

Community Homes of Intensive Care and Education Limited

Beechcroft - Cheltenham

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Beechcroft -Cheltenham on 18 December 2017 and visited the provider's regional office on 9 January 2018. Beechcroft provides accommodation and personal care to four people who had a learning disability or were on the autistic spectrum. At the time of our inspection three people were living in the home. Beechcroft is situated near the centre of Cheltenham close to a range of amenities, with good connections to the town centre. The home has a garden people can access, including an activity shed. People were assisted by social care workers with their day to day needs and a range of activities.

This was the first inspection under the current provider registration which started in October 2016. Previously the service was inspected under a previous provider name in May 2015 and was rated as "Good". While the provider name had changed the service and its staff had remained the same.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were safe and were supported to live as full and as active life as possible. People living at Beechcroft were protected from the risks associated with their care. Social care workers supported people to access the community and develop their personal skills. Social care workers supported people with their medical and health care needs. There were enough staff so that people could undertake the activities they wished and be supported in meeting their individual needs.

People's care plans were tailored to their individual needs. Their social care workers knew people well and knew how to support them with their goals. People's achievements were documented and celebrated. The registered manager and staff looked for opportunities to offer people that would help them grow, gain confidence and live a fulfilled life.

Social care workers were well supported and had the benefit of a training programme which enabled them to have the skills to ensure they could provide people with the best possible care and support. Social care workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did. Staff were supported to develop professionally through dedicated management training programmes.

The service had a strong leadership presence. They were committed and passionate about the people they

supported and were constantly looking for ways to improve. The home and the registered manager had significant support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

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. People were safe living at Beechcroft. Social care workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks.

People's medicines were managed well and social care workers ensured people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective. People were supported to make day to day decisions in relation to their care. Where people did not have the capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident social care workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs. People's bedrooms and living spaces were tailored to their individual needs.

Is the service caring?

Outstanding ☆

The service was very caring. Social care workers went the extra mile to promote people's wellbeing needs. People were supported to spend their days as they choose and enjoyed positive caring relationships with staff. Social care workers used "intensive interactions" to engage with people.

Social care workers knew people well and used their knowledge to support them in living their days to their fullest. People were at the centre of their care.

Staff ensured people's dignity was respected and protected at all times.

Is the service responsive?

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities, holidays and trips into the community which were appropriate for their needs, abilities and preferences.

People's relatives knew how to make a complaint regarding the care and their loved ones received. People's relatives were involved in their loved ones care.

Good ●

Is the service well-led?

The service was well led. The provider, registered manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's relative's views on the service were sought and acted on. People were involved in the development of the service.

Staff felt supported and spoke confidently about the service management.

Good ●

Beechcroft - Cheltenham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive and routine inspection which took place on 18 December 2017 at Beechcroft. On 9 January 2018 we visited the regional office of the provider to meet representatives of the provider. This inspection was carried out by one inspector. At the time of the inspection there were three people living at Beechcroft.

We requested and reviewed a Provider Information Return (PIR) for Beechcroft prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law. We received feedback from two healthcare professionals or commissioners about the service.

We met all three people living at Beechcroft, however none of them were able to speak with us about their life in detail due to their individual needs and disabilities. We spoke with two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three social care workers, the registered manager and an assistant regional director for the provider. We reviewed all three people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service. We visited the provider's regional office on the 9 January 2018 to meet with representatives of the provider and review quality assurance and governance systems the provider used.

Is the service safe?

Our findings

People were safe living at Beechcroft. People's relatives told us they had peace of mind that their loved ones were safe. One relative told us, "He is safe. He is happy here, I know what he's doing and I can go every day." Another relative said, "Really very impressed, definitely safe."

