Premier Nursing Homes Limited

Beechwood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 26 January 2016 and was unannounced. We last inspected this service on 26 May 2015 where we identified multiple regulatory breaches and rated the service as inadequate overall. The breaches identified related to person centred care, consent, care and treatment, the premises and equipment, staffing and how the services was managed.

This inspection took place on 26 January 2016 and was unannounced. This inspection was a re-rating inspection carried out to review the rating under the Care Act 2014 and to see if the registered provider and registered manager had made the improvements we required during our last inspection.

During this inspection we found the provider was now meeting the regulations and had made significant improvement to the service and the care people received.

Beechwood Care Home is a purpose built home. It is registered to care for up to 60 people who need nursing or personal care some of whom may also be living with dementia. It is located close to the town of Northallerton and is convenient for the shops and other facilities. The home is over two floors and has a passenger lift. All bedrooms are single with en-suite toilets and wash hand basins. There are secure gardens to the front of the home. At the time of this inspection the service was providing care/nursing care for 50 people.

The home employed a registered manager who had worked at the home for over a year. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

People's needs were regularly assessed, monitored and reviewed to make sure the care met people's individual needs. Risk assessments were completed so that risks to people could be minimised whilst still supporting people to remain independent. The service had systems in place for recording and analysing incidents and accidents so that action could be taken to reduce risk to people's safety. People had good access to health care services and the service was committed to
working in partnership with healthcare professionals. However, people did not always have access to their call bells and people were restrained by safety gates that were fitted to several bedroom doors.

Medication was managed safely and people received their prescribed medication on time. Staff had information about how to support people with their medicines.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. The service recruited staff in a safe way making sure all necessary background checks had been carried out.

The home's infection control procedures had improved as there were no unpleasant odours in any of the communal areas we saw on the day. The home was clean and the domestic team followed cleaning schedules to maintain a good standard of cleanliness. We saw that new furnishings had been purchased and flooring in some of the communal areas had been replaced.

The principles of the Mental Capacity Act 2005 were consistently followed by staff. Consent to care and treatment was sought. When people were unable to make informed decisions we saw a record of best interest decisions. There was a record of the person's views and other relevant people in their life. The registered manager had a clear understanding of the Deprivation of Liberty Safeguards (DoLS).

We saw people had access to regular drinks, snacks and a varied and nutritious diet. If people were at risk of losing weight we saw plans were in place to manage this. People had good access to health care services and the service was committed to working in partnership with both healthcare and social care professionals.

People who used the service and their relatives were positive in their comments about staff and the service they received from Beechwood Care Home. People described staff as being 'lovely, caring and kind.'

People had various activities available to them although the suitability of activities and how this impacted on people's occupation and wellbeing had not always been considered.

The provider completed a range of audits in order to monitor and improve service delivery. There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was yet to demonstrate that it was consistently safe.

In order for this domain to be rated as good we need to see consistent good practice over time, therefore we will review these areas again at the next inspection.

There were enough staff to keep people safe. Staff had been recruited safely. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

People's care plans and risk assessments had been reviewed, updated and adhered to by staff at the service. However, people did not always have access to their call bells and people were restrained by safety gates that were fitted to several bedroom doors.

People's medicines were managed safely and they received them as prescribed.

The environment was regularly checked to ensure the safety of the people who lived and worked there. Systems had been further developed to ensure staff followed good infection control procedures.

Is the service effective?

Good

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans and we could see records of best interest decisions. This meant the service was following the principles of

the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was yet to demonstrate that it was consistently caring.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

People were positive about the staff and told us they were kind and caring. Staff responded to people in a kind and caring manner; they were patient and we heard some light hearted banter.

People had their privacy and dignity respected. Staff knocked on people's bedrooms doors before entering.

Staff had some understanding in supporting people living with dementia. However, we found in some instances staff could have dealt with people's anxieties better.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People using the service had most of their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

People were involved in various activities that took place in the home. Suitability of activities and how this impacted on people's occupation and wellbeing had not always been considered.

