Rushcliffe Care Limited

Beaumanor Nursing Home

Inspection report

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Date of inspection visit:
09 March 2017

Date of publication:
02 May 2017

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

This was an unannounced comprehensive inspection that took place on 9 March 2017.

Beaumanor Nursing Home provides care and nursing support for up to 53 people with a range of needs. These include older people and people who have a physical disability or a sensory impairment. The home is located on two floors with lift access. The home had four communal lounges, two kitchens and two dining rooms where people could spend time together. At the time of inspection there were 40 people using the service.

The service had a registered manager. 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 were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns that they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified control measures were in place.

There were enough staff to meet people's needs. People sometimes had to wait for support. Staffing levels had been assessed and staff could usually respond to people's requests for support in a timely manner. There were times when staff were no present in the communal areas. The provider has safe recruitment practices. This assured them that staff had been checked for their suitability before they started their employment.

People's equipment was regularly checked. There were plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through a structured induction and support and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs. Nurses were supported to remain competent and maintain their qualifications.

People received sufficient nutrition and hydration. They had access to a variety of meals, snacks and drinks. Their health needs were met. This is because staff supported them to access health care professionals

promptly. Staff also worked with other professionals to monitor and meet people's needs and support them to remain well.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that assessments of mental capacity had been completed. Staff told us that they sought people's consent before delivering their support.

People were involved in day to day decisions about their support. They told us that staff treated them with respect. Staff treated people with kindness and compassion.

People received care and support that was responsive to their needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed. People were encouraged to maintain and develop their independence.

People took part in activities that they enjoyed. People were not always involved in reviewing their care plans.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and staff felt the service was well managed. The service was led by a registered manager who understood most of their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. People were asked for feedback on the quality of the service that they received. Where people or their relatives had made suggestions for improvement these were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. However, we found there were times when staff were not present in the communal areas. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People were encouraged to follow a healthy diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected. People were supported to be independent.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People were involved in making day to day decisions about their support.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed with them. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. People were not always involved in reviewing their care plans.

There was a range of activities that people participated in.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

There was a range of audit systems in place to measure the quality and care delivered and so that improvements could be made.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received. People had been involved in developing the service.

Beaumanor Nursing 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 9 March 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor, an Inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place.

We spoke with the registered manager, two nurses, four care staff, a housekeeper and the cook. We also spoke with a health professional who visited the service on the day of our inspection.

We spoke with eight people who used the service. This was to gather their views of the service being provided. We observed staff communicating with people who used the service and supporting them throughout the day. 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.

Good

Is the service safe?

Our findings

People told us that they felt safe while receiving care from staff at Beaumanor Nursing Home. One person said, "I feel safe because they help me to move. I have never seen rough or abusive behaviour." Another person told us, "They all want to look after me. I feel safe." People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or external professionals if necessary. One staff member said, "I would tell the nurse in charge. If necessary I would tell safeguarding." The actions staff described were in line with the provider's guidance. Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of falling. We saw that there were guidelines in place for staff to follow. These included making sure that the person used a mobility aid to help them walk more safely and staff monitoring the environment to make sure that there were no trip hazards. We saw that where someone had behaviour that may be deemed as challenging to others, plans were in place so that staff responded consistently when the person presented that behaviour. The plans identified triggers and ways to support the person to diffuse the situation. Staff told us that they were confident in following these plans. This meant that risks associated with people's support were managed to help them to remain safe.

