Beenstock Home Management Co. Ltd

Beenstock Home

Inspection report

19-21 Northumberland Street
Salford
Greater Manchester
M7 4RP
Tel: 0161 792 1515

Date of inspection visit: 20 October 2015
Date of publication: 26/11/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on the 20 October 2015.

Beenstock Home is registered to provide nursing and personal care for up to 16 people. The care home is integrated into a sheltered housing complex that comprises of three floors, with sheltered flats on the ground and second floors and with the nursing and residential unit on the first floor. All bedrooms are single occupancy with en-suite facilities. The home offers a culturally specific service for the Orthodox Jewish community.

There was a registered manager in place at the time of our inspection. 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.

When we last inspected this service in May 2014, we did not identify any concerns about the service.

Summary of findings

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found the service undertook checks to monitor the quality service delivery. These included weekly medication record chart audits, however the last audit had been conducted on 26 September 2015. We looked at an Independent Monthly Home Audit, where records indicated the last audit had taken place in May 2015. We also found there were no quality assurance systems to effectively monitor the training requirements of staff and the current training matrix we looked at was not fit for purpose.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

People told us they believed they felt safe living at Beenstock Home.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

People were protected against the risks of abuse, because the service had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely.

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff we spoke with confirmed they received training both at induction and then annually through refresher training.

We found that staff had not received any recent training in the Mental Capacity Act. A number of staff had not received recent training in First Aid and Fire Awareness.

We have made a recommendation about training in the Mental Capacity Act.

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. We spent time observing the lunch period to see how people were supported to receive adequate nutrition and hydration.

People we spoke with told us that the service was excellent and that staff were kind and caring.

Throughout the day we observed staff interacting and engaging with people who used the service. This interaction was kind and gentle and staff took time to support people if they were mobilising or administering medicines and fluids.

Staff we spoke with were also clear about how to promote people's independence. For instance, at lunch time we saw that whilst assisting one person to eat their meal, a member of staff helped them to cut up their food, but then allowed this person to eat it themselves.

People and relatives told us that they were treated with dignity and respect by staff.

People told us that staff helped them retain their independence. Staff we spoke with were clear about how to promote people's independence.

The service ensured that staff effectively met the cultural and spiritual wellbeing of people who used the service.

On the whole, most relatives we spoke with said the service was responsive to their loved one's needs.

The service also identified 'lessons learnt' from any complaints, safeguarding or incidents, which were then shared with staff either through individual supervision or staff meetings.

We found that the management promoted an open and transparent culture amongst staff. Staff we spoke with were positive about the leadership provided by the service.

We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that people, including those who lacked capacity, had been consulted.

Summary of findings

We looked at the minutes from the most recent staff meeting, which had taken place in October 2015. This provided staff with the opportunity to discuss concerns or talk about areas, which could be improved within the service.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

Summary of findings

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

We found the service was safe. People told us they believed the service was safe.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely.

Is the service effective?

Requires improvement

Not all aspects of the service were effective. Staff we spoke with confirmed they received training both at induction and then annually through refresher training.

We found staff had not received any recent training in the Mental Capacity Act. A number of staff had not received recent training in First Aid and Fire Awareness.

Care plans detailed guidance on the support each person required in respect of food, drink and nutrition

Is the service caring?

Good

We found the service was caring. People we spoke with told us that the service was excellent and that staff were kind and caring.

Throughout the day we observed staff interacting and engaging with people who used the service. This interaction was kind and gentle and staff took time to support people if they were mobilising or administering medicines and fluids.

Relatives told us they were involved in making decisions about their loved one's care and were on the whole listened to by the service.

Is the service responsive?

Good

We found the service was responsive. On the whole, most relatives we spoke with said the service was responsive to their loved one's needs.

The service also identified 'lessons learnt' from any complaints, safeguarding or incidents, which were then shared with staff either through individual supervision or staff meetings.

We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes.

Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. We found there were no quality assurance systems to effectively monitor the training requirements of staff.

Staff consistently told us that the management promoted an open and transparent culture amongst staff.

We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that people including those who lacked capacity had been consulted.

