

Sharon and Glen Arnott

Sharon and Glen Arnott - 32 Beamont Way

Inspection report

Beamont Way
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Tel: 01980676788

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

32 Beamont Way is a home providing care and accommodation for up to four people with a learning disability. At the time of our inspection there were four people living in the home. The service is one of two run by Sharon and Glen Arnott.

At the last inspection on 8 November 2015, the service was rated Good. At this inspection the service remains good in safe, effective, responsive and well led and has improved to outstanding in caring.

The service has two registered managers and one of these registered manager's is also the provider. Throughout this report we have referred to them as the registered manager and the provider. Both the provider and registered manager were available throughout 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.

At this inspection staff demonstrated that they continuously and consistently looked for ways to improve and provide the opportunity for meaningful experiences. Therefore we have rated caring as Outstanding.

The management and staff had built up sincere relationships with people and their relatives based on mutual respect and trust. There were clear friendships between people and staff as they chatted and engaged with people ensuring that they were involved in all aspects of their care.

Relatives highly praised the care and love shown to their family members and the impact that it had on people commenting "They do an excellent job; well it's more than a job to the managers and staff there."

The management and staff demonstrated a level of compassion that went above their caring role when people had to leave the home to go to hospital for planned or unplanned treatment. Staff would spend time over their normal working hours to sit and be with people in an unfamiliar setting to reassure them and provide that consistency and care.

The service provided continued to be safe. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Risks to people's personal safety had been assessed. Plans were in place to minimise these and support people to be as independent as possible.

The service continued to be effective. People continued to be supported by staff with the necessary skills and knowledge to fulfil their role. Each staff member had their own training plan in place, which showed when refresher training was next due. They were encouraged to undertake higher level training, such as their Health and Social care Diploma. The registered manager spoke passionately about the training available for

staff and said they were happy to source whatever training staff showed an interest in.

The service worked well with external organisations to ensure that people received effective care, support and treatment when needed. Health and social care professionals spoke highly of the service and the commitment staff showed to people.

People were actively consulted and involved in making decisions about their care. The registered manager and staff were able to explain how they applied the Mental Capacity Act (2005) (MCA) in practice when supporting people to make decisions. However we saw that two capacity assessments were not in the care plan for one person who had monitoring equipment in place to keep them safe. The provider explained that the person's social worker had completed this document and they had not yet been sent the copy. Following our inspection the provider informed us that the MCA's for this person were now in place.

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. Information was clearly recorded on what each person could undertake independently and the areas they needed extra support from staff.

The provider and registered manager were both effective role models for the service promoting a positive culture that was person-centred, open, inclusive and empowering. The service demonstrated a well-developed understanding of equality, diversity and human rights and put these into practice. The management were very visible in the service and had formed close relationships with people who told us "I can talk to the managers and they are lovely",

The quality of care and service continued to be maintained. This was monitored through regular weekly and monthly audits. The provider and registered manager continued to understand their responsibilities around reporting to the Care Quality Commission any notifiable events or incidents.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was Outstandingly caring and has improved from Good.

We found the provider was committed to providing meaningful experiences for people that promoted their wellbeing.

Relatives and external professionals highly praised the level of genuine care people received from dedicated and compassionate staff.

The relationships between people and staff demonstrated a mutual respect that enabled people to progress in their chosen paths and live an exceptional quality of life.

The management and staff demonstrated a level of compassion that went above their caring role to ensure people received consistent support and felt valued.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sharon and Glen Arnott - 32 Beamont Way

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that took place on 24 January 2018. This inspection was announced, which meant the provider was given short notice that we would be visiting. This was because the service only supports four people and we wanted to make sure someone would be available to support our inspection.

The inspection team consisted of one inspector. Before our inspection visit we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people and observed all four people who were using the service. We looked at the care records of two people and three staff recruitment files. We also looked at records relating to all aspects of the service including care, staffing, training and quality assurance.

The service has two registered managers and one of these registered managers is also the provider. Throughout this report we have referred to them separately as the registered manager and the provider. Both the provider and registered manager were available throughout our inspection and we spent time talking with them about this service. We also spoke with three members of staff.