People told us that there were usually enough staff to meet their needs safely but they sometimes had to wait for support. One person told us, "I don't have to wait long if I ring my buzzer." Another person said, "I sometimes have to wait. " Another person commented, "Sometimes I have to wait a long time to go to the toilet; Up to quarter of an hour." Staff told us that they felt there were enough staff to meet people's needs, unless staff had called in sick. One staff member said, "Everyone is trying to get people's needs met. Sometimes it can be hard with staff sickness." Another staff member told us, "There are enough staff but people ring in sick. That can make it hard. All efforts are made to cover shifts so that we don't run short." The registered manager told us that they had agreed staffing levels based on the needs of people who used the service. They explained that if a member of staff was unable to work that they would approach the other staff to ask them to cover the shift and this usually happened. The rota showed that suitably trained and experienced staff were deployed based on the staffing numbers that the registered manager had agreed and that where staff had called in sick cover had been found. We saw that there were short times of up to 15 minutes when staff were not always present in the communal areas. This had been identified as part of an audit completed by the provider. The registered manager was looking at how staff were deployed to make sure that staff were able to be present in communal areas. This was important as people did spend time in communal areas and may need assistance. We saw that staff responded to peoples requests and call bells in a timely manner. We found that staff had time to talk with people and support them when they asked for

this.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place. Each person had a personal evacuation plan which was tailored to their needs and the support that they would require in the event of an emergency.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to apply these. They told us that they used this as a learning tool to minimise the risks of such incidents reoccurring. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents and to reach satisfactory outcomes for people.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks had taken place.

People received their medicines safely. One person told us, "I get medicines and injections for diabetes. They take my blood sugar every day." Another person commented, ""I am given medicines." The provider had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy. Staff told us that they were trained in the safe handling of people's medicines and records confirmed this. One staff member said, "We have to pass our medication assessment training before we can start giving medicine." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. We saw that there were guidelines for staff to follow that detailed when these medicines could be taken. We looked at the medicine administration records and found that these had been completed correctly.

Good

Is the service effective?

Our findings

People felt that they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff know what to do." Another person said, "They are trained properly." A relative said, "Everyone knows what they are doing." Staff who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "We have annual competencies. These show that we are competent and abiding to the policies and procedures." Another staff member told us, "The company give us training. We are updated on all the latest." Training records showed that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in catheterisation to make sure they understood how to support people appropriately where they had a catheter. Nurses had access to clinical updates and training to ensure that they maintained their competency and skills. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. They also said that they had shadowed more experienced staff before working alone with people. Records we saw confirmed that this had taken place. The registered manager told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I am supervised by the nurses. I could always speak to [registered manager] if I was concerned about anything." Records confirmed that supervision meetings had taken place. We saw that there was a supervision matrix in place to record supervision's however this had not been updated. This meant that staff received guidance and support on how to provide effective support to people.

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.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed. However, we found that some assessments had not been carried out where someone had started to use the service on a short term basis when there was already evidence that they may not be able to make some decisions. We discussed this with the registered manager. They told us that they would complete any necessary capacity assessments with this person. We saw that care plans included information about each person's ability to make their own decisions.

We found that DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

People told us that staff asked them for their consent before supporting them. One person told us, "I tell them what I want doing. Staff respect that." Another person said, "Staff ask my permission and inform me before dressing me." "Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. This involved supporting people to make their own decisions and respecting their wishes. One staff member told us, "It is about people having the capacity to make decisions for their health, care and daily activities and freedom of choice. We respect the decisions that people make." Another staff member said, "It is all about what is best for the person. A lot of people are involved." Staff understood the need to respect people's choices. One staff member commented, "I respect people's choices. I ask them what time they want to get up." We saw that staff asked people if they wanted help before supporting them throughout our visit.

People had access to a choice of meals, snacks and drinks. They told us that they liked their meals and were happy with the choices available to them. One person told us, "It's quite appetising and tasty." Another person said, "The meals are very good. I got two choices for food and sweet." People had been asked to choose their meal the day before from a menu. We saw that people were able to ask for an alternative meal and were offered an option if they said they did not want the meal they had chosen. Where someone had a dietary need such as a soft diet this was provided. The cook told us that they had information about people's dietary needs and made sure that their meals were prepared in line with their assessed need. We saw that this information had been updated recently to reflect the current needs of all people who were using the service. Staff were aware of people's needs and preferences in relation to eating and drinking. One staff member explained to us that one person was trying to lose weight so had healthier choices and another person required additional nutrients. They said, "We offer everything." The registered manager and the cook told us that the menus were currently being reviewed to make sure that they were offering the food that people enjoyed. We saw during a residents meeting that people were asked for any suggestions about meals that they would like adding to the menu.

