

Beech Lawn Care Limited

# Beech Lawn Nursing and Residential Home

## Inspection report

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Date of inspection visit:  
23 November 2016  
24 November 2016

Date of publication:  
06 January 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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 23 and 24 November 2016 and was unannounced.

We last completed a comprehensive inspection of Beech Lawn Nursing and Residential Home on the 14 and 15 October 2015. Breaches of legal requirements were found and enforcement action was taken. This was because the legislative framework of the Mental Capacity Act 2005 (MCA) was not being met and the systems in place to assess and monitor the quality of service people received were not effective. Action was also required to ensure people had up to date care plans and risk assessments that reflected their needs and preferences which were reviewed regularly; and to ensure nursing competency was being assessed and there were enough staff to meet people's needs.

We asked the provider to send us an action plan on how they were going to put these right. We returned to the service on 12 January 2016 to check whether the requirements had been met in relation to the enforcement action we had taken regarding the MCA and how the provider monitored the quality of the service. At that inspection we found improvements had been made. However, we found a breach of regulation as requirements relating to the legislative framework of the Mental Capacity Act 2005 (MCA) were still not always being followed.

At this inspection we also checked whether improvements had been made regarding the concerns identified at the previous comprehensive inspection on 14 and 15 October 2015 and we found improvements had been made.

Beech Lawn Nursing and Residential Home provides nursing and residential care for up to 44 older people who require support in their later life or are living with dementia. On the day of the inspection 29 people lived in the home.

A manager was employed to manage the service. They were in the process of registering with CQC and had been in post for two months. 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.

The manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and staff's understanding of the MCA and how it affected the way they supported individuals, had improved. During the inspection, most MCA assessments were in place. Following the inspection, the manager confirmed MCA assessments had now been completed for everyone who lacked capacity.

Since the previous inspection where improvements were found, audits had not always been carried out in line with best practice. Where audits had been completed, it was not clear whether action had been taken regarding any concerns identified. The new manager had put an annual schedule of audits in place and

assured us any areas for improvement would be acted upon.

People had care plans in place which included detail about their needs but not always about their preferences. The manager told us they were reviewing people's care plans to include information from people, those important to them and staff who knew them well. People and staff confirmed they knew and respected people's preferences.

People had up to date risk assessments in place to help reduce any risks related to people's care and support needs. Guidance for staff to help mitigate risks to people was recorded in people's care plans. Staff told us they were regularly asked for their opinions regarding whether people's support could be made safer in any way.

People and staff told us there were sufficient numbers of suitably qualified staff to meet their needs.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. The recruitment process of new staff was robust.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. Staff spoke with affection about the people they supported. People and their relatives spoke highly of staff and the support provided. Comments included, "The staff are very good and friendly." People had care plans in place which described what their health and social care needs were.

People received the support they needed to remain healthy. Staff monitored people's health and referred them appropriately to external professionals if they had concerns about any changes. Any guidance provided was then recorded and followed. A relative told us, "The staff recently got my relative through a chest infection, they were marvellous."

There was a positive culture within the service. The manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about 'making a difference' and 'respecting people's choices' and had a clear aim of improving people's lives.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager, who had overall responsibility for the service was supported by other senior staff who had designated management responsibilities. The manager was working with these staff members to help them develop their roles. Staff were confident raising new ideas with the manager about how the team could be deployed more effectively, and these were listened to.

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable. They also confirmed they knew who to speak to regarding any changes or concerns and that these were dealt with swiftly and efficiently.

## 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 ●

People were safe.

There were sufficient staff on duty to meet people's needs safely.  
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect them.

People had risk assessments in place to mitigate risks associated with living at the service.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Staff received regular training and competency assessments as appropriate to their role.

People's consent to their care was sought regularly and staff had a good understanding of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People told us staff listened to them and respected their wishes.

People said staff protected their dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were being involved more in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits to monitor the quality of the service had not always been completed. Where they had been completed, it was not clear that any action had been taken.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

# Beech Lawn Nursing and Residential 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.

The inspection took place on 23 and 24 November 2016 and was unannounced. The inspection was carried out by one inspector, a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with eight people and three relatives. We reviewed four people's care records in detail. We also spoke with five members of staff and reviewed three personnel files and the training records for all staff. Other documents we reviewed included the records held within the service to show how the manager reviewed the quality of the service. This included a range of audits, questionnaires given to people who live at the service, minutes of meetings and policies and procedures.

Following the inspection we sought the views of some professionals who knew the service well. These were a tissue viability nurse and a chiropodist.

