3A Care (London) Limited

Beauchamp Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Beauchamp Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Beauchamp Court accommodates a maximum of 19 older people in one adapted building. There were 18 people living at the home at the time of our inspection, most of whom were living with dementia.

The inspection took place on 16 May 2018 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People felt safe living at the home and when staff provided their care. Staff managed any risks involved in people's care as safely as possible while supporting their independence. There were enough staff on each shift to keep people safe and meet their needs. People were protected by the provider's recruitment procedures. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

Fire and health and safety checks were carried out regularly to keep the premises and equipment safe for use. There were plans in place to ensure people would continue to receive their care in the event of an emergency. People's medicines were managed safely. Staff kept the home clean and maintained appropriate standards of infection control.

People's needs had been assessed before they moved into the home and were kept under review. Staff had the knowledge and skills they needed to provide effective care. They attended mandatory training during their induction and refresher training at regular intervals. Staff had access to further training relevant to people's needs and opportunities to discuss the support they needed.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented and recorded in people's care plans.

People usually enjoyed the food provided and were involved in developing the menu. People's feedback about meals and mealtimes was encouraged and their suggestions were implemented. People's nutritional needs had been assessed and were known by staff. The registered manager and staff had implemented measures that had improved the support people received to maintain adequate hydration.

Staff were kind and caring staff. People told us they knew staff well and enjoyed their company. Staff supported people to maintain relationships with their friends and families. People said staff treated them with respect and maintained their privacy and dignity. Staff encouraged and supported people to remain as independent as possible.

Care plans had been developed which detailed the support people required and how they preferred their care to be provided. People said staff understood and respected their choices about their care. Staff responded appropriately if people's needs changed. This included seeking advice from specialist healthcare professionals where necessary.

People had access to a range of activities in the home and opportunities to go out. People who wished to remain active in their local community were supported to do so.

People were given information about how to complain and felt able to raise concerns if they were dissatisfied. The registered manager had created an inclusive culture and encouraged the contributions of all those involved with the home in improving the quality of care people received.

Relatives and staff told us the registered manager provided good leadership and had driven improvements at the home since taking up their post. Staff said the registered manager was supportive and valued them for the work they did.

The provider had effective systems of quality monitoring and improvement. Key areas of the service were audited regularly to ensure appropriate standards were maintained. Where shortfalls were identified through the quality monitoring process, action had been taken to address them.

The registered manager had established effective links with health and social care professionals to share information and to ensure staff adopted best practice. The standard of record-keeping was good and the registered manager understood their responsibilities in terms of reporting notifiable events.

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.

There were enough staff available to meet people's needs.

People were protected from avoidable harm.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Medicines were managed safely.

Staff maintained appropriate standards of infection prevention and control.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they moved into the home to ensure their needs could be met.

People were supported by staff who had the knowledge and experience they needed to provide their care.

Staff had access to appropriate support, supervision and training.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were involved in developing the menu. People's nutritional needs had been assessed and were known by staff.

People's needs were met by the design, adaption and decoration of the home.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their dignity.

People were supported to maintain relationships with their friends and families.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities and events and maintain links with the local community.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership and had driven improvements at the home.

The registered manager had created an inclusive culture in which the contributions of all those involved with the home were encouraged.

The provider had established effective systems of quality monitoring and improvement.

The registered manager and staff worked effectively with other agencies to provide the care people needed.

The registered manager understood the requirements of their role and had notified CQC of events when necessary.	

Beauchamp Court

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 was 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 16 May 2018 and was unannounced. The inspection was carried out by one inspector, an inspection manager and an Expert-by-Experience. An Expert-by-Experience is someone who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider returned a Provider Information Return (PIR) to CQC on 3 April 2018. 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 PIR before our inspection to ensure we addressed any areas of concern. We received feedback about the service from two healthcare professionals who had an involvement in people's care.

During the inspection we spoke with eight people who lived at the home and three relatives. We spoke with the registered manager, the provider's representative and six staff, including care, activities, cleaning and catering staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the service, including the provider's quality assurance reports and audits.

After the inspection we received feedback about the home from a relative by telephone.

This was the first inspection of the service since its registration with CQC under this provider.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and when staff provided their care. One person said that when staff provided their care, "They are very careful." Relatives told us staff ensured their family members were cared for in a safe environment. They said staff supported their family members to stay as safe as possible whilst maintaining their independence. One relative told us, "He has a frame and they make sure he uses it." The relative added, "They encourage him to get up and move around because it's good for his mobility."

