarding adults from abuse. They knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff felt confident to whistleblow if they needed to. One staff member told us, "I will alert a senior member of staff of any suspicion of abuse. If it involves a senior member of staff, I will take it to the next level. If nothing is done about it, I will whistleblow. We have been made aware of how to whistleblow."
- The registered manager and senior members of staff understood their responsibilities to safeguard people from abuse including notifying CQC of any safeguarding concerns. The registered manager had followed their local authority safeguarding procedures to address a recent incident.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks and their safety promoted. Risks to people were thoroughly assessed by experienced and senior members of staff. Relevant health professionals were involved in the assessment process to ensure risks to people were identified and management plans were devised to promote their health and safety.
- Risk assessments covered people's physical health conditions, mental health conditions, behaviours, accessing the community and completing activities of daily living. Risk management plans were in place to support people. Relapse indicators to recognise when people's mental health was deteriorating were included in their care plans; and care plans contained crisis management plans.
- Staff understood plans in place for people to maintain their safety. For example, where people require regular one-to-one sessions as a therapy to reduce the risk of relapse, they received this from staff. Staff also knew actions to take to respond to a crisis effectively.
- Records were maintained for support and intervention provided to people. Care plans were reviewed and updated regularly to ensure they reflected people's conditions and risks; and guided staff to maintain people's safety.
- The health and safety of the environment was safe and well maintained. The risk of fire was assessed, and actions identified had been addressed. Weekly fire alarms tests took place to check that the alarm system was working properly. Regular fire drills took place so staff could practice evacuation procedures. We saw valid certificates for legionella, gas safety, electrical safety and portable appliance tests.

Staffing and recruitment

- The service maintained sufficient staffing levels to meet people's needs safely. People told us staff were

always around to support them. One person told us, "There are enough staff. I get help with whatever I need help with." Another person said, "I do most things myself. If I need to chat with staff, they give me the time."

- Staff told us the level of staffing was adequate and enabled them to support people safely. One member of staff told, "We are two during each shift now and it's better which means we can support people and also support each other as sometimes it is difficult to cope on your own."
- Staffing levels were planned based on people's needs, occupancy levels and activities of the day. If people's needs changed, staffing was adjusted to meet the needs of people. Staff worked extra shifts to cover if there were shortfalls and emergency absence. This way people continued to receive care and support from a staff team who knew and understood their needs.
- The provider continued to follow safe recruitment process to ensure people were supported by staff who were fit and safe to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely. Staff were trained and their competency assessed before they were permitted to administer medicines to people.
- People were supported to administer their own medicines after they had been assessed and found to have the capabilities to do so. At the time of our inspection, two people were self-medicating.
- Medicine administration records (MAR) we checked were completed correctly. Records were also maintained for when people had their depot antipsychotic injection and blood tested at the clinic.
- People's medicines were stored safely, and the room temperature monitored regularly to ensure the temperature of the room preserved the potency of medicines stored.
- Staff carried out regular checks and audits on medicine stocks to identify any errors.

Preventing and controlling infection

- The home had adequate procedures to reduce the risk of infection. Staff had received training in infection control and food hygiene.
- Staff knew how to use personal protective equipment (PPE) where required, such as gloves and other items of clothing that protect people from the spread of infection. There was information on coronavirus displayed around the home and ways to prevent the spread and symptoms to recognise coronavirus disease. Posters about good hygiene and handwashing techniques were displayed in the toilets.

Learning lessons when things go wrong

- Staff knew systems available to report incidents and accidents; and records were maintained for these. The registered manager reviewed these and addressed them using the appropriate procedure. Following a recent incident, a safeguarding referral was made to the local authority.
- Action plans were developed to reduce the risk of a repeat of incidents. Where training was required for staff to improve their knowledge and skill to handle a situation, it was done. The registered manager analysed and monitored trends and patterns of incidents so appropriate action can be put in place. For example, staffing levels at night time had been increased due to risk and an incident identified relating to a person's behaviour.
- Staff told us lessons from incidents were discussed with them at handover and team meetings.

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

- People's needs were assessed in line with best practice guidelines. Senior members of staff who were trained completed a face-to-face assessment of people's needs before they were accepted to use the service.
- Assessments covered various areas of people's needs including mental health conditions, physical health needs, social, personal care and religious and cultural needs. The service followed the National Institute of Health and Care Excellence (NICE) guidelines for assessing and supporting people with their oral care; and people's mental health conditions. People's nutritional needs was assessed using the Malnutrition Universal Screening Tool (MUST).
- Staff involved relevant professionals such as psychologists, psychiatrist, occupational therapist and the mental health team in assessing people's need where appropriate. One relative confirmed, "Before [relative] moved to Beech Manor the psychologist visited Beech Manor weekly to share information with staff about [relative] condition and how to support them."