# Is the service safe?

## Our findings

At the comprehensive inspection carried out on 14 and 15 October 2015, people told us there were not always enough staff to meet their needs. We also found people were not protected from risks associated with their care; documentation relating to this was not always in place, and did not always reflect people's individual needs.

At this inspection we found that improvements had been made. People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. The manager told us they would review staffing levels on a weekly basis to help ensure they met the needs of the people living in the home. They explained that, following discussions with staff, they had created an extra evening shift to ease the pressure on staff at this busy time. They told us, "The staff have fed back that it is working."

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Staff had a good understanding of how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns.

People were supported to take risks to maintain their independence whilst any known hazards were minimised to prevent harm. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. Staff members explained, "You can't stop people doing things but we can try to limit the risks. People have to have their freedom" and "Seniors are constantly asking if people's needs have changed or if things would be safer a different way."

People told us they felt safe. Comments included, "I feel safe because the staff always pop in to ask how I am", "What makes me feel safe is that the staff look after me so well" and "Everything you need is provided, that makes me feel safe." People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live. One relative commented, "What I think makes my mother feel safe is that the staff are on the ball all the time."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by staff who had been recruited safely. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Comments included, "Even when my references were in place, I had to wait for my DBS (Disclosure and Barring Service) check to come back before I started."

Occasionally people became upset, anxious or emotional. Staff described how they supported people to alleviate their anxiety; however this information was not always recorded in the person's care plan. For example, one person's care plan recorded they may become anxious or agitated when receiving personal care. A staff member explained, "They need constant reassurance throughout and then they relax." This detail was not included in the person's care plan which may mean not all staff were aware of this approach. The manager told us this information would be added as soon as possible.

Where people had risks relating to their skin integrity, this was monitored carefully by staff. One staff member told us, "I feel people are always checked well. An external nurse told us the skin quality of the residents here was very good." When people had pressure mattresses to help keep their skin healthy, these were checked on a daily basis to ensure they were set correctly. People's weights were recorded every month and any changes prompted staff to alter the settings on the mattresses to help ensure people were as safe as possible.

Medicines were managed, stored, given to people as prescribed and disposed of safely. The computerised system alerted staff if someone's medicines had not been administered on time. This helped staff ensure that everyone's medicines were administered as prescribed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs relating to medicines.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. One staff member explained, "We record incidents, report to the nurse in charge, make sure any injury is put on a body map and any medical intervention is requested. Then we monitor the person, if necessary and any injury, to ensure it improves." Action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future; however actions taken were not always recorded. The manager told us they planned to improve the way accidents and incidents and resulting actions were recorded in the future.



## Is the service effective?

### Our findings

During our comprehensive inspection on 14 and 15 October 2015 we found that nursing competence was not being assessed. At this inspection we found nursing staff had their competencies assessed as part of their training and by the senior nurse.

During our comprehensive inspection on 14 and 15 October 2015 we found people were not being assessed in line with the Mental Capacity Act 2005 (MCA). The provider sent us an action plan outlining how they would address this. When we returned on 12 January 2016, we found some improvements. However, people's care plans did not always provide guidance and direction for staff about how to support people when they did not have the capacity to make decisions for themselves. This meant decisions may not always be made in people's best interests. This inspection reviewed whether this information was now in place. We found improvements had been made.

The 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. The manager told us, "We review people's mental capacity as their needs change. It's important that staff understand the MCA as they are the first to see changes to people." Staff had raised concerns that an aspect of one person's care plans did not reflect their best interests. The manager had organised a best interest meeting to help ensure the person's rights were protected. A staff member told us, "The good thing about the manager is that they are sorting these things out, so we are clear about what we can and can't do." The manager told us, "I think staff understanding of mental capacity has improved. I've done assessments with the nurses present and they now understand them better." Staff gave examples of how they worked with people whose capacity fluctuated to ensure their rights were upheld. They also gave examples of how they supported people who lacked capacity, to make decisions.

During the inspection, MCA assessments for some people had not been completed. However, following the inspection the manager confirmed all assessments had now been completed.

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). DoLS authorisations had been applied for on behalf of people and were awaiting review by the local authority designated officer.

We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want to receive care at the time. People's consent had also been sought and recorded to confirm they were happy for staff to deliver care to them as described in their care plan.

People and their relatives spoke positively about staff and told us they had the skills to meet their needs.

Comments included, "The staff are very good and friendly." Staff members told us, "I enjoy working with people. I'm quite passionate about providing care. I like to feel like I'm making a difference" and "I'm quite thorough in my work but I think that that's what matters. When I go home, I like to think I've made a difference that day."