There were enough staff on each shift to meet people's needs and keep them safe. People and their relatives told us staff were available when they needed them. People said staff responded promptly when they asked for support and relatives told us their family members did not have to wait when they needed care. One person said, "There is always someone around if you need them." A relative told us, "There are always plenty of staff when I visit." Staff said there were enough staff on duty on each shift to provide the care people needed in an unhurried way.

There were three care workers on each shift during the day, one of whom was a senior care worker and the nominated shift leader. Two care workers were employed at night, one of whom was a senior care worker and shift leader. The senior care worker was responsible for making sure all the tasks on the shift plan were completed, which ensured accountability for delivering people's care. Care staff were able to focus on delivering the care and support people needed as additional staff were employed to provide activities, catering and to carry out cleaning. Staff had access to management support and advice at all times. The registered manager worked from Monday to Friday and was usually available to staff on call when they were not on duty. If the registered manager was unavailable, on call support was provided by the registered provider.

People were supported to be as safe as possible whilst maintaining their independence. Risks to people's safety had been assessed and action had been taken to mitigate risks where these were identified. Most people mobilised independently with walking aids, which potentially put them at risk of falling. The registered manager had been proactive in addressing this risk. The registered manager had invited a healthcare professional from the local Clinical Commissioning Group (CCG) to provide guidance for staff about how to reduce the risk of falls. The healthcare professional had visited the home to deliver training to staff about the measures they could implement to reduce the risk of people falling. These measures had been incorporated into people's care plans. A healthcare professional had also worked with staff to reduce the risk of people becoming dehydrated and failing to maintain adequate nutrition. The healthcare professional had provided guidance for staff about how to use screening tools effectively and the action to take should these tools indicate someone was at risk.

There was evidence of learning when adverse events occurred. Staff told us the registered manager had created a 'no blame' culture where staff were encouraged to report adverse events without fear of recrimination. This was to ensure learning could be taken from any incidents that occurred and action taken to improve. We found that staff recorded comprehensive details about any accidents or incidents that occurred and any action taken at the time to ensure the person was safe. However there was no evidence

that the reports completed by staff were reviewed by the registered manager to identify any actions that could be taken to reduce the risk of a similar incident happening again. We discussed this with the registered manager during feedback at the end of our inspection. The registered manager responded positively to this feedback, sending us evidence the day after the inspection of the action they had taken to ensure incident reports were reviewed to identify any learning points.

Staff maintained appropriate standards of health and safety, including fire safety. All staff attended fire safety training during their induction and regular refresher training. Staff carried out regular tests on the fire alarm system and the system was serviced annually by a fire safety engineer. The home's firefighting equipment and emergency lighting system was also checked by staff and serviced by an engineer. A personal emergency evacuation plan (PEEP) had been developed for each person which recorded the support they would need in the event of an emergency such as a fire. A copy of each person's PEEP was kept in an emergency 'grab bag' which was easily accessible in the event of an emergency.

The registered manager carried out regular health and safety audits which included assessing standards of fire safety. For example health and safety audits checked that staff were aware of emergency procedures and that fire safety checks and staff fire safety training were up to date.
Audits carried out by the provider also checked fire safety standards. One of the provider's audits identified that staff needed to carry out a fire drill, which had been done following the audit. The registered manager also carried out food safety audits which checked that standards of kitchen hygiene and food storage were appropriate and that catering staff had attended training relevant to their roles. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency.

The registered manager ensured that safe recruitment procedures were followed. Since taking up their post the registered manager had carried out an audit of staff files to identity any gaps in the information required by the Health and Social Care Act 2008 (HSCA). Where the audit had identified gaps, the registered manager had ensured that documentation was obtained to ensure that the regulations of the HSCA were met. The registered manager had also implemented other good practice measures, such as renewing staff Disclosure and Barring Service (DBS) certificates where they had been employed for over three years. DBS certificates include a criminal record check and help providers ensure that only suitable staff are employed.

The staff files we checked demonstrated that appropriate procedures had been followed during their recruitment. Prior to employment staff had submitted an application form with details of referees and attended a face-to-face interview. Recruitment files contained evidence that the provider had obtained references, proof of identity, proof of address and a DBS certificate before staff started work.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They were able to describe the potential signs of abuse and the action they would take if they suspected abuse. One member of staff told us, "I would tell the manager straight away but I would call the police if I had to." All staff attended safeguarding training in their induction and refresher training in this area was provided regularly.

People's medicines were managed safely. Staff authorised to administer medicines had completed appropriate training and had undertaken a competency assessment where their knowledge was checked. The staff member responsible for medicines administration during our inspection demonstrated safe practice and ensured people were given information about the medicines they took. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines.

