

County Healthcare Limited

# Beech Tree House Care Home

## Inspection report

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12 July 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 11 and 12 July 2018 and was unannounced.

Beech Tree House offers accommodation and personal care for up to 31 people. The service looks after older people and people who have a dementia related condition. At the time of our inspection there were 26 people living at the home.

Beech Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is required to have manager registered with the CQC. There was a manager who was registered with the CQC. During our inspection we were supported by a support manager and an area manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 07 June 2017, the provider was found to be in breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. We asked the provider to act to make improvements to the safe management and administration of people's medicines and to ensure staff followed safe moving and handling practice, and this action has been completed.

Systems and processes were in place to ensure people received their medicines as prescribed. Medicines were managed effectively following manufactures guidance.

Care plans included assessments of people's mobility and where people required assistance this was recorded and reviewed. Staff understood and practiced safe moving and handling techniques.

People told us they felt safe living at the home and staff understood how to recognise and report any signs of abuse.

Staff received training and received checks on their competency to ensure their skills and knowledge remained up to date to carry out their role and meet people's individual needs.

The provider completed a range of checks and audits to maintain and improve the service.

We observed there were enough staff on duty to meet people's needs. People confirmed they received care and support from regular care workers who they knew.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and were able to discuss the importance of supporting people with their independence.

People received information in a format they could understand. Where people had communication difficulties, staff understood their needs and recognised their body language and expression.

The provider had systems and process in place to ensure care workers were appropriately recruited into the service and had the necessary skills and personality to support individuals with their everyday needs and preferences.

Care plans included information to ensure staff were informed and respectful of people's cultural and spiritual needs.

People were supported to maintain a healthy and balanced diet. Care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic, had any allergies or religious needs.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. People were encouraged and supported to raise their concerns and processes were in place to ensure these were responded to.

An activities coordinator supported people to live fulfilled meaningful lives and enjoy activities that interested them.

## 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 received support to take their medicines safely as prescribed.

Risks associated with people's care and support were managed safely without unnecessary restrictions.

Staff had received training to keep people safe from abuse.

### Is the service effective?

Good 

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge to carry out their role.

Peoples were supported to understand and make informed decisions. Where they were assessed as not having capacity to do this, the provider followed processes under the Mental Capacity Act.

People were supported to maintain and improve their health and wellbeing. Any dietary needs were assessed and supported.

### Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect by staff who understood the importance of this.

People were involved in decisions about their care and support.

Staff understood how to communicate with people in a way they understood.

### Is the service responsive?

Good 

The service was responsive.

Care plans included information to ensure staff provided care and support that was individualised.

People were supported to live meaningful lives and enjoy activities of their choosing.

People were supported to raise any concerns or complaints and systems were in place to record and learn from any outcomes.

**Is the service well-led?**

**Good** ●

The service was well-led.

Audits and checks were completed to maintain and improve the service.

The provider maintained good links with other health professionals to maintain best practice and support people with their individual needs.

The provider completed consultations and used feedback to help shape the service.

# Beech Tree House Care 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 11 and 12 July 2018 and was unannounced.

On the 11 July 2018 the inspection team consisted of two adult social care inspectors and one adult social care inspector on 12 July 2018.

We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is the consumer champion for health and social care.

We spoke with seven people who lived at the home and three relatives. We spoke with the regional manager, support manager, five staff, the cook a cleaner and a visiting health professional. We checked documents in relation to four people who lived at Beech Tree House Care Home and four staff files. We reviewed records about medicine administration, staff training and support, as well as those related to the management and safety of the home.

We walked around the home and completed an observation of the lunch time medication round, people's lunch time experience, people participating in afternoon activities and routine daily interactions between people and staff.

# Is the service safe?

## Our findings

When we completed our previous inspection on 07 June 2017 we found concerns relating to the way the provider managed people's medicines. We found guidance used by staff was not always up to date to ensure people were supported safely to mobilise around the home. The concerns resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe care and treatment. The provider submitted an action plan to address the concerns and during this inspection we checked and found the provider had implemented improvements and was compliant with this regulation.