The service encouraged feedback from people who used the service and their relatives, which was taken seriously and acted on promptly.

Is the service well-led?

Requires Improvement

The service was yet to demonstrate that it was consistently well-led.

In order for this domain to be rated as good we need to see consistent good practice over time, therefore we will review these areas again at the next inspection.

Since the previous inspection the registered manager had taken action to ensure improvements were made. Staff told us they felt staff morale and team working had improved.

The home's management and leadership had much improved. This meant that people living and receiving care at the establishment were no longer put at potential risk.

Effective systems were in place for monitoring quality at the service. For example, audits regarding infection control and fire safety were up to date.

The provider had actively sought the views of people and involved them and their relatives in improving the service.

Beechwood Care Home

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 inspection took place on 26 January 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, who were supported by a specialist professional advisor (SPA). A SPA is a health and social care professional with a background relevant to the service being inspected. The SPA for this inspection was a registered nurse with experience of working with people living with dementia. We were also supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. Before the inspection the provider completed a Provider Information Return (PIR). 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 planned the inspection using this information. We contacted the local authority commissioning team and they provided positive feedback about the improvements the service had made. We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided. They did not provide any feedback regarding the service.

We looked at most areas of the home including some bedrooms (with people's permission), communal areas, kitchen and office accommodation. During the inspection visit we looked at records which related to people's individual care. We looked at seven people's care planning documentation and other records associated with running a care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. During our visit to the service we spoke with the registered manager, two nurses, five care staff, one team leader, ancillary staff and the activity coordinator. On the day of the inspection we spoke with 12 people who lived at the service. We also spoke with five relatives of people who lived at Beechwood Care Home. We spoke with a doctor who was visiting the home.

Requires Improvement

Is the service safe?

Our findings

During the previous inspection we identified that staff were failing to protect people by doing what they could to prevent any risk of harm occurring.

The provider sent us an action plan in October 2015 which told us what action they had taken to address these matters.

At this inspection we saw that the risk assessments in people's care records related to the safety of the environment and equipment used were up to date. For example, hoisting equipment and the use of wheelchairs. These records had been reviewed and updated regularly and confirmed equipment was serviced and maintained regularly. Care plans showed people had been referred to the mental health team and other health care professionals such as the Speech and Language Therapy Team (SALT) where needed. Records showed that the recommendations made by professionals were being followed and adhered to by staff at the home. Throughout the inspection we observed care staff using appropriate equipment to aid/accompany people to dining rooms and toilets.

Appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks carried out on the temperature of the medication rooms and drug refrigerators which stored items of medication to ensure the medicines did not spoil or become unfit for use.

Appropriate arrangements were in place for recording of medicines including prescribed as necessary (PRN) medicine. Staff had signed people's medicine records when they had given people their medicines. Records had been completed fully, indicating that people had received their medicines as prescribed for them.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs. Controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register and saw they tallied correctly. Regular audits were carried out to determine how well the service managed medicines. Medicines were regularly checked to ensure stock levels were correct.

The service had in place emergency contingency plans. These included a fire risk assessment and personal emergency evacuation plans (PEEPs) for individuals. We saw fire alarm tests took place weekly in line with the fire authority's national guidance. There was a record of fire safety checks which took place in line with the service's fire safety policy.

We observed that four people had safety gates fitted to their bedroom doors. The providers action plan that we had been sent told us 'the home is reviewing options to have PIR sensors and the removal of the gates, these options will be discussed with the relatives.' We were told by one person living at the home that they had a safety gate to stop other people living at the home entering their room. We were informed by the registered manager that this matter was still under review. The use of such gates is restraint and is outdated, restrictive and potentially unsafe practice and could be potentially dangerous to people living with dementia as people could try to climb over the gate and suffer serious injury. We have written to the

provider about this matter which needs to be resolved immediately to ensure people's safety.