There were protocols in place for medicines prescribed 'as required' and staff were aware of these. The registered manager carried out regular medicines audits and an external pharmacist checked the management of medicines periodically. We saw that when audits identified errors or areas for improvement, action had been taken to improve. For example a medicines audit carried out by the registered manager had identified gaps on some medicines administration records. Following this incident, a change was implemented which required two staff to sign when medicines were administered, one member of staff to record they had given the medicine and the other to counter-sign to confirm the administration. The pharmacist's audit in December 2017 identified that staff should use body maps to record where transdermal patches (patches containing active ingredients applied to the skin) were sited and record clearer information about the dosages of medicines prescribed 'as required' (PRN). Staff had implemented this advice when using transdermal patches and giving PRN medicines.

Staff maintained appropriate standards of hygiene and infection control. People said the home was always clean and tidy. They told us staff kept their communal rooms and their bedrooms clean and fresh. One person said of the home, "It's kept very clean." All staff attended infection control training and training in the use of substances potentially harmful to health (COSHH) to ensure they used these products safely. Staff demonstrated good infection control practice during our inspection, wearing personal protective equipment (PPE), such as gloves and aprons, when appropriate. There were appropriate arrangements for the storage and disposal of clinical waste. The registered manager carried out regular infection control audits and action had been taken to address any shortfalls identified. For example one audit identified that cleaning schedules were not always being completed. This issue had been addressed following the audit.

Good

Is the service effective?

Our findings

People received their care from suitably skilled and qualified staff. People told us the staff who supported them had the skills they needed to provide their care. Relatives were confident that the staff who cared for their family members were competent and appropriately trained. One person said of staff, "They know what they are doing."

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The assessments we checked had recorded people's needs in areas including health, mobility, nutrition and hydration, continence, pain management and personal care. Care plans were reviewed regularly to ensure they continued to reflect people's needs.

People were supported to maintain good health and obtain treatment when they needed it. People told us staff arranged a GP appointment for them if they felt unwell. Relatives said staff monitored their family member's health closely and responded appropriately if their family member's health deteriorated. One relative told us, "They are very observant. They will always seek advice if they have any concerns." Healthcare professionals said staff referred people to them appropriately and were able to provide accurate information about people's needs when they requested it.

If people had ongoing healthcare conditions, staff ensured they received the specialist care they needed. For example one person with diabetes was visited twice each day by district nurses to administer their insulin. Staff monitored the person's blood glucose levels and understood the action to take if these levels changed. The person's care plan included information about their diabetes and how this should be managed.

Relatives told us that staff communicated well with them about their family member's healthcare needs. They said staff informed them about any healthcare appointments scheduled for their family member and accompanied their family members to appointments if relatives were unable to attend. Relatives told us that if they could not accompany their family members to appointments, staff contacted them to provide an update on the outcome of the appointment and any changes to their family member's care.

Staff had access to the training and support they needed to carry out their roles. All staff had an induction when they started work, which introduced them to the provider's working practices, policies and procedures. Staff also attended all elements of mandatory training during the induction, including first aid, fire safety, health and safety, moving and handling and infection control. The induction included shadowing senior care staff to observe their practice and understand how people preferred their care to be provided.

Once they had completed their induction, staff had access to refresher training in mandatory areas. Staff completed workbooks in specific topics which were sent for external verification. The registered manager told us that all staff who had not already completed training equivalent to the Care Certificate would be expected to achieve it. The Care Certificate is a set of nationally-agreed standards which health and social care workers should demonstrate in their everyday working lives.

Staff also attended training relevant to the needs of the people they cared for, such as dementia training. The registered manager had arranged specialist training from external healthcare professionals to meet people's needs. For example staff had attended falls and nutrition/hydration training provided by healthcare specialists. Staff told us the registered manager encouraged them to attend further training relevant to their roles. One member of staff said they were being supported to work towards a vocational qualification in health and social care.

Staff received one-to-one supervision and support from the registered manager. Individual supervision sessions gave staff opportunities to discuss their performance and training and development needs on a regular basis. Staff told us the supervision process was useful and said they felt able to raise any issues they had with the registered manager.

People told us they usually enjoyed the food provided and said they had a choice of meals. They said they were able to have alternatives to the menu if they wished. One person told us, "The food is pretty good on the whole." Relatives said their family member's dietary needs were met and told us staff knew their likes and dislikes. One relative said of their family member, "He usually enjoys his meals." People were encouraged to give their views about the food and these were taken into account when planning the menu. Residents' meetings had been used to establish people's opinions about the existing menu and to ask for suggestions to be included on a new menu.