Assessments had been completed to determine the amount of support people required to ensure they took their medicines as prescribed. Staff had received training and had their competence assessed to ensure they managed people's medicines safely. Medicines were stored securely for the protection of people who used the service. The provider had commissioned the installation of a fixed air conditioning unit to maintain medicine storage temperatures following the manufacturers guidance.

Records confirmed people living at the home received their medicines as prescribed. Where people received medicines from an adhesive patch, body maps were used to show they were applied in a rotational manner which reduces the risk of skin sensitivity occurring. Audits were in place to enable staff to monitor medicine stocks, administration and their records. The provider was improving the audits to ensure that where creams were administered, body maps were always in place to provide further guidance to staff on the required place of application.

When people were prescribed medicines on a, 'as and when-required' basis (PRN), written guidance was available for staff to follow to ensure they were given consistently and appropriately. The provider followed national guidance to ensure any controlled drugs were managed safely. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs legislation (and subsequent amendments).

Staff had access to information to provide safe care and support. People received an assessment of their needs prior to living at the home. Where the assessments had identified any associated risks, these were recorded and evaluated. Support plans were available for staff to follow to reduce any known risks. One person told us, "I can move about using my walking frame as support. Staff always make sure it's available and within reach so I can move about as and when I want to." A staff member told us, "Risk assessments are reviewed to ensure they are appropriate; where people's needs change the information is updated."

Records included risk assessments in areas including mobility, falls, diet and skin integrity. Where people were at risk of developing pressure ulcers their care records reflected the involvement of relevant professionals, frequency for repositioning them and the specialist equipment such as pressure relieving cushions and mattresses in place to maintain their skin integrity.

People confirmed they felt safe living at the home and with the staff who worked there. One person said, "If I had a choice I wouldn't choose to live in a care home. I live here because it is the safest place for me. Staff understand my needs and keep me safe." Staff had received training in safeguarding people from abuse and



were clear when they discussed the signs of abuse they looked out for, and how they would escalate any concerns for investigation. One staff member said, "Staff are the eyes and ears of the home; if I ever thought someone was being abused I would report it. If I observed bad practice then I would whistle-blow to the manager, safeguarding or the CQC." When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and investigations were completed. Learning from investigations helped to ensure strategies could be implemented to prevent others experiencing similar events.

People told us how the laundry arrangements had improved and that staff took good care of their clothes. The environment at the home was clean and free from lingering, unpleasant odours. The provider had systems and processes in place to maintain infection control and staff had access to gloves and aprons. This reduced the risks from cross infection. Where any concerns were noted, actions were implemented to improve the environment.

The provider employed a maintenance person who completed checks and repairs around the home. They were responsible for ensuring the home was safe for people to evacuate in the event of a fire and was free from any associated hazards. A fire risk assessment had been completed. Actions as a result included recommendations to remove and organise paperwork stored on the top floor of the home. The support manager told us this had been part completed and was ongoing.

Other checks ensured the home and environment was safe for everybody. This included certified checks completed in a timely manner on, utilities and equipment including wheel chairs, passenger lifts and bed rails. Where bed rails were fitted on beds but not in use these were tied down to prevent injury. The provider managed the risks associated with legionella's disease; a water borne virus which is controlled by regular maintenance of washing areas and water outlets. Water temperature was checked; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

The provider had systems and process in place to ensure staff were appropriately recruited into the service. Records for staff that we looked at included pre-employment checks and these were completed prior to people commencing employment. We saw a minimum of two references had been obtained from previous employers, and a Disclosure and Barring Service check (DBS) had been completed. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were supported at all times by sufficient numbers of staff. We observed staff were responsive to any call bells, providing people with assistance in a timely manner. Where agency staff were used these were regular individuals who were known by people resulting in consistency of care and support. One person said, "There are always plenty of staff around. Sometimes they can be busy attending to people. I never have to wait long when I need something." The support manager showed us a dependency tool that was used to determine the staff required and this was adjusted when people's needs changed.

Systems and processes were in place to ensure any accidents and incidents were recorded and evaluated to check for any patterns or areas identified for improvement. The provider showed us how any accidents were recorded and the processes followed to complete any associated investigation. Outcomes were evaluated to help mitigate re-occurrence and keep people safe.