People were protected from the risk of abuse. Social care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Social care workers told us they would document concerns and report them to a team leader or the manager. One social care worker said, "We have to ensure people are safe, any concerns we would report it to the manager and the local authority safeguarding team." Another social care worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "Everything is in place regarding safeguarding, we all know about whistle blowing. I believe the service is safe." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

People were supported by social care workers who took the time to reflect on concerns to improve the service they provided. One social care worker told us, "We always reflect on our practice. It is important for us to reflect on the care, the actions we take and take responsibility to improve."

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, this had been assessed and a clear risk assessment was in place to ensure social care workers had the knowledge they required. For example, one person was living with epilepsy. There were clear risk assessments and protocols in place on how social care workers assist the person in the community and within the home if they experienced a seizure, including when recovery medicines would be required. Social care workers monitored how many seizures the person had had, so they could identify any changes in the person's wellbeing.

People were supported to manage their anxieties and frustrations. For example, one person could exhibit behaviours that challenged staff when they became frustrated or anxious. Social care workers understood the triggers of this person's anxieties and how to assist the person when they became agitated to protect the person and others from any harm. Social care workers had worked alongside a clinical lead to develop a comprehensive positive behaviour support plan which provided clear information on the triggers and signs of anxiety. Social care workers followed the plan to ensure a consistent approach to these behaviours was implemented. On the day of our inspection, social care workers were assisting the person and observing their behaviours due to a recent change in their prescribed medicines.

People were restricted from accessing some areas of their home independently due to the risk to their health and wellbeing. Where these restrictions were in place, there were clear mental capacity assessments, best interest decisions and risk assessments to ensure these restrictions were legal and carried out in the person's best interest. For example, one person had individual rituals which could put them at harm;

therefore restrictions had been made to some communal areas. Adaptions had been made in the person's room to reduce these risks.

People could be assured the homes environment was safe and secure. The home was maintained and any concerns or risks had been identified and acted upon. Fire safety checks had been carried out in accordance with the provider's policy and procedures, which included fire drills.

People were protected from the risk of infection. Social care workers informed us how they kept the home clean and ensured people's health and wellbeing was protected. For example, one person had a skin rash at the time of our inspection. Social care workers were supporting them using personal protective clothing and had contacted the GP to identify the rash and acquire medical treatment. The home was clean. We spoke with the housekeeper who was the infection control champion, they said, "I have all the equipment and skills I need (to keep the service clean). I do the infection control audits too."

People were supported by familiar social care workers aware of their individual needs and risks. There were enough social care workers deployed to ensure people were safe and their well-being needs were met. Sufficient social care workers were available to assist people into the community and to enjoy family meals and holidays. One relative told us, "He often goes out every day. The staff went with us to a restaurant." Another relative explained how most of the social care workers had worked at Beechcroft with their relative for a number of years. They said, "There is a brilliant team, they have low staff turnover, we know all the staff."

Social care workers felt there were enough staff deployed to meet people's day to day needs and enable them to access the local community. Comments included: "Staffing is very good, it's very homely here" and "We always have enough staff". When necessary, such as when dealing with staff sickness the service sought additional staff from other homes operated by the provider. The registered manager explained that due to the size of the service and the complex needs of people living at Beechcroft that they never had to use agency.

Records relating to the recruitment of new social care workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that social care workers who came to work at Beechcroft had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Social care workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, social care workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Social care workers ensured a clear and constant record of the support they provided people with their medicines were maintained.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people had medicines which were prescribed 'as required' there were clear protocols in place for social care workers to assist people. Social care workers informed us where people received 'as required' medicines to help with their anxieties; these were used as a last resort. Social care workers followed detailed and personalised positive behaviour support plans.

Where people required controlled drugs (medicines which required certain management and control

measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

Is the service effective?

Our findings

People were comfortable with social care workers. People's relatives felt social care workers were skilled and knew how to meet their daily needs. Comments included: "I'd give them 100%. They're very caring, I can't praise them enough" and "Really good staff, they really interact with him and us. It's amazing how they've really brought him on (developed skills)."

Social care workers told us they had access to the training they required to meet people's needs. Comments included: "I believe I have the skills I need to meet people's needs" and "I have had the training and experience I need. I believe I make a difference in people's lives."