People's nutritional needs had been assessed before they moved into the home and were kept under review. Referrals had been made to healthcare professionals if people developed needs that required specialist input. The registered manager told us that none of the people living at the home required a texture-modified diet but that some people needed thickeners in their drinks. The registered manager said staff had been given guidance on the correct preparation of thickened fluids to meet people's individual needs.

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 and hospitals are 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 were being met.

Staff supported people in a way that encouraged them to make choices about their care. When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority. If people lacked the capacity to make a particular decision, there was evidence that staff had consulted all relevant people to ensure the decision was made in the person's best interests, including relatives and healthcare professionals.

People's needs were met by the adaptation, design and decoration of the premises. The home was

decorated and presented to a good standard. Staff told us the provider responded quickly to any requests for repairs or maintenance issues. Adaptations and equipment were in place to support people to mobilise and there was a lift between floors. Communal rooms were comfortable and people's private spaces were personalised to reflect their tastes and preferences. People were able to bring personal items with them when they moved into the home. We saw that some people had chosen to bring items of furniture, photographs and ornaments to personalise their rooms.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they got on well with staff and enjoyed their company. One person said of staff, "They are all very nice people." Another person told us, "They are very attentive." Relatives said staff demonstrated a caring approach to supporting people. They told us their family members had established positive relationships with the staff and enjoyed their company. One relative said of staff, "They are really lovely. They are always happy and smiley."

Relatives told us staff provided emotional support if their family members became anxious or upset. One relative said staff supported their family member to deal with their anxiety about managing appointments. The relative told us, "[Family member] gets anxious about appointments so they write it all down for him and leave him notes to remind him." One relative told us staff had supported their family member to settle in, which had enabled them to overcome their initial reservations about moving to a care home when their needs changed. The relative said, "[Family member] appears to have settled in very well. I am so relieved to see her so happy and joining in. I was really worried about her but now I can go home feeling happy."

Relatives told us the atmosphere in the home was welcoming and friendly. They said they could visit their family members whenever they wished and that staff made them welcome when they visited. One relative described the home as, "Friendly and homely." Another relative said of staff, "They are always very welcoming. They ask about [children] and offer me a cup of tea."

Staff supported people in a kind and caring way during our inspection. They were attentive to people's needs and took time to ensure they were comfortable. Staff treated people with respect and maintained their dignity. People told us that staff treated them with respect and maintained their privacy when providing personal care.

People received their care from consistent staff who understood their needs. Many of the staff team had worked at the home for some time and knew the people they cared for well. New staff were introduced to people's needs during their induction and observed colleagues to ensure they knew people's preferences about their care. Agency staff were used very infrequently and the registered manager had recruited a number of bank staff since their arrival in post. Bank staff were not included on the home's rota but were recruited and trained by the provider and available to cover any vacancies that arose on the permanent staff team.

Staff supported people to be independent where possible. Relatives told us staff encouraged their family members to manage their own care where they were able to do so. They said staff provided support in a flexible way that took account of their family member's fluctuating abilities. One relative told us, "They encourage him to do what he can for himself, it all depends how he is on the day." People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. The guidance in people's care plans encouraged staff to promote independence where possible. For example one person's care plan instructed staff that the person could manage their own oral hygiene and that they should be encouraged to do this each day. We observed staff supporting people to be

independent during our inspection where their care plans indicated they could manage aspects of their own care.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. The registered manager understood the requirement to comply with the General Data Protection Regulation (GDPR) regarding personal information held about people.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Care plans had been developed where needs had been identified through the assessment process. Each care plan contained guidance for staff about how each person's care should be provided in a way that met their needs and reflected their preferences.

Staff had consulted people and their relatives about their care plans and included information about people's life histories, important relationships and interests. People told us they were happy with the extent to which they were involved in planning their own care. Relatives said staff sought their views about their family member's care and incorporated their views in people's care plans.

Staff took appropriate action if people's needs changed. This included liaising with other professionals to ensure people received the care they needed. For example staff had observed a small area of redness on one person's skin. Staff reported their concerns and the person was referred to a tissue viability nurse as a result. The tissue viability nurse assessed the person and provided the equipment they needed to minimise the risk of pressure damage. This prompt action by staff had ensured the person received the care they needed to maintain the integrity of their skin.

The registered manager and staff understood the importance of planning care and support to meet the needs of people living with dementia. The registered manager explained how information about food and activities was presented to people living with dementia to enable them to make informed choices. The registered manager said many people responded well to visual information so staff used this to support people's decision-making. For example staff showed people the different meal options to enable them to choose what they wanted to eat. A member of staff told us, "Different people communicate in different ways so we use the ways we know people respond well to."