Throughout the day people were offered snacks and drinks. We saw that the dining tables were set with napkins and flowers to aim to improve the dining experience. People were offered the choices of moving to the tables or staying where they were and appeared to enjoy the meal time experience. We saw that three people were sat together and were chatting while eating their food. Staff offered people support that they required with their meals and did this at a pace that seemed to suit the person so they were not rushed.

People were supported to maintain good health and could access health care services when needed. One person told us, "I saw a doctor for a chest infection. The optician and foot people also come." A relative confirmed that people had access to healthcare. They said, "A doctor visits the home on Friday or one day a

week. Dentist and nurses have visited [person's name]." Staff were aware of people's health needs and told us that they reported any changes in people's needs to the nurse on duty who would make appropriate referrals to other professionals if required. Records we reviewed confirmed that staff had referred people promptly. We spoke with a health professional who was visiting Beaumanor Nursing Home. They told us, I think the staff are brilliant. When they call us they have already done all of the observations. There are good clinical handovers and they call us in a timely manner. There are no inappropriate referrals."

Good

Is the service caring?

Our findings

People were positive about the support that they received and the caring nature of staff. Comments included, "The staff are gentle and know what to do," "Some staff have more sympathy and patience then other," "The staff are very friendly," and "The staff are full of love for you. They always ask, 'How are you love?'." A relative commented, Overall I would give the staff nine out of ten for caring." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. One staff member said, "Most staff have a passion for caring. They are like our family. It is important to have them feel that this is their home." Another member of staff told us, "I love this job. I give people the best quality of care I can give and treat people how I want to be treated."

Throughout the day of our inspection visit, we observed that staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately. We saw that one staff member asked a person if they could sit with them while they completed their paperwork and used this time to have a conversation with the person which they appeared to enjoy.

People were supported in a dignified and respectful manner. One person said, "The door is shut when dressing me. The curtains care closed for privacy. They knock on the door before coming in. Some staff are better than others." Another person told us, "The staff don't just walk in. They always knock, even the boss woman." We saw that staff spent time chatting to people and took an interest in them. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. We saw that people had been asked if they wanted their bedroom door open or closed when they were in their room and this was displayed on their door. In most cases, people's doors were open or closed in line with their requests that we read. We saw that staff had been trained as dignity champions. This meant that staff were committed to promoting dignity and equality in the home.

People were involved in making decisions about their care. One person said, "I tell the carers what I want to wear and if I don't want to do something. My choice was respected." Another person said, "They ask if I want a strip wash or shower and about my clothes, and if I want my hair washing." This included decisions about meals, going out, and attending activities. Staff explained that they offered people choices about their care. One staff member said, "We always respect choice. People are asked what time they want to get up." Another staff member commented, "We always offer choice. We never just assume." We saw throughout the day of our visit that people were asked if they wanted support with things such as changing their clothes or attending the residents meeting that took place.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People had the support that they required to be as independent as possible. One person told us, "I try to walk a short distance with my frame but make sure there is somewhere to sit down. The staff like to be with me when I try to walk." Another person commented, "I am fairly independent. I do need help with my shower." People were encouraged to maintain the skills that they already had and to complete tasks they could do themselves. For example, people were encouraged to eat independently where they could. We saw one member of staff was walking behind a person who was navigating their wheelchair through a room. They were observing what the person was doing but did not interfere. They said, "I don't want to do it for [person's name] as he is managing to do it himself." This meant that staff were not doing things for people that they could still do for themselves.