Staff support: induction, training, skills and experience

- Staff were trained and had the experience and skills to support people appropriately. A relative commented, "The Beech Manor staff and management have a very in-depth understanding of [relative] needs and condition. In fact, they truly understand every aspect of their needs, interests and health. This was demonstrated to great effect when a member of staff noticed a subtle change in [relative's] behaviour and responded immediately to what turned out to be a life threatening condition."
- Staff told us and records confirmed that staff received, training, support and regular one to one supervision to be effective in their roles. Staff felt confident and supported in their roles. One staff member told us, "I had a supervision meeting recently. I can discuss anything about clients, myself and training I need in the meeting. We receive regular training on how to support people."
- Notes of supervision meetings showed discussions about people, health and safety concerns and other matters relating to service delivery. Appraisals were conducted annually where staff received feedback on their work performance. Training needs were also discussed with staff during supervision and appraisal meetings.
- Training records showed staff had completed courses the provider considered mandatory. Staff also completed and received training around people's conditions. Training records showed staff had completed specialist training in mental health conditions including Schizophrenia Obsessive Compulsive Disorders (OCD), and Depression. Staff also had training in specific physical health conditions such as arthritis, Chronic obstructive pulmonary disease (COPD), diabetes, and hypertension.

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

- People's nutritional and dietary needs were met. People's care plans indicated their individual dietary needs and requirements.
- People were supported to eat a balanced healthy diet. Staff supported people to do their food shopping and cook their food if they needed help with this. People had access to drinks and snacks throughout the day.
- Where people needed support with eating and drinking, it was documented in their care plans and staff supported them accordingly. For example, we observed staff reminding one person to eat slowly due to the risk of choking. People who suffered from diabetes were given information and advice on food choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a 'My Care Passport' and 'One Page Profile' forms. These contained personal information about them, their medical history and support requirements. These were shared with relevant professionals with the consent of people when they move between services. This enabled people to receive a consistent and effective support.
- People were supported to meet their day to day health needs. Records showed people had access to various healthcare services they needed such GP, dentist, opticians, dietician, speech and language therapist, physiotherapist, psychologist, psychiatrist and community mental health nurses. Staff supported people to attend annual health checks and reviews.
- Records showed and feedback we received from a professional showed staff followed up on recommendations made. One person told us, "I attend appointments - blood tests, ECG and go for my injections. Staff remind me when they are due." One relative confirmed, "[Relative] gets the support of the healthcare professionals they need."

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

- The home was beautifully designed and decorated to meet people's needs and preferences. People's rooms were decorated with colours of their choice and individualised with personal items such as family photographs, and art work.
- There was a communal lounge for people to socialise and relax. The garden was well maintained and had a sitting area and smoking area for people to use.
- People's individual needs were considered when allocating them to a room and the right adaption was put in place too.

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.

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.

- People consented to their care and treatment before it was delivered. People's relatives were also involved in making decisions about people's care where appropriate. Relatives we spoke with confirmed that staff consulted them in decision making where appropriate.
- The registered manager and staff understood their responsibilities in enabling people to make their own decisions. Records showed that mental capacity assessments had been completed for people where there was doubt about their capacity to make decisions.
- People's liberty and freedom was protected. People went out and returned as they wished. The registered manager understood their responsibilities to maintain this. One person was on DoLS authorisation at the time of our visit which was valid and the conditions were met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who were caring and compassionate. One person told us, "They [Staff] speak to me with respect and they are kind. They listen to me." One relative said, "My [relative] is treated with respect and dignity but I also feel that we as their family are also treated with the same level of respect and care by staff."
- Staff put considerable effort into supporting people with their emotional needs. Staff were sensitive to how people's emotional needs affected their physical and mental well-being and ensured people were supported in the best possible way with this. People and their relatives shared instances of how staff had cared and supported them through a difficult and emotional time.
- In one example, staff had made it possible for one person using the service to visit and spend time with their close relative in another town who was extremely unwell. The relative visited the person in the care home regularly prior to them becoming unwell and the person enjoyed the visits. When the relative became very unwell and was unable to visit their loved one in the care home, the service took a proactive approach to arrange for the person using the service to visit instead as they knew their mental health would be affected if they did not have contact with their relative. They had discussions with the person who expressed their desire to visit and spend time with their relative. Staff also had discussions with the person's relative who agreed they would like their relative to visit. However, they expressed concern that they would not be able to support the person with their needs whilst at home with them.
- The service understood this and the need for the person to get support from a support staff who knew them and how to support them to prevent relapse. The service organised for staff to support the person for a weekend visit to their relative at home. They devised a support plan to cover this period. The plan included crisis management plan and various aspects of the trip and support whilst accommodation was arranged for the staff member too. The support staff was available to support the person while they stayed with their relatives.
- The service made it possible for the person and their relative to spend time together despite the difficult circumstances. This intervention prevented a relapse of the person's mental health and improved their moods. The person was pleased for the chance to spend time with their relative.
- Staff had showed people compassion and had made particular effort to support them with their emotional needs in a difficult time. Staff had supported two people who were mourning the loss of loved ones. Staff had supported them with information and advice to cope with the loss. Bereavement support was made available if the individuals wished and staff paid attention to them, listening and offering comfort and reassurance.