Requires improvement

Beenstock 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 checked 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 unannounced inspection was carried out on the 20 October 2015 by two adult social care inspectors from the Care Quality Commission, who were accompanied by a specialist advisor. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of service being inspected. Their role is to support the inspection. The specialist advisor was a GP with experience in many medical disciplines, primary care, hospital medicine and specialist experience in mental health particularly Care of the Elderly.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. We also liaised with external professionals including the local vulnerable adult safeguarding team, NHS Salford Clinical Commissioning Group and the Jewish Federation. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 14 people staying at the home that used the service. The service employed 40 members of dedicated staff, which included three permanent nurses and 20 members of care staff. The remaining staff consisted of kitchen staff, laundry, domestic, administrative, a home Rabbi and the registered manager.

During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

As part of the inspection, we spoke with one person who used the service, seven relatives and three people visiting the home. We also spoke to a visiting GP and the Home Rabbi. Most people who used the service were living with dementia and it was therefore not possible to communicate with them. We also spoke with the registered manager, two nurses, four members of care staff, a domestic and a cook.

Good

Is the service safe?

Our findings

Visiting relatives and friends we spoke with told us that they believed people who used the service were safe at Beenstock Home. One person who used the service told us; "I do feel safe here. Staff are very kind and helpful, I think they are managing very well." One relative told us; "People are safe and well cared for here, the place is amazing." Another relative said "My relative is safe. No concerns about staffing. I'm very happy with the home and the service it provides." A visiting GP told us that people were safe and there was never a shortage of staff and that they had never had any concerns about the service.

As part of the inspection we looked at the way the service protected people from abuse. We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We also looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns.

During the inspection we spoke with staff about their understanding of Safeguarding Vulnerable Adults. Each member of staff was able to describe the process they would follow if they had concerns about people living at the home. One member of staff told us; "If I had any safeguarding concerns, I would report matters directly to senior staff straight away." Another member of staff said "If I suspected or witnessed any form of abuse I would report my concerns straight to management." Other comments included; "It's an open and friendly environment here, management are extremely approachable." Staff confirmed they had received training in safeguarding, which we verified by looking at training records. We found that staff were also scheduled to undertake further safeguarding training, which had been scheduled for the 05 November 2015.

People were protected against the risks of abuse, because the service had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, proof of identification, two references and evidence of either a Criminal Records Bureau (CRB) or Disclosure Barring Service (DBS) checks being undertaken. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working vulnerable adults. Staff had also been given the opportunity to declare if they had any criminal convictions.

We looked at a sample of five care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. We found that a detailed initial assessment was undertaken, which was personalised to the person who used the service. Other risk assessments undertaken included an oral assessment score, falls risk, infection, pressure ulcers, bed rails, nutrition, a general risk assessment and a dependency profile. We found that risk assessments provided detailed guidance to staff as to what action to take to ensure people remained safe.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We looked at staffing rotas and spoke to the registered manager and staff about how staffing numbers were determined. During the day, we found there was one registered nurse on duty supported by four members of care staff. Additionally, there was the registered manager, domestic cleaners, a cook and kitchen staff. During the night, a registered nurse was supported by three care staff. People we spoke with raised no concerns about staffing levels during the day or night. The home Rabbi told us that he believed people's needs were always addressed and that they had never seen people being left unsupervised and felt there was always enough staff available.

We spoke with staff who consistently told us that they did not have any concerns about staffing levels at the home. One member of staff told us; "I have no concerns about how things are run and staffing levels." Another member of staff said "With current staffing I feel it is enough and that includes nurses and care staff."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely. As part of our inspection we looked at five medication records belonging to people who used the service. These included medication administration records and medication risk assessments. Before the service administered medication, written consent was obtained from the person who used the service or their representative. We found that medication records were up to date and complete.

Good

Is the service safe?

We found that all the medication records we looked at had photographs and recorded people's allergies, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance. Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. Registered nurses administered medicines to people who used the service.

Nurses confirmed they had received training in the safe handling of medicines, which we verified by looking at training records. Nurses also confirmed that they had received medication competency assessments.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. We found that PRN medicine was recorded on a separate sheet for each person with the time and number of tablets administered.

Requires improvement

Is the service effective?

Our findings

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff we spoke with confirmed they received training both at induction and then annually through refresher training. We looked at the staff induction programme, which staff undertook when they first started working for the service. One member of staff told us; "I did an induction programme that consisted of training in manual handling, safeguarding adults, food hygiene, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)." Another member of staff said "I had an induction, which consisted of training such as manual handling, Mental Capacity Act and infection control. Before starting at the home, I had previously worked here as an agency staff member, but I was still required to undertake an induction and a period of shadowing."