After our inspection we spoke to three relatives on the telephone and received feedback from four health and social care professionals.

Is the service safe?

Our findings

People continued to receive a safe service. One person told us "I get nice care, I feel safe and happy." Relatives felt reassured that their family members were safe and well looked after, commenting "I have no concerns about safety in the least. It's the best place [my relative] has been and they are happy" and "No concerns about [my relative] there, [my relative] is so well looked after, no worries. I can't speak highly enough of them." We observed that people were relaxed in the presence of staff and comfortable to approach them for support, indicating they felt secure with staff.

People were supported to remain safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. They felt reassured that the appropriate action would be taken by the provider to resolve a situation. We saw that the provider was proactive in responding to any events by discussing situations with staff and putting preventative measures in place to ensure the on-going safety of people. Incidents and accidents were logged and provided a clear record of the action taken including a body map detailing any injuries obtained. The provider told us "We don't archive a lot, as we like to look back on these."

Risks to people's personal safety had been assessed and plans were in place to minimise these and support people to be as independent as possible. Any new activities that people chose to engage in were appropriately assessed and people were encouraged and supported to undertake them safely. For people that at times expressed their anxieties through verbal or physical behaviours, a detailed care plan was in place for staff to support these individuals appropriately. Information was recorded on indicators in a person's behaviour to be aware of and a consistent approach was taken in helping to alleviate a person's distress. The provider told us "We don't like to resort to medicines to support people; we like to try other methods. If you meet their social needs they are much happier people."

People were supported by sufficient levels of staff with the right skills and knowledge to meet their individual needs. The staffing levels were flexible and arranged dependent on what activities people had planned that week. The provider told us "We are very lucky with our staffing. We are creative with our staffing but never have unsafe staff levels." Staff were able to work across the provider's two homes and both the provider and registered manager would cover shifts if needed, which meant there was no need to source agency staff. The provider operated safe recruitment procedures that included pre-employment checks to ensure that only people suited to work at the service were employed. The registered manager told us "We like potential staff to meet our clients. We ask people about the staff when probation meetings are due and people are very forthright and will tell us what they think."

People continued to receive appropriate support with their medicines from trained staff that ensured they were administered on time and as prescribed. The service had undertaken a lot of work around supporting people to manage parts of their medicine administration independently. One staff member told us "One person does their own medicines but with staff presence and we sign the MAR's that we have witnessed this." The registered manager explained that they encouraged this and developed people's independence

around medicines when they have expressed an interest. Medicine records and stocks of medicines were checked regularly and recorded. These monitoring checks ensured that any potential errors in administration were identified and addressed promptly. The registered manager regularly assessed the care workers competence to administer medicines once they had completed training, to ensure they remained confident and competent to do so.

The premises remained well maintained and safe. All communal areas throughout the home were clean and free from any odours. Cleaning schedules were in place which staff signed when completed. People who lived in the service were encouraged to keep their personal bedrooms clean and tidy to enable them to learn skills so they could live more independently in the future. One person told us "I do cleaning on a Sunday. I hang the washing out when it's nice weather." A relative commented "The home is beautiful and well kept."

Is the service effective?

Our findings

People's care plans included assessments of their needs. People were supported to achieve outcomes they wanted which were associated with their leading as independent lives as they wanted. Every person had a key worker who worked with each person to understand their needs and plan with them about how to achieve their desired outcomes.

People continued to be supported by staff with the necessary skills and knowledge to fulfil their role. Staff completed a thorough induction programme following the Care Certificate. The Care Certificate induction program is an identified set of standards to which health and social care workers must adhere to in their daily working life. Staff spent time shadowing other staff, learning about people's needs and completing training relevant to people's specific needs in the service. Each staff member had their own training plan in place which showed when refresher training was next due. Staff told us they were encouraged to undertake higher level training such as their Health and Social care Diploma. The registered manager spoke passionately about the training available for staff and said they were happy to source whatever training staff showed an interest in.

Staff told us supervisions (one to one meeting) with their line manager were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt well supported by both the provider and registered manager commenting "Supervisions and appraisals are regular, we have supervisions every two months, I openly speak up at these" and "supervisions are regular, I am happy to raise anything."