Accidents and incidents were recorded. These were regularly reviewed by the registered manager and their line manager, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed.

During the previous inspection in May 2015 we identified that there were insufficient staff available to meet people's needs and the deployment of staff was not well organised.

At this inspection we saw that there were sufficient staff on duty to protect and care for people. The registered manager was now using a dependency tool to determine that appropriate staffing levels were maintained. The registered manager told us that staffing levels had increased. The nursing unit staffing levels were two nurses with support from five care staff providing care for 30 people on the first floor. On the ground floor residential unit there were two senior care staff with support from two care staff providing care for 20 people. During the night there were usually four or five care assistants supported by a nurse and a senior care assistant. This was consistent with what the rotas told us and what we saw on the day we inspected.

There were mixed responses from people we spoke with about staffing levels. When we spoke with people living at the home one person told us, "They are very short staffed here they could do with more." One relative said, "They could do with more staff" and another relative told us that they thought the home was, 'staffed adequately.' One relative told us that there was always a member of staff in the lounge area each time they visited the home. Another relative told us that they felt there were enough staff to keep her husband safe. We found there was no negative impact to people's care during our inspection in respect to the staffing levels. Staff said they thought there was always sufficient staff on duty to meet people's care needs. One member of staff said, "We did not have enough staff or the right staff before. It is better now as we have two senior staff on duty each shift."

People we spoke with told us that staff responded well to call bells both during the day and at night. We saw throughout the day that call bells were responded to quickly by staff at the home. However, we did observe that several people who were sitting in their bedrooms did not have call bells within their reach. Some people had sensory mats to alert staff that the person may require help as they could not operate a call bell.

We recommend the provider reviews how staff ensure that where people are able to use a call bell they are always able to have access to them.

People we spoke with told us they felt safe. One person told us, "Yes I do feel safe here."

Staff we spoke with during the inspection demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager.

The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and Disclosure and Barring Service (DBS) (previously criminal records bureau) checks had been obtained prior to the member of staff

starting work. Checks were also carried out by the provider to ensure that nurse's professional registration was current and up to date with the National Midwifery Council (NMC). This process helped reduce the risk of unsuitable staff being employed.

During the previous inspection in May 2015 we identified shortfalls in the maintenance of the premises.

At this inspection the provider's infection control procedures had improved and there were no unpleasant odours in the communal areas that we visited. Cleaning schedules were in place and followed to maintain a good standard of cleanliness. The home was clean. We saw that new furnishings had been purchased and floor covering in some of the communal areas had been replaced. We were informed by the registered manager that all the floor covering in all hallways were to be replaced. There were pictorial signs for toilets and bathrooms and good signage to room numbers. Various displays for example, a shop window with items from the past and some photographs on peoples bedroom doors connected with their lives were in place. For example, we saw a photograph of a bar for a man who had previously owned a public house. Staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice.

While we were satisfied that previously identified breaches in regulation were now met. In order for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During the previous inspection we identified shortfalls in obtaining and acting on people's consent. Staff at the service were not working within the principles of the Mental Capacity Act 2005 (MCA).

The provider assured us that in future applications for Deprivation of Liberty Safeguards (DoLS) would be made where restrictions were placed on people living at the home.

At this inspection we checked whether the service was working within the principles of the MCA. Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. Where appropriate care plans contained mental capacity assessments in relation to decisions about people's ability to consent to care. Where it was deemed the person lacked the ability to consent to their care we saw records of best interest decisions. It was evident the person and their representatives had been involved in the best interest decision making process.

There were 11 people living at the service who had an authorised DoLS in place, a further 32 applications had been made to the local authority for consideration. The registered manager demonstrated a good awareness of the legislation and was working within the principles of the Act.

People were supported to maintain their health and had access to health services in an emergency or as needed. Care plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as the doctor, dietician, chiropodist and speech and language therapy team where there was concern about a person's nutritional wellbeing.