People were supported by social care workers who were encouraged to develop and share training and skills. One social care worker told us how they were planning alongside the registered manager to develop and provide a training course around "intensive interactions" with other staff working for the provider. "Intensive interactions" are interactions which build people's social skills. They explained how "intensive interactions" had helped develop people's individual skills and how they wished to share these skills. They said, "It's my champion role. I want to facilitate training. I've discussed becoming a trainer for other staff."

Social care workers were supported to progress and develop by the provider. Where possible staff were able to undertake qualifications in health and social care. One social care worker told us how they have been supported to develop professionally. They said, "I've just done a foundation to management course. I have access to development if I want it."

Social care workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care plans also documented how staff should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety, such as sensor mats, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

Social care workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We follow the principles of the act, we never assume someone doesn't have capacity. However if they don't then we ensure best interest decisions are in place" and "We have never assumed people can't make decisions. All three people here are living under DoLS." Social care workers told us how even though people were dependent on their support; they could assist them to make day to day decisions. One social care worker told us, "We can promote choice. We will use picture cards and know how people communicate their choices."

People's mental capacity assessments to make specific decisions regarding had been clearly documented. People, their professionals and healthcare professionals were involved in these decisions. For example, one person had a cavity which could require dental care. A best interest meeting was carried out to ensure a decision could be made to promote the person's health and wellbeing.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. All three people were living under DoLS and this was reflected in their individual care plans. Care plans also documented how social care workers should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety, such as audio monitors, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

People's needs were assessed before moving to the service. Pre-assessments that were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example one person lived with epilepsy. There was clear guidance for social care workers to follow to assist the person if they were experiencing a seizure. Clear guidance was in place for social care workers to follow in relation to night time monitoring and how to assist the person with bathing and swimming.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person identified as following a specific cultural belief. Their care and support plan documented what was important to them as part of their belief and how social care workers should support them with this belief. It documented that their faith may be conflicting to certain medical treatment and at such time a best interest decision would be required regarding any specific medical intervention.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. One person was living with diabetes. There was a clear record of the support they required and received and an understanding of social care workers of the impact to the person's wellbeing if their diabetes were not managed. Records regarding an annual health check, GP and dentist appointments were clearly detailed and recorded. Each appointment was recorded with a clear outcome, including any follow up actions.

People were supported by social care workers who worked in co-ordination with healthcare professionals. One person was very anxious regarding medical treatment including the dentist and would refuse treatment. Social care workers were concerned about the impact on the person's health wellbeing. Social care workers worked with healthcare professionals including chasing appointment availabilities. This ensured the person was able to have their treatment sooner than expected. Social care workers had identified this had had a positive impact on the person's wellbeing, reducing their anxieties and reducing their behaviours which could cause them harm.

People received diets which met their dietary and cultural needs. Where people had specific nutritional needs the registered manager and social care workers worked with healthcare professionals, such as dieticians and speech and language therapists. For example, social care workers had identified one person had experienced possible incidents of choking, due to eating on the floor. They had made a referral and a clear plan was in place for the person to be observed when eating and for social care workers to prompt the person to eat at a "gentle" pace to reduce the risk of the person swallowing too much food and choking. Additionally smaller portions of food were provided to the person to reduce this risk. Social care workers explained how they assisted people with their dietary needs and to protect them from the risk of choking.

One person was diagnosed with protein intolerance. This person needed support from social care workers to maintain a diet which maintained their health and well-being. Care staff had clear guidance on how to assist the person and how their meals should be balanced. Detailed information was available for social care workers in the person's care plan which provided clear information about the possible symptoms they may exhibit if their dietary needs were not maintained. Social care workers spoke confidently about how they supported the person and the risks to the person if they did not receive the diet they needed.