People were supported to make their own meals using ingredients they chose and bought. One person had taken on the role of doing the weekly shop and would write out a list and then go shopping for the items with support. Everyone was involved in creating the weekly menu plan and had the opportunity to choose which meals they wanted to eat that week. If they didn't like the meal someone suggested an alternative would be made for that person. We saw that these weekly menu planning meetings were documented and reflected the involvement of everyone in the home. Staff advised about healthy eating and encouraged healthier food options to be included on the menu. We saw some people were able to make their own drinks with staff supporting in the background and this was encouraged. People told us "I love cooking, I cook twice a week, I like making sausage casserole" and "I make my own drinks, staff help me make lunch."

The service worked well with external organisations to ensure that people received effective care, support and treatment when needed. Health and social care professionals spoke highly of the service and the commitment staff showed to people. Comments included "We have a lot of interaction with Beamont Way and I like to think we have a close working relationship with the staff. The managers and staff are very responsive and communicate with us well. They are meticulous about their care plans for their residents. They always ask us to review and sign any appropriate documentation" and "On attending a review of a support plan for a resident, I was presented with a summary of how the resident has been over the past 12 months since the last review. This included health changes and relevant information about day to day care and support needs, as well as reflecting what was important to the resident from a well-being point of view. I

and my health colleagues were kept up to date with outcomes of appointments with the relevant consultants."

The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed. Health action plans had been completed and were in a pictorial format for people, detailing visits and involvement from external professionals. Where advice or recommendations had been made this had been incorporated into people's care plans to ensure all staff followed this consistent approach. Information around people's specific health conditions was available so the individual and staff could better understand their diagnosis and give appropriate support. Relatives told us the staff were very responsive to meeting their family member's needs commenting "If people are poorly, they look after them well" and "I know if anything was to happen they would contact me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were able to explain how they applied MCA in practice when supporting people to make decisions. Staff told us "We put the decisions back to people and give them choices so they are better informed and can still make their choice" and "We ask people to make daily choices. We show one person pictures to help them do this".

We saw that two capacity assessments were not in the care plan for one person who had monitoring equipment in place to keep them safe. The provider explained that the person's social worker had completed this document and they had not yet been sent the copy. The provider assured us this would be chased up or a new one would be completed in-house and put in place. We saw that the necessary DoLS application had been submitted by the provider and the monitoring equipment had been included in this and a risk assessment completed. Following our inspection the provider informed us that the MCA's for this person were now in place. One health professional further demonstrated to us how the provider had taken immediate action in ensuring these documents were in place following the inspection. They said "Recent communication with the manager has raised questions about who is responsible for MCAs around particular decisions, and although I do not doubt the managers and senior staff's understanding of the Mental Capacity Act 2005, their confidence in completing mental capacity assessments themselves may be somewhat reduced. Myself and colleagues have given guidance to support the team at 32 Beamont Way in this area." This demonstrated the provider was proactive in seeking advice and furthering their knowledge to ensure people were appropriately cared for.

Where people lacked capacity to consent to decisions relating to health checks we saw the appropriate process of a best interest meeting and discussion had been held involving the person, their family and wider healthcare professionals.

Beamont Way was decorated to people's tastes. It was a homely environment and staff respected and treated it as people's home. People were involved in the shopping and choosing of new furnishings when needed. Communal areas had people's pictures and people's rooms were personalised to reflect their preferences. People had access to a garden and one person was able to keep their pet animal in the garden to enjoy.

Is the service caring?

Our findings

At this inspection staff demonstrated that they continuously and consistently look for ways to improve and provide the opportunity for meaningful experiences. Therefore we have rated it as Outstanding.

The management and staff had built up sincere relationships with people and their relatives based on mutual respect and trust. There were clear friendships between people and staff as they chatted and engaged with people ensuring that they were involved in all aspects of their care. One staff member told us "It doesn't feel like work, you are always communicating with someone."

People living at the service described it as home, a place where they were clearly comfortable and felt part of the decisions made, commenting "I love it here, I go out when I like. It's a smaller home and much nicer living here", "I'm very happy here and the staff do a good job" and "I have lived here a while, I like living here, it's a nice home and nice people." One health and social care professional told us "There is clearly a true and caring relationship between the staff and the residents. If staff have concerns about the welfare of any resident they are quick to act and will come back if they feel that there are on-going concerns."