Staff were knowledgeable about the people who they supported. They could tell us about people's histories and preferences. One staff member explained the needs of one person. They told us, "[Person's name] had a stroke. They can only communicate 'yes' and 'no'. I know their routines. It is about getting to know people and know what they want and need." We saw that this information was recorded in people's care plans. This had been provided by each person and their family and friends. This included information about people's work history, family and holiday's people had been on. This meant that staff had access to information about what was important to the person and could use this to have conversations with people about things that mattered to them.

People's visitors were made welcome and were free to see them as they wished. One person told us, "Friends can visit at any time. I have a church group who come here to see me." Another person said, "They don't like visits at mealtimes. My children visit me." The registered manager told us that it was suggested that people tried to avoid visiting at mealtimes so that the staff could focus their attention and support on people who used the service. However, they said if people did visit during mealtimes this was accommodated. A relative told us, "I can visit [person's name] at any time."

The registered manager had developed a leaflet for relatives to explain what to expect following a death available. This included information such as things that needed to be done and how to do this, such as registering the death, advice and support that is available and advice on what it may feel like after someone dies. The registered manager told us they had developed this to support relatives as following a death could be a difficult time.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. One person said, "Staff know what to do." Another person told us, "They [staff] know I get up early and give me a strip bath." A relative said, "The staff are skilled at working with [person's name]." People's care plans included information that guided staff on the activities and level of support people required. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. This enabled staff to provide support in a way that met people's individual needs and preferences.

People's care and support needs were assessed prior to anyone moving into the service. This was to make sure that the staff team could meet people's needs appropriately. People told us that they had been involved in their assessment. One person said, "I remember when I came here that I had a care plan." Staff confirmed that this had taken place. One staff member said, "Before they are admitted the manager does a pre-assessment to check that we can provide for their needs." Records we saw confirmed that this had taken place. We found that one person's care plan did not have detailed information in it. We discussed this with the registered manager. They were able to describe the care that the person required. They told us that they would ensure that the care plan was updated to reflect the care and support that they required. We spoke with the person's relative. They told us that they were happy with the care that was provided and that staff knew how to support their relative.

People were not sure that they had participated in reviewing their care plans. One person told us, "I have a care plan but it hasn't been reviewed." A relative said, "We are usually involved in the care plan. We are currently going through it to make some updates." The registered manager told us that people and their relatives were invited to a review of their care plan at least once a year, or if their needs had changed. However, they did say this depended on who funded each person's care as some funding authorities had requested reviews more or less frequently than others. They told us that people were asked for their views on their care. We saw that care plans had been reviewed monthly or when someone's needs had changed. This meant that care plans included up to date information about people's needs.

People were offered activities to provide them with stimulation. One person said, "The activities lady comes to ask my interests. She helps. I like the sing-a-longs." A relative told us, "[Person's name] has been on a boat trip. They are included in activities." On the day of our visit the hairdresser was visiting and a resident's meeting was taking place. The provider employed an activities co-ordinator to put together a programme of events and provide group activities and also one to one activities where people preferred to spend time in their room. The activities co-ordinator told us, "The aim of my role is to tackle isolation, boredom and reduce people from not doing anything all day. I ask people what they would like to do. Bingo is the most popular request. We do have people come in to provide entertainment and to do exercise." We saw that activities had been planned for the month and these included residents and relatives meetings, cake decorating for Mother's Day, a cake and coffee morning for Mother's Day and Bible reading. The registered manager explained that part of the dignity champion role that staff undertook included spending time with

each individual and encouraging them to participate in activities that they enjoyed and providing them with one to one time to complete activities that were important to them. For example, one person liked to chat to staff. Records showed that the nominated dignity champion spent time with that person each week chatting about topics that interested the person.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. Key information was recorded in the communication book that all staff could access. A staff member told us, "We have handover before the shift. They give us all the information we need. It's vital so we know where to prioritise."