Social care workers explained how assisting their person with this dietary need assisted the person with their health and wellbeing. By managing this need, identifying different foods the person could enjoy without feeling restricted to a strict diet the service had identified this had led to a significant reduction of incidents of the person injuring themselves. Over two years the amount of incidents had halved. Social care workers also assisted this person to enjoy meals out with his family. Support provided from social care workers has increased the person's social lifestyle and improved their wellbeing.

People were comfortable in their environment and had spaces which were tailored to their individual needs and preferences. All the bedrooms at Beechcroft have been individualised and each person was encouraged to be involved. All bedrooms had pictures of close relatives to help remind the service users of their loved ones and make it feel homely and personal. The service created a sensory room at the home for a person living in the home who was unable to access a community based sensory room anymore. This stopped them missing out on things they enjoyed improving their wellbeing.

Is the service caring?

Our findings

There was a strong, visible person-centred culture in the service and staff demonstrated a real empathy for people they cared for. We heard many examples of how staff were particularly sensitive to times when people needed caring and compassionate support and went the extra mile to support people. For example, one member of staff took responsibility for chasing a hospital appointment for one person. This included taking the telephone number for the hospital home so they could try and rearrange the appointment. Another member of staff sourced a special cake mixture for one person who required a protein controlled diet so that they could make them a cake for their birthday without affecting their dietary needs. One member of staff liked to visit the home with their pet dog on their days off because one person really enjoyed dogs. This made the person happy.

Staff worked creatively, using Social Stories and Intensive Interaction techniques, to support people to manage their anxieties. This highly person-centred approach enabled people to express their views so that they became active participants in their care.

All the bedrooms at Beechcroft have been individualised and each person was encouraged to be involved. One person chose the colour of their new wet room and created a story book with staff to help them to understand the process through the use of Social Storytelling. They were happy with the result and appeared to cope with the changes to their environment by being able to watch each stage.

Social care workers were champions of Intensive Interactions. The service has recognised the positive impact intensive interactions with people had in reducing their anxiety. For example, one person had increased their vocabulary and could now say short sentences. Another person had been supported with their intensive interaction sessions to promote their confidence. Social care workers assisted this person with intensive interactions during annual health checks which enabled them to remain comfortable throughout the check. Social care workers from Beechcroft were proud to pioneer this and have plans to present a presentation to enhance people's understanding further both within the home and also across other homes within the local area.

Social care workers explained how they used intensive interactions to improve people's wellbeing and reduce their anxieties and behaviours which may challenge. One person had a history of refusing medical interventions due to the nature of his anxieties. This had a negative impact on his health and wellbeing. Through intensive interaction sessions with their keyworker, the person learnt to tolerate people being closer to him and has become more trusting towards people. When the person was due for his annual health check with his GP, the keyworker ensured they were able to support the person. Whilst doing an intensive interaction session involving the person's favourite music and dancing, the GP was able to complete parts of the annual health check. The person's GP commented on how fantastic the achievement was.

People's ongoing relationships with their family and people important to them were creatively supported and prioritised by the staff and registered manager. For example, one person had been supported to

manage visits to their family home. A plan had been agreed with the person's parents on how to manage these visits and gradually extend them, with the person eventually being able to stay at their family home unsupported for a short time. The family appreciated the support the person's key worker had provided them in enabling them to maintain their strong family links as well as improving their wellbeing.

People were involved in managing their own care and support needs where possible. For example, one person was supported to understand their care plan alongside their relatives. Their care plan has been broken down into pictures and was short and easy to enable them to best understand. The person's relative told us, "They keep me informed and involved with any changes." Another person was supported through the use of easy to understand information and helped to inform their care plan. The service were also planning to implement video care plans in future to enable people to become fully involved.

Another person who is non-verbal was supported through the use of pictures to understand important information and enable them to be as involved as possible within their care assessments. The person likes to sit with their key worker and discuss the changes they would like to make to their care plan. The person now understands more about their care plan, increasing their wellbeing and involvement with the care.