Staff were compassionate and thoughtful and knew people well enough to care for their emotional wellbeing at all times. Some people in the service had recently experienced family bereavements and the managers and staff had been instrumental in supporting them through this difficult time and attending the funeral with them. Staff showed genuine compassion for people and spoke fondly not just of the person they supported, but the wider family members they had also grown close to over the years. One person spoke about how they were being supported through a difficult time saying "The managers have been so good to me."

Relatives highly praised the care and love shown to their family members and the impact that it had on people commenting "They do an excellent job, well it's more than a job to the managers and staff there" and "You read so much about how bad care homes are but you never hear the good side and we happen to have found one that is really good." One person in the home had a passion for animals and had been supported to care for their pet at the home, saying "I have a pet, I feed him and staff help me clean him out." During our inspection there were strong winds and we saw the roof of this animal's shelter was lifted off. The person became visibly upset and concerned for the welfare of their pet and staff acted quickly to reassure this person in a caring manner. The joint owner who undertook the maintenance role was called and arrived within five minutes to make the cage safe again. They then came in to further reassure the person that their pet was unharmed and safe. This small but kind gesture had a big impact on the person who was smiling and took comfort from knowing their treasured pet was safe again. They told us "Staff are so kind."

The provider and registered manager were very visible and active within the service which enabled them to be assured people were well cared for. The registered manager told us "We know staff are caring because we are here. The training we do ensures this further, we would not allow a practice that we weren't happy with." The provider said "We know our clients, they have good relationships with their key workers, the staff are very good advocates for our clients." When we asked one health and social care professional what the

service did well we were told "Everything, they are superb with individuals and always keep them at the centre of what they do alongside meeting the demands from professionals and families put upon the service. The home is always a happy environment to be in, the individuals are happy to chat to people coming in the home and have really lovely positive relationships with their carers, there is a real family home feel, although the professionalism does not falter."

The management and staff demonstrated a level of compassion that went above their caring role when people had to leave the home to go to hospital for planned or unplanned treatment. Staff would spend time over their working normal hours to sit and be with people in an unfamiliar setting to reassure them and provide that consistency and care. During our inspection the provider made regular phone calls to the hospital where a person from their sister service was currently residing and was visiting them later that day. One relative spoke warmly of this extended support their family member had been given in hospital commenting "The management were excellent, every day he was in hospital there was a visit from one of their staff, they couldn't have done more. We are very grateful to them."

People were actively consulted and involved in making decisions about their care. Each person had a key worker who coordinated their care, and looked after their wellbeing. One health and social care professional commented "They are efficient and insistent on ensuring information is provided to individuals in a meaningful way so they truly have every opportunity to understand decisions being made. I have yet to come across a decision where this has not been thought out and explored with the individual in a very timely and appropriate manner, regardless of the individual's communicative needs."

The relationships between staff and people receiving support demonstrated dignity and respect at all times. We observed that people's care was not rushed enabling staff to spend quality time with them. People told us "Staff are so good and helpful with support to wash and the other important things" and "Staff are kind and help support me. I have a bath every day." Visiting health and social care professionals gave complimentary reviews about the way people were treated with respect and the delivery of care from staff. They told us "During my time at Beamont Way I have found the staff have treated the people they support with dignity and respect. The home has a positive feel as soon as you walk through the door and there is often laughter and smiles all round", "The people using this service are definitely treated with dignity and respect. The staff are all very caring and make Beamont Way very much the person's home" and "I have carried out numerous observations at Beamont Way and feel that the individuals are treated with the utmost dignity and respect and are supported in a person centred manner at all times. They are supported to maintain their independence wherever this is safe and possible and do receive a large amount of one to one care and support."