We also looked at the service training matrix, which identified courses staff had undertaken. These included service mandatory training in moving and handling, safeguarding, medication, infection control and First Aid. The service also recorded which staff had completed National Vocational Qualifications (NVQ). There was also optional training available in a number of subjects including dementia awareness, person centred planning and challenging behaviour. We found a number of gaps in the service training matrix including where staff had not received any recent training in the Mental Capacity Act. A number of staff had also not received recent training in First Aid and Fire Awareness. The registered manager explained to us that due to staffing issues recently, there had been a reliance on agency personnel. These concerns were now being addressed and as a result, they were in the process of reviewing training for all staff to ensure training was up to date.

Staff told us they received regular supervision, but additionally support and advice was always available if required. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. One member of staff told us; "I have had two supervisions in the last 12 months, which were formal, though advice and support is always available from the lead nurse."

Another member of staff said "I have regular supervision with the clinical lead." Other comments included; "If I had a clinical supervision need, one of the senior nurses is always on-call to provide advice and support."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005(MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made. We were able to confirm that the registered manager had received training in the MCA. Whilst most staff were able to explain the principals of the legislation, one member of staff confirmed they had received no training in the MCA. We found no evidence that recent training had been provided for staff from examination of training matrix.

We recommend that the service explores the availability of relevant training in the Mental Capacity Act and updated training is provided for all staff.

We asked staff about how they sought consent from people before delivering care, especially with people who lacked capacity. One member of staff told us; "With consent, I recognise whether people are giving me consent through their body language, unless they are able to speak." Another member of staff said "For people with dementia, I always explain to people what I need to do so that we can obtain their consent. I'm always respectful of their choice." One relative told us; "My relative couldn't communicate, so I was completely involved in their care and was always consulted, they always respected her choice."

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. We spent time observing the lunch period to see how people were supported to receive adequate nutrition and hydration. As the service catered for people of the Jewish faith, we saw that there were separate kitchens where milk and meat were handled and that strictly kosher food was provided for people. We saw that a choice of food was displayed on each table and that shortly before the meal, staff came round and asked people for their preferred choice.

Requires improvement

Is the service effective?

The choice of food available included soup, roast chicken, schnitzel, mashed potatoes, rice and ratatouille. A choice of salad was also available as well as pineapple cake. We saw everybody had something to eat and that staff provided support or prompted people to eat where necessary. Drinks were also available and were topped up if people wanted anymore. Comments from people about the food included; “The main meal is usually at lunch time. There is plenty of choice and staff will always find you an alternative if there is something you don’t like.” “The food is very good. We get plenty of choice.” “The cook is very good. The food is excellent.” A relative also told us; “It’s very good. The food is freshly cooked every day and is very nutritious.” “No cost is spared to ensure people’s food requirements are met." “I’m very happy with food here, no issues.”

We spoke with the cook, who confirmed that staff provided a list of people who required special diets. They also told us that if people made individual requests for something different, they would always try to meet those requests. They stated that the quality of food was good with fresh vegetables being delivered every two days.

We found care plans reflected the current health needs of each person. Staff we spoke to were able to demonstrate a good understanding of each person’s needs and the care and support required. We saw that referrals had been made to other health care professionals to ensure people had their individual needs met. We looked at GP documentations and details of assessment hand written in the notes. We also saw evidence of multi-disciplinary records, such as podiatry, dietician seen (with nutritional action plan), hospital and A&E discharge summaries.

Good

Is the service caring?

Our findings

People we spoke with told us that the service was excellent and that staff were kind and caring. One visiting relative told us; “My relative receives excellent care, they are extremely good at maintaining her personal dignity.” Another relative said “I visit every week, so I know exactly what it is like. My relative was very unwell and each time she had to go into hospital, they commented how well she was cared for.” Other comments from relatives and friends included; “I visit daily to ensure they have continuity and I think they are excellent.” “My relative was a resident here. My relative treated this place as a home. She had the most amazing care.” “Staff are very understanding and trained to understand and respect our cultural needs.” “They are very caring and take a complete interest in people living at the home.”