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. One staff member explained, "I feel like otherwise I wouldn't have known anyone. I got to see how people liked their needs met and their personalities." The manager explained one staff member had asked for more time to get to know people living in the home, so they had been allocated further shadow shifts. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs.

On-going training was planned to support staffs' continued learning and was updated when required. The manager told us, "I have updated the training planner and prioritised things identified during the last inspection." This included core training required by the service, such as safeguarding and MCA, as well as specific training to meet people's individual needs, such as dementia training. Senior staff had been booked on more in depth safeguarding and MCA courses to reflect their level of responsibility. A staff member confirmed, "We have training regularly and could suggest further training if we wanted to."

Staff told us they felt supported throughout their time at work. One member of staff told us, "If I have a problem, I can go to a nurse or the manager. It's nice to feel comfortable to go and talk to people." Senior staff told us they felt the manager was supporting them to develop their skills and to take more responsibility. One staff member told us, "I feel my senior role is being developed now and it all makes sense. The manager has shown me which staff in my team need which training. It was down to me to arrange the training. It's good to have the responsibility and use my skills. I feel like I have a purpose." The manager confirmed they had also delegated responsibility for some staff supervisions to senior staff. They were planning to provide training for the senior staff first so they understood what was expected of them.

The service took a proactive approach to respecting people's human rights and diversity and this helped prevent discrimination. In preparation for training senior staff to write detailed care plans, the manager had printed a resource pack regarding how to effectively support lesbian, gay, bisexual, and transgender people in a care home setting.

People told us they liked the food and were able to make choices about what they had to eat. People told us, "The food is good, I really enjoy it", "You certainly don't go hungry eating here" and "The food is very good, there's no doubt about that"; Feedback we received from a relative stated "The food is excellent. My mother is eating better than she has done in recent years at home." Another relative told us, "I have tried the food and I'd recommend it." A staff member confirmed, "The food is good. It's fab. We never get any complaints." People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. One person told us, "If you don't like something they give you another choice."

People's dietary needs and preferences were respected. One staff member explained, "People's dietary needs are known by staff and are on the system. There are never any problems with people's needs being met. It's everyone's responsibility. The staff in the kitchen will let us know which meals are for specific people."

Staff monitored how much food and drink people had to help ensure they were staying healthy. A staff member told us, "The new (computer based) system is more accurate and tallies it up so we can see if they haven't had enough. The nurses have an overview and will ask us if there is a reason if someone's food and drink is low. They then ask certain staff to focus on encouraging the person to eat or drink." Another staff member confirmed, "One person was not eating much so I was asked to encourage her to eat more. She ate her cereal and some toast too." People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing and any guidance was recorded and followed.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A staff member told us, "If someone is ill, the nurse will make a referral. Advice from professionals is relayed back to us and is recorded for us to read." People confirmed professionals were contacted on their behalf, whenever they required one. A relative explained, "The staff recently got my relative through a chest infection, they were marvellous." Where people needed regular visits from healthcare professionals, these were added to the computer system, which highlighted them to staff when they were due. This helped ensure people received the correct support from external professionals when they needed it. Professionals confirmed appropriate referrals were made in a timely way.

# Is the service caring?

## Our findings

During our comprehensive inspection on 14 and 15 October 2015, we found people were not always actively involved in their care plan reviews which meant they may not be reflective of their wishes and preferences. Action was being taken to address this at the time of the inspection. At this inspection we found this had improved.

The manager confirmed the nursing staff reviewed people's care plans with them, and where appropriate their family, on a monthly basis. This helped ensure people's needs were recorded, known and respected by all staff. A relative confirmed, "I attend a care assessment every month for my relative."

People felt well cared for, they spoke highly of the staff and the quality of the care they received. One person told us, "The staff look after me very well"; and a healthcare professional told us they thought the care provided to people was of good quality. Compliments received by the service from relatives included, "The kindness and love shown to dad meant a lot", "Excellent home. Staff first class!" "All your staff are fantastic and they are all very caring" and "The care my relative receives is absolutely marvellous." The PIR highlighted, "The home has a welcoming atmosphere and quality control questionnaires are used yearly to monitor the caring nature of the service." A staff member confirmed, "There's a lovely atmosphere here. The staff are great."

People told us they were treated with respect and dignity. The PIR stated, "Compliments generally focus on overall care and the way in which we treat our residents and their families with respect and dignity." Staff informed us of various ways people were supported to maintain their privacy and dignity. For example, one staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. They said, "Even if I'm just leaving to walk over to the sink, I cover them up first. I think hoists can be undignified too, so I always make sure people are covered up." Another staff member told us, "Staff always knock on people's doors, even if it's already open."