The management and staff showed the upmost respect for people living in the home and spent a lot of time, care and attention promoting and supporting people to have and maintain close relationships. One person spoke happily about their relationship with their partner and it was clear to see the positive effects this had on the person as they told us "Staff support me with my relationship with [X], they come to visit me here and we take turns cooking for each other." A lot of work had gone on in supporting the person to progress and develop their relationship in the way in which they wanted whilst also ensuring this person remained safe and secure. The provider spoke fondly of the person's relationship after gaining their permission to discuss it with us and described the impact it had made to their wellbeing. They told us "There has been a lot of work around how they want their relationship to develop and joint working to safely risk assess so they can spend more time together, [X] flourishes when they are together."

People were encouraged to be involved in the daily running of the home to retain and develop their skills towards independent living. We saw that people were involved in cooking, shopping, cleaning and

undertook fire safety training alongside staff each month. One health and social care professional told us "They are very good at encouraging and working alongside individuals to help them achieve tasks rather than doing it for them. They have a strong understanding and working knowledge of what is meaningful for the individual to achieve and what is not enjoyed but is necessary, i.e. keeping your home clean."

Staff knew, understood and responded to each person's diverse cultural, gender, physical, social and emotional needs in a caring and compassionate way. The registered manager told us as well as being part of daily practice; staff completed training around equality, diversity and human rights and this was further discussed the promotion of people's rights during staff meetings. It was clear to see the benefits to people in being able to maximise the choices in their lives from the positive culture that was promoted by the service. One person living in the home had been supported to spend time with people of the same sex, age and interests to ensure they were not socially isolated from where this need was not met by the other people in the service. This demonstrated a person centred approach that staff understood and valued the individual needs of the people they supported and worked to promote their well being.

One health and social care professional told us "People are always happy, talk freely, are clean and dressed well at all times, they lead busy active lives (relevant to their wishes, likes and dislikes). They have very knowledgeable and positive relationships with each individual."

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. Information was clearly recorded about what each person could undertake independently and the areas they needed extra support from staff. We saw detailed daily records about each person and the kind of day they had experienced and what they had enjoyed. There were two areas where a care plan needed further clarification but the provider and staff had the knowledge to explain these people's needs fully and the action they would take in practice. Following our inspection the provider wrote to us and informed us that amendments to the wording in these care plans had been completed so they were now clear.

The service had taken steps to support people with additional needs around communication in line with The Accessible Information Standard (AIS), (AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now a legal requirement for the NHS and adult social care services to comply with AIS). People had communication care plans in place that detailed their preferred methods of communication and how staff could support them and ensure they made themselves understood.

People's needs continued to be regularly reviewed and the service ensured people and their family were involved in this process. One person told us "I have a meeting with the manager every week; we have a chat about what I am doing and a catch up." A relative said "They involve me in decisions about her care, I have trust in them, they know what is happening day to day." Care plans were reviewed monthly between a person and their keyworker and any changes implemented. One health professional commented "All the staff are approachable, knowledgeable and friendly. They are always prompt with responses, or if something requires a longer time frame to gather the information they always provide a time frame and I have never known them miss it."

People were encouraged to continue with the social activities they enjoyed and were supported to try new opportunities that interested them. During our inspection we saw people heading out to partake in their various planned activities. They spoke positively about their interests being encouraged. One person told us "Every week I do seated exercise, and go food shopping as well. I have friends here. I go to clubs and do activities, I have my nails painted. I go to the pub with the other people in the house. I swim on Fridays. I go to the cinema and enjoy that." Another person told us about how they had been supported to start a voluntary role at an animal charity saying "I volunteer for an animal trust) and walk the dogs, I love dogs."

The provider explained that activity planning was done on an individual basis and was flexible for each person commenting "We don't plan too far in advance and review twice a week. We plan the weekend and fit in all the things that are important to them. It depends how people feel, people tell us what they want to do." People enjoyed going on holiday each year and had already decided on this year's location. One relative told us "[X] has a good social life; they are very content and have a well-balanced life."

People were supported to maintain contact with people that were important to them. Care plans were in

place detailing who people were close to and liked to spend time with and the effects on their wellbeing if these links were not encouraged. Relatives praised the staff for their active approach in maintaining the contact between them and their family member commenting "I speak to [X] regularly and see her monthly, staff support her to visit me and come with her" and "Staff bring [X] home for a cup of tea, cake and stay for a chat, this happens monthly."