The home Rabbi told us that staff were very attentive and cared for people very well and that on the whole people told him they were very happy with the service. A visiting GP told us that overall there was a very warm homely environment for residents and that staff were over attentive and cautious and that they had no concerns about the place.

Throughout the day we observed staff interacting and engaging with people who used the service. This interaction was kind and gentle and staff took time to support people if they were mobilising or administering medicines and fluids. It was clear from our observations, speaking to people and from looking at records that people and families were able to make choices. For example, people were able to make choices about their mealtimes and personalising their bedrooms, which contained personal belongings, pictures, and even display cabinets.

We asked people whether staff treated their relatives with dignity and respect. One relative told us; “For my relative, it is so very important that her customs and religion are respected. The balance here is excellent. Staff show a lot of respect.” Another relative said “The staff absolutely respect her cultural and religious needs and her dignity and privacy at all times.” Other comments included; “The staff manage religious, cultural and personal needs exceptionally well, they are very respectful.” “Staff respect my relative’s needs, in respect of meeting medical, cultural and religious needs no problem.”

We spoke with staff about how they ensured people were treated with dignity and respect. One member of staff told us; “I actually asked to work here as I was so impressed with the place when working for an agency. We always make sure we close people’s doors and curtains are closed and that they are alright and happy with us delivering care.” Another member of staff said “This is a good place, I think the quality of care is very good. I always close doors and curtains and make sure people are always suitably covered up at all times.”

Staff we spoke with were also clear about how to promote people’s independence. For instance, at lunch time we saw that whilst assisting one person to eat their meal, a member of staff helped them to cut up their food, but then allowed this person to eat it themselves. This promoted this person’s independence. One member of staff also said; “I always try to get people walking if they can and give them encouragement to do it more often.” We also observed a member of care staff supporting a person who was living with dementia move across the lounge area to a seat. The member of staff was patient and gently encouraged the person to the seat at the same time guiding the person to take small steps and not to hurray.

Relatives told us they were involved in making decisions about their loved one's care and on the whole felt listened to by the service. They told us they had been involved in determining the care needed and had been consulted and involved when reviews of care had taken place. One relative told us; “I have been fully consulted and involved in my relative’s care. They would have been long gone from this place if that was not the case.” Another relative said “Whilst my relative was here, I was completely listened to by the home. I’m one hundred percent convinced staying at this home extended her life.”

Good

Is the service responsive?

Our findings

On the whole, most relatives we spoke with said the service was responsive to their loved one's needs. One visiting relative told us; “If anything is required they respond straight away. One example I have concerns my relative having breathing difficulties on one occasion. They immediately contacted the GP and took appropriate action. They are excellent at that." Another relative said “The service does everything to accommodate religious and cultural needs. People have very different religious and regional customs and the service is excellent at meeting those needs.” Other comments included; “They are very willing and responsive to any needs we have. I have no concerns about the place at all.”

One family expressed concern about the hand over between staff and about effective communication between shifts and the impact on their relative. They raised concerns that the service had not responded to these issues. We spoke to the registered manager who was able to demonstrate how the service had responded to these matters.

The service had recently appointed a home Rabbi, who was responsible for the cultural and spiritual wellbeing of people who used the service. He told us he was very impressed with the homely atmosphere that existed for people who used the service. He described his role as making sure staff were fully aware of the Jewish aspects of care required such as on the Sabbath and other spiritual needs. He stated he was also available to advise care staff on Jewish customs and needs so that they could effectively meet the needs of people who used this service. He also told us he believed there was a very impressive family atmosphere in the home and people’s concerns were always addressed. He also said that the home was good at listening to people and doing what was required.

We found the service had systems in place to routinely listen to people’s experience, concerns and complaints. People we spoke with knew how to make a complaint, although most had not needed to since using the service. We looked at the service policy on complaints, which provided clear instructions on what action people needed to take if they had any concerns.

The service also identified ‘lessons learnt’ from any complaints, safeguarding or incidents, which were then shared with staff either through individual supervision or staff meetings. Once such incident we looked at related to a medication error and the subsequent action taken by the service. This meant the service endeavoured to learn from such incidents in order to improve the services it provided.