People told us that staff had the skills and experience to support them. We saw in one person's care plan that their medicines had been changed the day before. The person told us, "I have been more upset for a couple of weeks and then I saw the doctor and he has changed my tablets."

We spoke with a visiting GP who informed us that either the practice partner or themselves visited once a week to undertake a clinic and see any resident that the staff felt needed to be seen. They also visited on an ad-hoc basis if called out by the home. They advised that both GP's held a three monthly review of every person. They told us that the home went through good and bad phases as far as they were concerned, and

they felt that Beechwood was going through a 'very good phase at the moment.' They went onto to say, they 'felt that significant improvements were evident recently within the home and that there were always plenty of staff and staff knew residents well.'

We observed both the breakfast and the lunchtime experience in the nursing and residential units. We noted the tables were set and had flowers on each table, although there were no salt, pepper or other condiments available to people. We observed one person looking in their handbag for the salt. We observed people seemed to enjoy their food, especially breakfast. They were offered a choice of menu at both breakfast and lunchtime and samples of the meal were shown to people enabling them to make a choice about what they wanted for lunch. We saw in one instance that a person did not want what was being offered for their lunch. Staff offered them an alternative to their liking. Those people who needed it were given discrete assistance with their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating. Where people required special diets these were catered for. This was confirmed by a relative who told us their wife was on a soft diet as she was now unable to chew her food. We saw that people were offered the option of clothes protectors to ensure their clothes were not spoilt.

The registered manager had a training matrix (overall training record) which enabled them to keep a track of when staff were due to attend refresher training. All of the staff files we checked contained up to date training records and certificates. Staff had completed basic training such as emergency first aid, infection control and how to safeguard people. Additional training had been undertaken by nurses such as pressure ulcer care, end of life care, catheter care and care planning and risk assessment. Staff told us they could go on a variety of training. One member of staff told us, "I am always able to access training. Courses that I would like to do are also made available." Staff we spoke with told us they would welcome more dementia care training. We fed this back to the registered manager and their line manager who both agreed that further training in best practice for dementia care would be beneficial to people living at the service and staff. The registered manager said that they wanted to improve in this area and to provide a good quality service.

We recommend that the provider reviews best practice guidance in the provision of care for people with dementia.

Staff felt supported by managers and felt comfortable approaching them with any issues which arose All of the staff we spoke with told us that they received the support they needed to carry out their roles effectively. One member of staff told us that the 'induction they had received was really good. They told us that that as part of their induction they worked alongside more senior member of staff. They also told us they would welcome more dementia care training. They went onto to say that there was a good team at the home and that the registered manager was very supportive and that the wanted the home to have a good reputation.' We fed this back to the registered manager.

Staff told us they received regular supervision and felt supported by managers and were comfortable approaching them with any issues which arose. One member of staff told us, "I had my supervision a month ago and this is going to be done every six weeks." We saw from records that staff received regular supervision from their line managers. The registered manager had an overall record of staff supervision so that they were able to monitor that these were taking place regularly. Nurses received professional mentorship from other registered managers from within the organisation who were nurse trained. They told us they felt supported by managers.

Requires Improvement

Is the service caring?

Our findings

People we spoke with were complimentary about the care they received. People told us they were treated with respect. One person said, "They (staff) are nice and look after us." Other comments we received were; "The staff are very nice. It's nice here" and "The staff are good." One person told us, "The staff are lovely, they treat you as who you are not as a patient."

Relatives we spoke with also made positive comments such as, "Great staff – brilliant. They couldn't be kinder. They understand his needs." Another relative said, "The staff are good. They're all caring" and another said, "I'm highly satisfied with the way (name) is treated. She's well looked after. They've got the patience of saints."

One relative described to us how they observed staff supporting their relative and how they had worked 'like clockwork' whilst preserving their relatives dignity.