Staff showed concern for people's wellbeing in a caring and meaningful way and were quick to identify people's needs. We saw staff interact with people in a caring, supportive manner and took practical action to relieve people's distress. For example, a staff member told us how they had tried to help someone feel welcome during their first day in the home. They explained, "As I left, I went to see [...] to say, 'Have a nice night and I'll see you in the morning'. They were very pleased and joked that I would be their first visitor. I went in to see them as soon as I got here this morning and they told me they'd been waiting to see me." One person told us, "The staff are understanding, they understand how I feel."

People received care and support from staff who had got to know them well. The PIR stated, "The service is friendly, care staff have worked here for years and have built up relationships with residents and their families over this time." One staff member told us, "[...] adopts an animal, so I always remember to ask if they've had a letter about it." Staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

Staff told us that people were encouraged to be as independent as possible. A staff member explained, one person had been reluctant to do things for themselves initially but staff encouraged them and chatted whilst they carried out tasks for themselves. They reported, "They do most things by themselves now."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people's views and opinions were heard. For example, one staff member explained, "One person does not communicate verbally but if they don't want to eat their food, they will stop. We then know they don't want it and will offer them something else." This information was not always recorded in people's care plans but the manager told us care plans were in the process of being reviewed and this information would be added.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. For example, some people had bed rails in place so they did not fall out of bed. The manager told us these were only used when explanations had been given to people and they were happy for them to be used. This was then recorded in the person's care plan. A healthcare professional told us staff did not always give people explanations about the care they were providing. The manager told us they were aware of this and had discussed it with staff members. They also continued to monitor staff interaction with people.

Friends and relatives were able to visit without unnecessary restriction. The PIR confirmed, "There are no visiting times. Relatives and friends are encouraged to visit at times to suit them. Staff members explained, "Some visitors come in and have lunch with the people they're visiting. They're always offered drinks and biscuits" and "Some relatives of people who have passed away still come in and some of them provide entertainment for people living here." During the inspection, someone had raised a concern with a staff member that when their family visited the next week, there would not be room for them in the person's bedroom. The staff member took time to show the person the lounge area to explain they were welcome to use the room to entertain their family. They checked the person was happy with this and told them they would write it in the diary so everyone knew about it, saying, "We're always here to help. You've only got to ask." A compliment received by the service stated, "No matter what time of day or night we turned up we were always treated with dignity and respect at all times."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. One staff member told us they were particularly proud of the care the home offered from beginning to end, saying, "That's what it's all about, a peaceful end."

# Is the service responsive?

## Our findings

At the comprehensive inspection carried out on 14 and 15 October 2015, we found people were not involved in the design and implementation of their own care plan which meant care planning documentation was not reflective of their wishes. People's care plans were not individualised and did not always give guidance and direction to staff about how to meet people's care needs. At that inspection, we also found social activities were limited which meant some people had very little to occupy their time. At this inspection we found improvements had been made.

We found people were being more involved in designing their care plans but details about how they liked their care to be provided were not always recorded. People confirmed staff focused on their individual needs, likes and dislikes; and the manager told us care plans were in the process of being updated with more detail. The registered manager explained people, those important to them and staff who knew them well were all being consulted, to ensure their knowledge of people's needs and preferences was recorded, commenting "I want the care staff and seniors to be more involved in care plans as they are on the floor and know people's preferences." A staff member confirmed, "We get asked quite often about people's care plans. For example, we were just asked if people's mobility needs had changed." A new computerised system had been implemented since the last inspection which prompted staff to regularly update people's care plans. The provider told us, "This has been accepted very positively and with enthusiasm by all staff."

We found people had a range of activities they could be involved with. People were able to choose which activities they took part in and suggest other activities they would like to complete. One person told us, "I enjoy going to the activities, it's nice to have a chat with the other residents" and feedback received from a relative confirmed, "The activities at Beech Lawn are very good."

The PIR stated, "Activities in the home are tailored to things the residents enjoy, for example crafts and bingo. We plan to introduce music therapy for residents." The manager added, "We also have volunteers and entertainers and we do reminiscence sessions too". In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. One person told us, "We have a library visit once a week which keeps me topped up with something to read."

The manager told us, "The activities co-ordinator spends time with people individually, even if it's just having a chat or reading a book or the newspaper. We have a staff member who spends time doing this too." They explained that a staff member had taken time to sit with one person in the evenings chatting about birds, which was a particular interest of theirs. They reported, "This time was the first time the person had really conversed with the staff."

People felt the staff were responsive to their needs. Feedback received included, "Even under pressure nothing is too much trouble" and "I'm very happy to live here, everything you need is here." One staff member told us, "I always ask people how they want me to do things. One lady doesn't speak but I still ask and she can nod her head if I've chosen what she wants."