We looked at minutes from resident/tenants and committee meetings that had taken place. Where concerns had been raised about the quality of some foods being too greasy, the service had responded by changing the kitchen arrangements and reverting to old recipes, which people preferred. The service had even trialled an outsider caterer, but people who used the service were not satisfied so the service reverted to a cook to ensure more homely foods were available. We also saw activity timetables were changed following requests from people who used the service.

The home undertook an initial needs assessment prior to people coming to the home, which involved the person and their family to determine their individual care and treatment needs. We found people’s needs were assessed and care and support was planned and delivered in accordance with people’s wishes. We looked at a sample of five care files, which provided clear instructions to staff on the level of care and treatment required for each person. This included directions on a number of areas including; mental capacity; nutrition; continence; mobility; skin integrity; personal hygiene and dressing; sexuality needs; infection control needs and communication. Staff we spoke to demonstrated a good understanding of each person’s needs and the care and support required.

During our inspection, we checked to see how people were supported with interests and social activities. People who used the service were able to utilise a range of activities available on a daily basis. An activity board listed daily events for people, which included chair exercises, arts/ crafts, baking, sing along, bingo, flower arranging and a Shabbos meal every Friday night and Shabbos daytime. We asked people who used the service whether there was enough to keep them occupied. One person who used the service said; “I like the arts and craft sessions. They also do different talks and chair exercises. There is something going on each day of the week to keep us entertained.” One member of the service committee told us; “On Saturday, which is a Jewish holiday, we organise prayers for residents and families, who can join their relatives. We also sing and have lunch together.”

Good

Is the service responsive?

Other comments from relatives and visitors included; “They have plenty of activities, such as music and singing, which my relative loves. You can see it picks her up.” “They have activities every day, there is plenty of time for people to socialise. All activities are social based, there is plenty of interaction and residents are taken out into the garden as well.” “They have keep fit, bingo and speakers. Some plays music and sings on a regular basis. School groups will also come in. There is a good variety of activities.”

Requires improvement

Is the service well-led?

Our findings

Most people we spoke with said the service was well run and managed. Families could visit at any time. One visitor told us; "The new manager is amazing with residents and families. You can raise anything with her, she is always willing to listen."

Other comments included; "The registered manager is very committed here to providing good care. Staff seem happy with management, there is lots of listening and support." A visiting GP told us they thought the registered manager was very professional, helpful and knew the needs of residents. However, some people told us they had raised issues such as the laundry and felt management had not taken any action to address their concerns. Where meetings had been arranged in other instances to discuss concerns, people reported an unhelpful and dismissive attitude from the service, or were met with resistance when approaching management. One relative reported that they felt there was a gap somewhere in the communication at the home.

There was a registered manager in place at the time of our inspection. 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.

We found that regular reviews of care plans were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook checks to monitor the quality service delivery. These included weekly medication record chart audits, however the last audit had been conducted on 26 September 2015. We looked at an Independent Monthly Home Audit, where records indicated the last audit had taken place in May 2015. We found there were no quality assurance systems to effectively monitor the training requirements of staff and the current training matrix we looked at was not fit for purpose.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

Staff consistently told us that the management promoted an open and transparent culture amongst staff. Staff we spoke with were positive about the leadership provided by the service. One member of staff told us; "This place has really impressed me. The management are very approachable and friendly." Another member of staff said "We have regular staff meetings to discuss management issues or complaints or to raise any issues we have."

During our inspection we noticed that CCTV had been installed to cover public areas such as corridors of flats where tenants of the sheltered housing scheme resided and the communal dining room, where personal care was delivered. We were satisfied that private areas were not infringed by this system. The monitoring system was in the nursing unit of Beenstock Home and enabled staff to monitor security and people in these communal areas. We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that tenants including people who lacked capacity had been effectively consulted. As a result of these concerns, we were subsequently informed by the provider that the CCTV system had been switched off until the service had fully consulted recent guidance and sought legal advice.

We looked at the minutes from the most recent staff meeting, which had taken place in October 2015. This provided staff with the opportunity to discuss concerns or talk about areas which could be improved within the service. We saw that topics of discussion included accurate completion of documentation, medication, care issues, cleaning schedules and ensuring that staff wore correct uniforms. One member of staff told us; "We do have team meetings. There are usually two or three a year I would say".

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication and end of life care planning.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The service failed to assess and monitor the quality of service provision effectively.**