The provider had a business continuity plan in place. This informed staff about what to do in an emergency, for example a utility failure or fire. People had Personal Emergency Evacuations Plans (PEEPs) which, provided information for staff and the emergency services about the support people needed to receive in an

emergency.

## Is the service effective?

### Our findings

People who we spoke with told us they received care and support from staff who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "I would feel comfortable talking to any of the staff if I was worried." "We all have different needs. They [staff] know what works with people and how to provide reassurance and support."

Staff told us and we saw from their records, they completed an induction to the home, the service and with the people who lived there before they commenced independent duties. The provider told us and records confirmed, new employees were required to complete the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support for staff to adhere to in their daily role. We saw staff had completed training in equality and diversity as part of the care certificate. This meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care.

The provider supported staff to obtain the appropriate skills and knowledge to provide people with care and support appropriate to meet their needs. Training was managed electronically and records confirmed this was up to date. Where people required specific areas of individual support for example, with end of life care or dementia, staff had received this training.

Staff told us they had their practice observed by senior staff. Observation records were maintained in staff files and confirmed staff had their competency routinely checked to ensure their practice was up to date and they followed company policy and procedure. The support manager told us staff should receive a quarterly supervision and an appraisal to ensure they were supported in their role and had the appropriate skills and knowledge to provide people with safe care and support. However, these records were not up to date. The support manager said, "We are aware supervisions are behind and we are bringing these up to date. Checks on staff competencies have been a priority. They have been completed and any outcomes from these checks will be discussed at the supervisions." Staff told us they could speak with the management team if they needed any support. The regional manager showed us a planned timetable for completion of staff supervisions.

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).

The provider was working under the MCA. Staff had received associated training and had access to a policy and procedure. This provided further guidance on working with people who might lack capacity under the MCA. People's records included an assessment of their capacity to understand, retain information and make informed decisions. Where people had been assessed as not having capacity, the provider had completed

and recorded detailed best interest meetings. Where restrictions were in place (for example, where people were not able to leave the home on their own accord), appropriate applications had been submitted to the local authority to determine the deprivation to the persons liberty to leave. A staff member told us, "I would always assume someone had capacity to make a decision; if they didn't then it would be recorded in their care plan." This was confirmed from the care plans we reviewed.

People confirmed they had access to health professionals when they required support to maintain their health and wellbeing. Information recorded visits from district nurses, chiropodists, GP's and opticians. Outcomes were shared with staff to provide continuing healthcare to promote people's wellbeing. A health visitor said, "This is one home I really enjoy visiting. The staff are friendly and responsive to any suggestions I make. When I come back after an initial visit to someone they will have usually improved due to the ongoing support they receive."

The provider ensured information was available should a person be transferred to another service. For example, a hospital. Care plans included a record of people's medication, GP contact details, and associated risk assessments.

Staff understood the importance of good nutrition and hydration in maintaining health and wellbeing for people. They told us which people were at risk and described the measures in place to support them with adequate hydration and nutrition. This included regular prompting and encouraging people if they hadn't had much that day with drinks and food that they knew they liked. Where people were assessed as at risk from choking or weight loss the provider sought and implemented guidance from the Speech and Language Therapist (SALT) and dieticians.

People were supported to maintain a healthy and balanced diet. The provider consulted with people on what type of food they preferred and the support they required. Care plans contained details of people's preferences and any specific dietary needs they had. For example, whether they were diabetic, the type of diabetes and how much support they required. This information was available to the cook. The cook told us, "We try and meet everybody's requests and preferences. We hold meetings with people to understand their preferences and we make reasonable changes. If someone had any preferences according to their religious beliefs this would be recorded and provided. Meal times are important part of people's daily lives."

We observed the meal time experience for people. We observed people could eat where they choose to. This included in their own rooms, in the communal areas, or seated with friends in the dining room. Food was served promptly and appeared appetising. Staff were reassuring in their support and only assisted people where this was required. We observed staff supported people in an unhurried manner. One person told us, "A while ago we complained about the food and it's got a lot better since; they [the provider] listened to what we said. I am having hot shepherd's pie; it's lovely."