- Staff supported them to prepare and attend the funeral. One of the individuals told us how staff accompanied them to get appropriate clothes and get their hair done to attend the funeral. They commented, "My [relative] passing really affected me but staff were there for me. They made sure I was able to attend the funeral. I am grateful to them."
- People's cultural, religious; and other protected characteristics were respected and promoted. Care records detailed people's backgrounds including protected characteristics including religion, culture, ethnicity, sexuality and disability.
- People followed religious beliefs of their choice and staff supported people to practice their beliefs and values. One person attended a place of worship as they wished.
- Staff accompanied one person to an ethnic hair salon to dress their hair. The person told us that without support from staff they would not have been able to maintain their ethnic hair type as there were no hairdresser's in the local area that could dress their type of hair.
- We observed staff interacting with people in a positive manner. People were comfortable with staff and chatted with them freely. Staff listened to people and gave them the support they needed. One person told a staff member that they were anxious, and staff sat with them to discuss what the problem was. They offered advice and support in a kind and sensitive manner.
- Staff paid attention to changes in people's moods and took time to explore what might have caused the change of mood. They reassured people and shared positive stories to lift people's moods. We heard a member of staff remind a person of the progress they had made.

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

- People made decisions about their day-to-day care, how they wanted to spend their time and what activities they wanted to undertake. We saw people went about their daily activities without interruption from staff.
- People were supported to express their views about their care. Relatives were involved where people had agreed to their relatives representing their views at meetings. An Independent Mental Capacity Advocate supported people where needed to represent them in making important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. People and their relatives told us staff respected their dignity. One person told us, "Last year staff encouraged me to have a shower every day before anything. I have been doing it every day and it has made a difference to how I feel about myself and I'm grateful for that." A relative commented, "From my perspective, which is borne from my visits and my very regular telephone calls, I have no doubt whatsoever that they treat the residents and my [relative] with respect and dignity and are very caring."
- Staff knocked on people's doors before entering and we heard them seek permission from people before going into their rooms. Confidential and personal details about people were discussed in private rooms to maintain confidentiality.
- People were supported and encouraged to develop skills and become more independent. People prepared their meals themselves, did their shopping and laundry. Care plans identified people's potential to move on to semi-independent living accommodation and staff worked with them to achieve goals identified.

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 received support appropriate to their individual needs. Each person had a care plan which contained detailed information about their individual needs such as those relating to their mental, physical, interests and goals they wanted to achieve. People's likes, dislikes and daily routines were also included in their care plans.
- Care plans were developed with the involvement of people, their relatives where appropriate; and relevant health care professionals such as psychiatrist. Care plans were developed in line with the care programme approach (CPA) and they provided information to guide staff on the best possible ways to support people with their mental health needs. CPA is a framework used to assess and coordinate the needs of people using mental health services.
- People were supported to maintain their mental health conditions, physical health, activities of daily, maintain their health and well-being; and develop skills to be travel in the community. Relatives and professionals told us that people were supported to maintain and improve their mental and physical health well-being; but needed to do more to support people move on to independent living accommodation.
- People and their relative confirmed staff knew them and supported them adequately. One person said, "Most of us here can do things on our own but we get help in areas we need it." Another person commented, "I have the support I need with my mental health. The staff know me and know when I'm feeling unwell. They know how to support me, but I try to deal with it myself first where possible and be strong." One relative commented, "[Relative] gets the support they need. Staff know how support them; and do balance the amount of support they give to maintain person's independence but also support them with their condition."
- Care plans were reviewed and updated as required to ensure it continued to reflect people's needs. Regular multi-disciplinary team meetings and CPA reviews took place to discuss people's care, progress and support required.

Meeting people's communication needs

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

- People's communication needs were met. Staff understood people's communication needs and presented information to them in the way they understand. Where people had communication needs, it was

noted in their care plans and staff understood how to communicate with them. Information was given to one person in large print and they had a large TV screen due to their sight problem. They were supported to attend their optician and audiology appointment and to use their glasses and hearing aids.