We spent time in the lounge areas of the home. We observed people looked well cared for and that they were appropriately dressed. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a calm, positive atmosphere throughout our visit and we saw that people's requests for assistance were answered promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. Staff were respectful when talking with people calling them by their preferred names. We observed staff routinely seeking consent and offering people explanations before support was provided. However, we saw in one instance that a member of staff did not ask people before turning down the volume on the television, which we observed people were watching. This was fed back to the registered manager on how important involvement and obtaining consent from people was.

One person told us people could get up whenever they liked and could have breakfast in their room if they wished and that drinks were available all day. One person said, "The kitchen staff are very good." Another person told us, that they enjoyed a particular breakfast cereal and the staff had got this in especially for them. We observed people being offered snacks and drinks throughout the day. People we spoke with confirmed that visiting times to the home were unrestricted.

During time on one unit we observed a person became continually upset and distressed, all staff approached the person in a caring and supportive way constantly reassuring them. Staff showed patience and kindness towards people. Staff appeared very committed however, we saw one example where staff would benefit from additional dementia training. One person kept asking where they were. Staff responded to this question and kept saying 'Beechwood' which clearly had no context for this person and failed to alleviate their anxiety. If staff had, had a different approach and gave an explanation that the person understood this may have alleviated their anxiety.

We observed that people were relaxed with staff and confident to approach them throughout our visit. Staff interacted positively and warmly with people, showing them kindness, patience and respect. There was a

relaxed atmosphere and staff told us they enjoyed supporting people.

We saw that one person was receiving end of life care. Their care was being monitored and reviewed. We saw that the person had not been eating or drinking and there had been a significant weight loss. Staff were observed encouraging the person to drink supplement drinks as prescribed by the GP and we observed this being done in a caring manner

Requires Improvement

Is the service responsive?

Our findings

During the previous inspection we identified that staff were providing inappropriate care and failing to carry out person centred care which placed people at risk of harm.

At this inspection people we spoke with told us that they felt that staff responded well to their care needs. A relative told us that their wife's care plan was being reviewed, that they were involved and that their social worker was also involved with the review.

When we spoke to a visiting GP they told us that staff responded to people's health care needs and that they were called out appropriately.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Each person also had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-assessment stage. People's individual care needs were reviewed regularly and their care plans provided the most current information for care staff to follow. Care plans were also updated where a changed need was identified. We could see health professionals had been consulted appropriately and their guidance had been included within people's support plans.

We reviewed the care plans of seven people living at the home. Care plans we looked at detailed where there were any concerns about nutrition. We saw that these were comprehensive and detailed people's likes and dislikes and clear for staff to follow and know what support was required. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. We saw that people's weights were recorded where there were concerns about weight loss the appropriate professionals were involved. Although we saw people's care needs were being met by staff at the home. We did not see people's social histories and experiences linking to the person's current experience had been recorded. This would demonstrate how the home was meeting people's overall need.

During the previous inspection we had identified a lack of activities and occupation for people. During this inspection, the registered manager told us that there were two activities organisers in post and we were able to speak to one of them. They told us that they looked at the care plan to see what people were interested in. They said some people preferred activities in groups or individually activities. They said that they evaluated activities to see if people had benefited/ enjoyed them. They also told us that sometimes they got entertainers coming in to do music or singing with the residents. During our visit we saw twelve people in one lounge with six people playing bingo, some people had bingo cards but did not have pens and were unable to join in with this activity, whilst a few were really engaged in the activity. One person we spoke with told us they used to walk a lot, belonged to a walking group and also enjoyed gardening. They said, "I hate being shut in. I would like to get out more. Some days are alright." Although the person went on to say that they had been out in the garden the previous day. They told us that the felt the days were long and they spent a lot of time walking around the home. In the afternoon a film was shown in the lounge on the nursing

unit but no one except for a member of staff was watching it. We observed most people to be asleep. We saw one person sat in the sensory room, which had fibre optic lights and bubble tubes, loud rock music was playing loudly on the CD player. When care staff were asked if this could be possibly changed they said they would do this when they had time. A relative told us that there was sometimes a game of snakes and ladders on in the lounge and also a golf game. Care staff we spoke with told us that activities at the home on occasions were poor and this was an area that could be improved. Although the home employed activity organisers the provider should consider the suitability of activities and how this impacts on people's occupation and wellbeing.