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I raised a problem." They explained that staff had taken action to try and resolve the concern. A relative told us, "We raised a concern with them. Now action has been taken and [person's name] is improving." There were procedures for making compliments and complaints about the service and these were displayed so that people and their relatives had access to them. We reviewed details of complaints that had been received and saw that action had been taken to address and respond to these within the agreed timescales identified in the policy.

Good

Is the service well-led?

Our findings

People told us that they were pleased with the service they received and felt that the registered manager was approachable. One person told us, "I'm happy with the service." Another person said, "The manager is good." Another person commented, "The manager is approachable, friendly and practical. The place is homely." A relative said, "They are very good." Another relative told us, "The place is clean and well decorated. I know the [registered] manager. She is approachable. They all are." A visiting health professional commented, "I think Beaumanor is a good home." Staff we spoke with told us that they felt the service was well led. One staff member said, "[Registered manager] is very particular. All she wants is for the good of the clients."

People and their relatives had opportunities to give feedback to the provider. One person said, "There are meetings and my views are listened to." Another person told us, "I go to resident's meetings." A relative said, "I haven't attended a meeting but I got a questionnaire." We saw that people were asked for their feedback as part of residents meetings. We attended the meeting that took place on the day of our inspection. People were asked for their opinion on the food, activities and any other areas they wanted to discuss. Updates were given about staffing and maintenance works on the home environment. We saw that 17 people attended the meeting, although not all people chose to participate in the discussions that took place. Actions had been set following the meeting. A survey had been sent out in 2016 to people who use the service, relatives, advocates and professionals. The feedback was generally positive. We saw the results were displayed in the home and told people you said, we did to offer feedback on changes that had been made.

People had been involved in developing the service. At our last inspection we saw that different wall paper samples had been pinned up in the lounges to allow people to vote on their preferred choice. At this visit we saw that the lounges had been decorated using the wall paper and colours that most people had chosen. The registered manager told us, "It is their home and they spend most time here so it was up to them how it was to be decorated." A relative told us that they had asked for pictures of staff to be available so that they knew who each staff member was. The registered manager told us that this was being developed and each person would have a list of key staff who provided their care. This showed that the registered manager had listened and was making changes to the service based on the suggestion of a relative.

The registered manager was aware of most their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. However the registered manager had not notified us when someone had a DoLS application agreed. This is a notification that they are required to make. Since the inspection the registered manager has told us that they are submitting the required notifications in relation to DoLS applications.

Staff told us that they attended regular team meetings and felt supported. These provided the staff team with the opportunity to be involved in how the service was run. One staff member commented, "My manager is very supportive. I can approach her if I have any concerns." We saw minutes from the last three team meetings. Topics discussed included good practice, company announcements, policy changes,

safeguarding and training. We saw that actions were set and reviewed. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I know I can go to external bodies including CQC or [Group Operations Director]." This was a senior manager within the organisation that the staff member felt they could raise concerns with.

The registered manager told us about changes that had taken place since our last inspection. This included changes to the environment, appointing a maintenance person and changes to the paperwork. They told us that the main changes were around the number of people who used the home. The registered manager explained that they were very closely monitoring staffing levels and ensuring that there were enough staff available to meet the needs of each person before considering admitting more people to the home. This meant that the registered manager had made changes based on feedback to improve the quality of the service that people received.

There were systems in place to regularly monitor the quality and safety of the service being provided. These included checks on areas such as paperwork, medicines and the environment. We saw that any actions that were needed were recorded and reviewed. We found that audits had been carried out on the service as a whole by the quality lead and the health and safety lead within the organisation. This had been carried out five weeks prior to our visit and we saw the report from this. Areas for improvement had been identified and an action plan to address this was in place. This meant that the service had processes in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

Beaumanor Nursing Home had received an award through Leicestershire County Council in the form of a Quality Assessment Framework (QAF) Award at silver level in June 2016. The QAF evaluates the experiences of people who used the service to identify that people are receiving a quality service. This meant that the registered manager and staff were working to recognised standards of quality and maintaining or improving these.

Records were maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.