People knew about the provider's complaints procedure and how to make complaints if they needed to, commenting "If I was upset I would talk to staff", "I feel happy here, if I had concerns I would talk to [X] (provider) or my keyworker" and "I sit down and chat with staff, I can tell them anything, I'm happy, I have no worries." One relative told us "I would complain if I didn't agree with things they were doing. [X] is very happy there. What they are doing is what they should be doing." Another relative said "I have no complaints about them at all."

The service was not currently supporting anybody with end of life care. We saw that staff had worked sensitively with people to establish their thoughts, wishes and feelings around this area. Clearly detailed booklets were in place to capture this information should the service need to implement it. This ensured that people's preferences around their care at this time would be followed.

Is the service well-led?

Our findings

The service has two registered managers and one of these registered manager's is also the provider. Throughout this report we have referred to them as the registered manager and the provider.

The provider and registered manager were both effective role models for the service promoting a positive culture that was person-centred, open, inclusive and empowering. The service demonstrated a well-developed understanding of equality, diversity and human rights and put these into practice. The management were very visible in the service and had formed close relationships with people who told us "I can talk to the managers and they are lovely" and "The managers are about a lot, it's a very good atmosphere." Relative's spoke highly of the leadership in the home commenting "The managers are very approachable", "I think they are very good managers" and "We are extremely happy with the service. The staff are wonderful." One health and social care professional told us "I have always found the manager and staff at Beamont Way very approachable, professional and effective. I have not needed to raise any concerns or queries during my involvement with the service."

Staff we spoke with were motivated because they felt well supported by the provider and registered manager, commenting "I love working here, colleagues and managers are great", "The managers are so supportive and understanding, you can talk to them about anything. It's the best place I have worked" and "The managers care deeply about the people here, they go that extra mile for them." We viewed the provider's newsletter which went out to staff and contained many messages of individual thanks and praise to staff for going above and beyond to support people when they had gone into hospital, or by helping them attend a family funeral.

Staff meetings were held regularly and were an inclusive experience where good practice and ideas were welcomed and shared. One staff said "We have meetings every six to eight weeks, we have a good laugh and share stories and get things off your chest. We make sure we are all singing off same hymn sheet so we all do the same." The registered manager told us "We respect abilities, we are good at recognising staff strengths and weaknesses and we work like this as a management team. We have different strengths." Staff had opportunities within the service to progress into more senior roles and spoke positively of the chance to take on more responsibilities.

The provider valued and encouraged people and their relative's feedback and acted on their suggestions. This was collected through regular face to face meetings with people and annual surveys. Staff from the provider's sister home would come and complete the surveys with people to ensure they had a chance to raise any concerns in a confidential manner. The provider told us "We are adamant to provide a good quality service, it's their home." One relative commented "They are very good at communication; we have no doubts or fears about that. There is excellent communication with the staff; we can ring at any time." A service user guide was given to people when they first joined the service. This provided information about the kind of service people could expect and what Beamont Way was like. However this had not been updated to ensure it remained relevant. The provider told us this would be addressed.

The quality of care and service continued to be maintained. This was monitored through regular weekly and monthly audits comprising of medicines, health and safety checks, incidents or accidents and environmental checks. One of the service's owners completed all the maintenance in the service and ensured they complied with safety checks around fire alarms and electrical goods. The service implemented a system whereby staff from the sister service would also complete cross checks at the home on things including staff supervision, training, activities and support to ensure they were meeting people's needs and providing a good quality service. The provider and registered manager continued to understand their responsibilities around reporting to the Care Quality Commission any notifiable events or incidents.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating in an upstairs office which people frequented. We spent time with the provider discussing the prominence of this position. The provider demonstrated to us that conversations had been held with people in the service. Previously the provider had displayed the rating in the hall and dining room and people had made it clear this was their home and it did not fit in with the homely environment they strived for. The provider told us these concerns were considered and the decision was made to display the ratings in the office which had an open door policy for people. Information about where the rating was displayed was documented and recorded in the service user guide. The provider had demonstrated this regulation was being met in line with people's wishes.

The provider and registered manager had worked hard to continue to improve the service and ensure their knowledge base remained current. This was done through attending conferences, manager meetings, speaking with external professionals and completing internal research.