- The registered manager told us if people needed information in various formats and languages, they would provide it.

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 relationships important to them. People told us their relatives visited them regularly and the home; and people were also supported to visit their relatives. We saw various instances of where staff had facilitated visits between people and their relatives.

- People were supported to do the things they enjoyed and to follow their interests. One person told us, "I work in the British heart foundation shop and I go to college to study English." A relative commented, "[Relative] is supported to pursue their interests. They have been supported to go fishing, attend cinema screenings, to visit family. They also take a keen interest in gardening and they often talk to me about how they enjoy working on the Beech Manor garden."

- Each person had an individual activity plan in place; and staff supported them to following it. People took part in various activities within and outside the service. People went out to do their shopping as part of their activities to develop budget and independent living skills.

- People were supported to engage in employment opportunities; educational programmes and under social and leisure activities they enjoy such art, painting and drawings.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to express their concerns or complaint about the service. One person said, "I know how to make a complaint, but I don't because I'm happy here." Another person told us, "If staff are not nice or they do something I am not happy about, I will report to the registered manager and she will sort it out." There was a complaint procedure in place which was also available in pictorial and easy read format so that it was easy for people to understand. The registered manager understood the provider's procedure. They had addressed complaints received in line with their procedure.

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 Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was focused in keeping people safe and achieving outcomes for them. Maintaining people's mental well-being and enabling them to stay in the community, reducing hospital admissions and supporting people to move to independent living.
- Relatives confirmed the service had supported their relatives to maintain and improve their well-being. One relative sent the Beech Manor team a letter of gratitude in which they commented, "I wish to thank you and your team for the wonderful way you have provided my [relative] with the care and compassion that has and is transforming their quality of life." Another relative commented, "[Relative] is doing really well. They improved extremely when they were at hospital and the staff at Beech Manor are trying to maintain that level. This is the right place for them at this time."
- Staff had the training and support to meet people's needs. Staff understood their roles and knew the conditions of people and how to support them. A support staff said, "We regularly get training and updates from the registered manager so we can achieve good outcomes for people."

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

- The provider understands and acts on the duty of candour. People told us they were listened to if they had concerns. One person said, "[Registered manager] listens to me. If I have any problems, they address it." One relative told us, "Yes, like all the staff at Beech Manor, the management are open, honest and realistic about my relative's needs, health and well-being...Therefore, I feel able to approach them with any problem or idea that I may encounter or think about in relation to my relative's care."
- Staff also confirmed they were encouraged to raise any concerns they may have to the registered manager or to higher authorities. One member of staff told us, "We have the freedom and are encouraged to speak up. Posters were displayed around the home about how and who to whistleblow to."
- The registered manager understood their role and responsibility in providing effective care to people. The registered manager complied with the requirements of their Care Quality Commission (CQC) registration including submitting notifications of significant events at their service. They also displayed the last CQC rating of the service at the location and on the provider's website.

Continuous learning and improving care

- The service had systems in place to regularly assess and monitor the quality of service provided. The service operated an audit system that involved staff. Each member of staff had an area they were responsible for and they audited and reported on those areas. This ensured accountability and ownership at every level of the team. Audits conducted included care records, personnel files, health and safety checks, environmental checks, medication audits, room checks and infection control. The local pharmacist conducted an audit on medicines and there were no issues found from the last audit.
- The registered manager attended regular board meetings where they reported on incidents and accidents, safeguarding, complaints, occupancy levels and risks. This enabled senior management to have an oversight of the service and assess the quality of the service.
- The provider conducted an annual survey to capture the views of people, their relatives, staff and professionals about the service. The report of the last survey conducted in September 2019 showed positive responses. Comments included, "I have remained very well, which suggests I am getting the best treatment" "I feel that Beech Manor staff are both professional and thorough in the personalised care provided to [relative]." "Staff are unfailingly courteous, warm, and easy to approach. All very understanding."
- Regular meetings took place with people and staff. These meetings were used to get feedback from people and staff about the service and areas where improvements were required. People had asked for the TV reception in their rooms to be improved and this was done.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had strong links with the local community and has developed positive relationships with key organisations such as commissioners, healthcare and mental health services, charity organisations and advocacy services. A senior member of staff told us, "We have developed good relationships with professionals involved in people's care and treatment. That means we are able to respond and provide support to people effectively." Professionals we contacted told us the provider liaised effectively with them to meet people's needs.
- The service works closely with a mental health hospital that was linked with the provider. The professionals at the hospital supported staff in form of training and on-going advice to meet people's needs.
- The provider worked with Kingston University and provided mentorship and placement opportunities for student nurses. This opportunity afforded students to learn about the care pathway. The registered manager told us they loved having the students as they brought fresh ideas to the service.