People had access to a range of activities and opportunities to go out. People told us they enjoyed the activities provided and relatives said there were enough activities to keep people engaged. Relatives told us staff encouraged their family members to take part in activities but never insisted on their involvement. One relative said, "They encourage him to take part but they don't force him." The home employed two part-time activities co-ordinators who arranged a programme of in-house activities. The activities co-ordinators had also arranged for entertainers to visit the home, such as singers and storytellers. People were asked for feedback about the activities at residents' meetings and for suggestions about new activities they would like to try. People were able to remain involved with their local community. One person chose to attend a resource centre each week and took a taxi independently to do so. Another person told us they liked to go to the local shops and said staff supported them to do this.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives had been given information about how to make a complaint. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied.

The provider's PIR stated that no complaints had been received since the home opened. No complaints about the home had been made to CQC since the home's registration.

The home was not providing any end of life care at the time of our inspection. One person had recently passed away and the registered manager explained how they had worked with the person and their family to ensure their preferences about their end of life were known and respected.

Good

Is the service well-led?

Our findings

The registered manager provided good leadership for the service. Relatives told us the registered manager was well-organised and communicated with them effectively. They said the registered manager had responded appropriately to any issues they had raised and resolved any concerns they had. One relative told us, "[Registered manager] regularly communicates with me. She will drop me an email to keep me up to date with what has been going on." Another relative said of the registered manager, I have every confidence in her. She is very thorough. She dots the i's and crosses the t's. I can rely on her. If I've got an issue I'll email her and she will deal with it."

The registered manager had completed their registration with CQC in November 2017. Staff reported that the leadership of the service and the support they received had improved since the registered manager's arrival. They said the registered manager had taken responsibility for all staff supervisions which meant all staff had the opportunity to speak directly with the registered manager on a regular basis. One member of staff told us, "She asks our opinions and she is open to suggestions." Another member of staff said, "[Registered manager] is wonderful. She is always there to help. She is a good listener."

Staff told us the registered manager was open and approachable. They said the registered manager valued them for the work they did and was willing to listen to any concerns they had. Staff told us the registered manager had implemented regular team meetings and fostered a sense of teamwork amongst staff. They said this had benefited people who lived at the home and the staff who supported them. One member of staff told us, "We work well as a team. We are always willing to help each other out." Another member of staff said, "I really enjoy being part of this team." A third member of staff told us, "[Registered manager] encourages us to speak up. We are encouraged to discuss the support we give to residents."

The minutes of team meetings demonstrated that the registered manager had used these to discuss important topics with staff, such as the availability of further training opportunities and when people's care plans should be updated. The registered manager had also used team meetings to express their thanks to staff for the work they had done. The registered manager supported staff to understand the provider's values and to demonstrate these values in the way they provided people's care. The registered manager told us they observed staff practice to ensure they provided care in a way that promoted choice, dignity and personalised care and gave staff feedback about areas in which they could improve.

People and their relatives were encouraged to give their views and these were listened to. Residents' meetings were held regularly and used to ask people for feedback about all aspects of the service, including the food, the activities provided and the décor. We saw evidence that suggestions people made had been implemented. For example dishes people enjoyed had been added to the menu and activities people wished to try had been planned. The registered manager told us they planned to send satisfaction surveys to people, relatives and other stakeholders

The registered manager adopted a 'hands-on' approach to the management of the service. The registered manager told us that the relatively small size of the home enabled them to know all the people who lived

and worked at the home well. The registered manager had taken the lead in carrying out quality audits and maintained regular contact with all staff, both individually and as a group. This enabled the registered manager to have an oversight of all aspects of the service.

The registered manager was supported in maintaining this oversight by the provider. The provider's representative visited the home regularly to carry out quality monitoring visits and spoke regularly with the registered manager about the running of the home. We saw that action had been taken in response to any areas identified for improvement through audits and quality checks. For example the provider's previous visits had identified that some people's care records needed updating and a business continuity plan needed to be developed. We found evidence that action had been taken to address these issues.

The standard of record-keeping was good. The records we checked relating to people's care were accurate, up to date and stored appropriately. They provided information about the care people received, their health, the medicines they took and the activities they took part in. The registered manager and staff had established effective links with healthcare professionals to ensure they adopted best practice in providing people's care. Healthcare professionals provided positive feedback about the way in which the registered manager and staff worked with them to ensure people's needs were met. The registered manager understood the requirement to inform CQC about notifiable events and had notified the Commission and other relevant agencies when necessary.