We recommend that the provider looks at how improvements can be made for people to have access to proper and appropriate activities.

During the day we joined a 'residents and relatives' meeting which was chaired by the registered manager. Three people who lived at the home were joined by three relatives. We observed the registered manager updated people on the organisation and its staffing, invited people to various events and groups and asked people to suggest ideas for activities and to support them if possible.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. No one we spoke with had made any complaints about the service. The registered manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. The complaints record showed that there had been six complaints since the last inspection in 2015. All had been appropriately responded to by the registered manager. People we spoke with told us they knew who to contact if they had a complaint.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection we identified that staff were providing inappropriate care and failing to carry out person centred care. We also found that people were not protected against risks because assessments to monitor the service were insufficient. Since that time there have been systems put in place to meet this requirement which we saw as being sustained sufficiently.

The home employed a registered manager who had worked there for some time and who was present during this and the last inspection. During the visit we saw the registered manager visited the communal areas of the home. They engaged with people and were clearly known to them. During our discussions with the registered manager we were told they had worked hard with a senior manager from the organisation and with the staff team to ensure that the quality of service provision had improved for people living at the home. During our feedback they said, "I am really pleased as we have done a lot of work which has paid off."

People we spoke with described staff as 'nice, and caring.' Relatives we spoke with were also positive about the home and the care their relatives received. Relatives described staff at the home as being 'brilliant', 'people being well looked after' and 'staff understanding people's needs.'

Relatives we spoke with told us that they were involved in their relatives care. For example, one relative told us their father had been moved to the nursing unit and the family had been consulted before this happened. They added that when authorisation for a Deprivation of Liberty Safeguard was being applied for, they again had been consulted. The relative said, "If we've asked for anything, it's been done."

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager had a regular presence in the service. They told us the manager spent time in the home talking with and working alongside staff.

Staff told us the registered manager was very approachable and supportive and felt they had made a difference and had recognised and addressed the low morale that had been evident previously. They informed us that the home was calmer and that there was now a positive atmosphere. They were all complementary about the registered manager, who they reported was supportive and listened to their point of view. Members of staff we spoke with told us they enjoyed their work. One member of staff told us, "We now have staff that are really dedicated."

We looked at the minutes from the last staff meetings. We saw the last one was held on15 January 2016 and had been held. The registered manager informed us that they provided regular staff communication bulletins to keep staff up to date.

There were systems and processes in place to monitor the service and drive forward improvements. A quality assurance tool was used to record the findings. We saw that the provider had audited the service and implemented an action plan to address the issues identified from our last inspection. We looked at records of audits and saw these had been undertaken by the registered manager and their line manager.

Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, fire-fighting and detection equipment. There were also care plan, environment and medicines audits which helped determine where the service could improve and develop. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

We were sent a copy of the newsletter that the service had recently introduced which they intended to produce quarterly. A copy of the newsletter was given to people who used the service, families and friends. We saw that the 'Beechwood News' covered areas such as events at the service. For example, church services, family and friends coffee mornings and monthly activities called 'dates for you diary.' Dates of planned activities such as sing-alongs and visiting pony therapy were detailed. Information about improvements being made to the home's environment was reported on. As it was the beginning of the new year memories of 2015 with pictures and details of events that had taken place throughout the year were included. This meant that people were given opportunity of being kept informed about what was happening at the service.

There were procedures in place for reporting any adverse events to the Commission and other organisations such as the local authority safeguarding team, the local authority's Deprivation of Liberty Safeguards team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to us about incidents that affected people who used the service.