The home was designed to encourage and support people's mobility. Corridors were easy to navigate and uncluttered. People could enjoy the company of others in the busy lounge or spend time in quieter rooms. A large conservatory provided comfortable seating with views outside and there was access to the garden area. The provider discussed plans to improve the people's enjoyment of the outside area.

## Is the service caring?

### Our findings

People told us they were treated with compassion, dignity and respect and that they were involved in any decisions about their care and support. People assured us that staff had meaningful relationship with them, that they cared about them, understood their needs and helped them to live fulfilled lives. It was clear there were good relationship between people and staff. It was evident people knew the staff and the staff knew people well.

Everybody spoke positively about the care and support they received. People said, "We had a bit of a change of staff some time ago but that has settled down. There is a good team of staff now; very caring." "I have a laugh and a joke with staff, they take it all in their stride and they know what I am I like." Staff told us they felt most staff genuinely cared about the people they supported. They told us that they would raise any concerns with management if they noticed or were made aware of any poor practice from other staff. On staff member said, "We have a really good team. We all support each other to look after people because that's why we do the job."

People we spoke with told us they were encouraged to do as much for themselves as they wished. Care plans included clear records that provided guidance on how to support people, for example, with meal times and with their personal care, to retain their independence and be involved in their care as far as possible. A relative told us, "Staff really support [relatives name] with their independence. They will only do things for them if they really can't do it themselves and need this help."

People were consulted with, and staff confirmed they supported people with their preferences for personal care. Staff received training in delivering person centred care. They could discuss the importance of maintaining people's dignity and treating people with respect. A member of staff said, "I always discuss tasks that I am assisting a person with, such as bathing and maintain their privacy by closing curtains and doors. I encourage people to assist with whatever they are capable of doing."

We observed staff and the management team were caring, attentive and kind in their interactions with people and their relatives. If people became unsettled, agitated or distressed staff responded quickly to help to calm and reassure people. Staff knelt to an appropriate eye level to speak with people in a calm tone, which helped relieve people's anxiety. They spent time actively listening and responding to people's questions. It was evident positive, caring relationships had developed. We observed a person who showed some signs of distress. Staff showed compassion to the person and after some re-assuring words the person was back on their way to the communal area.

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One relative told us, "This is the best home in the area. We are always made welcome whenever we visit." The support manger told us, "We encourage relatives to be involved, to visit often and to participate in the resident's lives. It works well for everybody."

People had their communication needs assessed. Their care records informed staff about the best way to

communicate with people. This information was understood by staff and was shared with relevant health care professionals so effective communication could take place. Staff took their time to speak clearly and slowly to people if this was required, they re-worded questions and gave people time to respond.

People were provided with information and explanations to help them make choices about their care and support. Information about the service was provided to people in a format that met their needs. Pictorial signage helped people find their way around and locate toilets and bathrooms. Notice boards were present with information displayed to inform people what was occurring at the service.

Where people required additional advice and guidance to make day to day decisions the supporting manager told us they would provide them with information to access an advocacy service.

The provider ensured all records were maintained securely and access was restricted to only staff who needed to know this information, such as people's care records and staff files. This ensured the provider was adhering to the Data Protection Act 2018. Staff confirmed they maintained people's confidentiality and that they did not discuss information with anybody who did not need to know.

The service recognised the importance of treating people equally and staff completed equality and diversity training. We saw information about people's religious needs was recorded and this information was known by staff. People were supported to maintain their faith and religious services were held at the home.

## Is the service responsive?

### Our findings

People told us they received a service that was responsive to their individual needs. One person told us, "All the staff know what they need to do and they just get on with it. People confirmed they had a care plan in place and that they had been consulted about their care. Comments included, "I have a file in the office and I have gone through my past history with [activities co-ordinator]. We have put together a scrap book with photos and details of my past." Staff confirmed they read and understood people's records. One staff member said, "The care records are reviewed and updated at least monthly or when people's needs changed." This meant that staff had an up to date record of the care that had been provided and any changes in a person's care needs.

The provider ensured people received care and support that was responsive to their individual needs. We saw that care records for people included an initial assessment of their needs. Support plans were then formulated which included details of everybody involved in the person's care. Where the person had capacity, they had signed to confirm their agreement with the information contained.