Social care workers told us they supported people with home visits and to follow their families' pastimes, like attending their favourite football team's matches. One person was supported with visits to their family home. This included long journeys which made the person anxious. Social care workers reassured the person and used staged visits. These visits increased in length to enable the person and their relatives to be comfortable and maintain their relationship. This had improved the person's wellbeing. Another person's relative spoke positively about how they were supported with their relative to enjoy meals out. They said, "I went with them to the restaurant. They know everything and made it very nice. (Person) has improved here." Social care workers showed us a picture that was taken at the restaurant which clearly showed the meal was enjoyed.

One person was visited by their relatives during the course of our inspection. Social care workers supported the person and their relatives to have space and time within the home. One social care worker assisted the person and their relative to take a photograph, which the person enjoyed.

People were treated with dignity and respect. All social care workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home and create a family environment. Social care workers and the registered manager knew how to protect people's dignity. For example, one person would often be in a state of undress in the house. Social care workers and registered manager ensured this person's dignity was immediately protected by closing doors if visitors or other people were present and redirecting the person to their room or a quiet area where they could assist them. We observed social care workers and the registered manager ensuring people's privacy and dignity were protected during our inspection.

The service had a dignity champion. The dignity champion is expected to lead by example and challenge staff practice where necessary. The Dignity Champion spent time with people as a priority. They make sure all of their needs are met and that people feel safe, empowered and listened to. The registered manager supports this by working two days a week with social care workers to ensure they maintain a hands-on approach to supporting people. Picture cards were used to ensure service users are able to choose who cares for them each day and when they would like that support to take place. The service followed the 'Ten Dignity Do's' which were developed by the national Dignity in Care campaign and the service has embraced the principles of this, some of these include ensuring people are treated with respect, people are offered a personalised service, people are able to maintain the maximum level of independence, choice and control,

respect the right to privacy, engage with family members and assisting people to maintain confidence and a positive self-esteem.

People's independence was celebrated through monthly newsletters sent to the families. People are being supported to be involved in their care as much as they are able to be, also involving their families as much as possible to play an active part in their care, treatment and life.

Is the service responsive?

Our findings

People were supported to live as full and meaningful life as possible at Beechcroft. Relatives expressed their gratitude to the registered manager and social care workers in relation to the development their relatives had made, including accessing the community and engaging with family. One relative said, "I see that everyone improves, they really are supported well."

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at Beechcroft and worked with people to enhance their skills and independence. For example, one person had been supported over time to develop their independence and social skills. Social care workers told us that one person moved to Beechcroft in ill physical health and required a large amount of support from staff to fulfil all aspects of their needs. The service worked with the person and spent time taking him out for activities and trying to find things they would seem to enjoy.

Staff completed activity feedback forms to establish what they enjoyed and what he did not enjoy. The person would smile and say "dog" if he saw a dog walking whilst in the park. Activities would be discussed during service user meetings and keyworker meetings on a monthly basis. This gave the person and social care workers opportunities to review and identify activities the person would like to try. The person was encouraged to go swimming and attend a local dog sanctuary to promote their wellbeing. This was supported and risk assessed and the person's mobility had increased due to this activity.

People were supported to develop their confidence and independence. For example one person before moving to Beechcroft could not use stairs safely and required support with all their meals. Social care workers worked with the person and spent time praising and reassuring him. They ensured the person was always supported when using the stairs. The person is now able to manage the stairs giving them the ability to access their bedroom whenever he chooses independently. The person's relative "(relative) has become such a more independent man since living at Beechcroft. Now he can manage the stairs no problem since the staff have helped him". The person is also able to freely walk around the home and their confidence in their abilities has improved dramatically that they now enjoy going out in the community without the need for a wheelchair.

People received care and support based on their needs and preferences. For example, separate and adapted menus had been made available to meet each person's dietary needs. One person required a special diet, which if not followed could impact their wellbeing. Since the person has been living at Beechcroft, social care workers have identified different foods that were available through the support of the dietician. This has enabled the person to be supported in a way that meets their personal needs and enable them to enjoy an active life, including walking further and enjoying more activities. The person was supported with their diet to identify their preferences to ensure the diet was not only tailored to their needs but also their individual likes and dislikes.