People were supported by staff who recognised any changes to their needs, quickly. One staff member confirmed, "Things are reported very quickly. We recognise the smallest of signs and the nurse is informed. The care is very good." Any changes to people's needs prompted an update to their records. Another staff member confirmed, "Changes are updated in the care plans, then they are flagged on the system and we have to read them." Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. A staff member explained, "All staff attend the handover. It's useful, for example, if someone hasn't slept well, if they don't seem themselves during the day, then we know why; and we know to monitor them. I find them very useful and I can ask any questions too, if I need any clarification." The manager told us they ensured they attended all handovers too, so they were aware of any changes to people's needs.

People were empowered to make choices and have as much control as possible. Staff told us they offered people choices throughout the day, for example, what they wanted to eat, how they wanted to spend the day and when they wanted to get up and go to bed. People confirmed this to be the case.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. One person told us, "I've got nothing to complain about, but if I did I'd soon let them know."

## Is the service well-led?

### Our findings

At the comprehensive inspection carried out on 14 and 15 October 2015, we found the registered manager, in post at that time, was unable to manage the service effectively because they had been working as a nurse, as there were not enough nursing staff. We also found they did not receive effective support from the provider. At this inspection we found there were sufficient care and nursing staff to enable the current manager to fulfil their role and responsibilities. The manager told us they felt supported by the provider, saying, "Everything I ask for is provided."

At the comprehensive inspection carried out on 14 and 15 October 2015, we found people did not receive a high standard of quality care because the systems and processes for quality monitoring were not effective. At our focused inspection on 12 January 2016, we found monitoring systems had and were continuing to be devised.

However, at this inspection, we found audits had not been regularly carried out in line with best practice and where audits had been completed, actions had not always been taken in a timely manner. Several audits, including care plans, infection control, accidents, incidents and falls had not been completed fully since the focused inspection. For example, falls throughout the home had been logged each month but there was no audit to check for any emerging trends or themes. This meant the provider could not assure themselves of the continued quality of the service. Since starting at the service, the manager had implemented an audit schedule which included audits of infection control, accidents and incidents, training and health and safety. The provider added that the new computerised system made the process of auditing various aspects of care more robust and enabled staff and management to see trends and themes.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at the service. They told us they were working hard to learn about the people living there, explaining, "I question the staff about different residents each day so I can understand their needs and the support they require."

Staff were positive about how the service was run. Staff told us, "The manager's very good, they're brilliant. They're so organised and thorough and approachable", "Now there's a new manager, there's a structure and everyone knows what they're doing. The staff morale has definitely lifted" and "It's good to know we've got a good manager in place. They know what they're doing." Another staff member added, "After we received a positive compliment from a relative, the owners wrote to us to thank us too. It was nice to get two positives!" The provider told us staff retention at Beech Lawn was good and the staff team showed commitment to providing quality care. They explained, "Staff continue to develop, support the home and maintain the required standard the home prides itself on, that is, providing high standards of care."

People, visitors and staff all described the management of the home to be approachable, open and supportive. The manager confirmed, "I have an open door. I will even come in at the weekend if that's when someone wants to see me." People and staff had confidence the manager would listen to their concerns and



they would be received openly and dealt with appropriately.

Staff told us they felt empowered to have a voice and share any opinions and ideas they had. One staff member confirmed, "The manager tells us, 'You are the ones out on the floor with the knowledge of people.' She encourages ideas." One staff member explained that breakfast time had seemed a bit rushed so staff had suggested working in a different way. They told us, "The manager was happy for us to do this and everyone says it's much easier now."

Staff meetings and handovers were regularly held to provide a forum for open communication. The manager told us they tried to use staff handover to highlight aspects of the service they felt needed changing or improving. They explained, "It gives me a chance to discuss and explain it to the staff." They added, "The staff are on board. They are embracing the changes." A staff member explained, "It is good that the changes are being explained to us. It makes things easier."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The manager was committed to making sure people received a high quality service. They told us, "I find inspections useful, as it highlights things I need to focus on. I want the service to be rated as outstanding. I was reviewing the action plan from the previous inspection last night, to make sure we were on track." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people and talked about making a difference to people's lives. One staff member told us they were proud of the good reputation the home had in the local area.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported them to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately.

People and those important to them had opportunities to feedback their views about the home and the quality of the service they received. Questionnaires had been sent to people and their relatives to seek feedback about the service. The manager told us, since they had started working in the home, they had spent time with each person finding out about them and asking for feedback about the service. They added that they intended to implement a suggestions box for anyone to use to make comments about the service.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.