People had monthly key worker report which provided information to the family on the activities the person

had enjoyed and the things they had achieved. People were involved in these documents as much as possible to ensure their views were recorded.

People enjoyed a busy and activity life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, one person had been supported to attend a local shop and go for a cup of coffee. One person was supported with a family visit and to enjoy some music. Each person had a picture board which detailed activities and events they had enjoyed. People enjoyed a range of excursions such as going to well known attractions, including a chocolate factory, aquariums and farm parks. People were also supported to attend parties organised by the provider.

We looked at the home's compliments and complaints records which were held by the registered manager. The registered manager explained that they had not had any complaints prior to their re-registration with the CQC. The registered manager explained that complaints were discussed in home meetings and plans were in place to communicate the complaints procedure to monthly newsletters to remind people's relatives. There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. People's relatives understood that they could complain and how to do it.

Is the service well-led?

Our findings

There was stable leadership for social care workers at Beechcroft. The registered manager was supported by a consistent and effective social care worker team. People's relatives spoke positively about the management of the service. One relative told us, "(Registered manager) is good and you can always reach them or the deputy manager". Another relative said, "I think the home is managed well."

Social care workers told us they were supported and felt Beechcroft was well led. Comments included: "I have all the support I need, the (registered manager) and (representative of provider) are great" and "It's an incredibly supportive place to work, I enjoy working here". Social care workers had monthly team meetings and handovers to ensure they had the information they needed to meet people's needs and as well as receive updates on any changes with the service.

The registered manager benefitted from support by the provider. They had an established supervision and annual appraisal schedule with the area director where their performance was looked at and any personal development plans could be discussed. The registered manager worked on a buddy system with other registered managers to encourage learning and support. There was also an annual staff conference that allowed for networking with other managers.

The provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy' which had been set up in 2010. The academy ran three management development programmes suitable for beginners to more senior staff. The academy was run by managers within the provider organisation. One social care worker was due to start the management development programmes as they had a desire to develop their career. This social care worker told us, "I am getting support to complete a three year management course".

People's and their relative's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings, or more frequently when required. These meetings were documented so that they could easily be understood by people with support. The meetings discussed staff changes and why these changes were happening and what people would like to do over Christmas.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the provider and four audits a year from an area director. There was also an annual finance audit by the provider. The registered manager audited many of the processes and records relating to the care and support of people within the home. This included audits in relation to medicine management and people's care plans. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements.

Quality assurance audits ensured that the home was kept clean and remained safe and suitable for people's needs. For example one monitoring visit from a representative of the provider had identified areas of the home which required some attention to clean. This cleaning had occurred following the visit. Other audits identified where people's care assessments required a review to ensure they were current and reflective of

people's needs.

Representatives of the provider completed internal inspections. These identified any shortfalls in the service and were followed up by a second inspection to evidence that improvements had been made. This process had identified improvements were required around monthly home meetings with people. These actions had been completed and the service was given a rating of 100% by the internal inspector.

Quality assurance auditing was not just the responsibility of the provider and registered manager. This work was also undertaken by an expert auditor. The expert auditor role was taken up by people that were living in one of the provider's homes, or had lived there at some point. Their job was to help the service gain a greater understanding of what a service looked like from the perspective of people that live there. This was a paid role and the person received support and training to undertake the role. The expert audits were completed every three months. The auditor wrote a report and sent their findings to the registered manager and the area director. The last expert audit of Beechcroft, did not identify any concerns and felt the home was "excellent" and "good". They reported that the interactions between people and staff were good.

The registered manager and provider had a development plan for Beechcroft. At the start of 2017 they had identified actions which they wished to complete to improve the service people received. This included actions in relation to staff vacancies, improve the variety of meals and communication with people's relatives. The registered manager and social care workers had acted on these improvements which included providing monthly newsletters to people's relatives on what they had been up to.