People's care records showed that their support was regularly reviewed and any changes which were needed were put in place straight away. However, some monthly reviews had not been completed. The support manager told us, "Due to some staffing issues, some care plan reviews have fallen behind. Where people's needs have changed then we have updated those records. We now have a monthly plan to review a care plan for one person on each day of the month." This helped to ensure care and support was appropriate to the person's current individual needs. Staff told us they were informed of any changes without delay. Examples of this included changes to medication and daytime routines. People we spoke with said they felt able to tell staff if anything needed changing or could be improved. This meant that the provider could be responsive to any changes in people's support needs.

During the inspection, we looked at four care files. We saw they included information centred on the individual and focused on what was important to them. A summary document was available in people's rooms and this included a 'My Choices' booklet. Staff told us this included enough information for them to understand about the person's preferences, interests, likes/dislikes and information about how to support the person. We saw the people had been consulted with and information included their preferred name, if they preferred a bath or a shower, types of drinks they liked and if they liked company or to be on their own. There was information to help staff engage in appropriate conversations and reminisce about their past lives.

More task related information was contained in relevant care plans and was person-centred. For example, information recorded the care and support that was required by people to remain healthy. Charts recorded weight loss, falls, swallowing problems or choking. Staff were aware of these risks and they monitored people's wellbeing. Relevant health care professionals were kept informed of changes in people's needs. If special equipment was assessed as being required for people this was provided. For example, pressure relieving cushions and mattresses to help prevent skin damage or hoists to help to transfer people safely. Risks present to people's wellbeing were reported to head office and the management team kept risk under

review to ensure people were receiving the correct care to maintain their health and wellbeing.

People told us they could provide feedback to influence their care and support. For example, people could choose the gender of care worker they preferred. One person said, "I only want female staff to assist me with washing. This is recorded and that's what I get."

The provider had a complaints policy and procedure in place for people to follow if they were unhappy with the service they received and information was available in the home. Everyone we spoke with told us they would feel comfortable to raise any concerns if they had any. One person said, "I don't have many complaints more daily gripes. Staff are good at sorting those and they listen. The manager will sort out any bigger problems; if I have any." We saw any complaints had been recorded and evaluated and where appropriate actions implemented. The provider followed duty of candour and we saw where appropriate letters had been written to interested parties informing them of outcomes and offering apologies where necessary. Compliments had been received and were available for staff to read.

The home had an activities co-ordinator who had supported people to live fulfilled lives and enjoy interests and events of their choosing for over 11 years. The activities co-ordinator said, "There is no specific plan for each day; I know everybody quite well what they like and what they want to do, so I just discuss this each day. People's choices are recorded and we evaluate what works and what doesn't." We are practicing for a bowling tournament, bring in external singers, deliver exercise classes. I have regular singalongs."

People had visited the local park. One person told us, "I wasn't keen on going but the staff encouraged me. We had a picnic and were there all afternoon. It was great and I am ready to go back again now." Another person told us how they spent time on a laptop. With access to the internet they could keep up to date with current affairs. They discussed how they were planning a visit to a circus fun group in the local town. The communal areas were decorated with the English flag in preparation to support England in the world cup. One person said, "I am not really a fan of football but this is different, it's become quite addictive to watch England doing so well."

We observed people were busy throughout the inspection. One person delivered a morning newspaper to other residents, a couple used a television lounge as their own living space and other people joined them for company. Some people completed quiz books, others listened to music and other people remained in their rooms. Where people remained in their rooms staff popped in throughout the day to prevent people becoming socially isolated. One person said, "I like to stay in my room most of the time but when there is something on like an entertainer then staff help into the communal area to join in."

No one at the time of our visit was receiving end of life care. However, where people had agreed care records showed us the provider had sought the wishes and preferences of people, including if they wanted to be resuscitated and these were kept under review.



# Is the service well-led?

## Our findings

When we completed our previous inspection on 07 June 2017 we found the provider did not have a robust quality auditing system in relation to medicines and other checks had failed to ensure people's records were up to date to ensure people were supported safely to mobilise around the home. The provider submitted an action plan to address the concerns and during this inspection we checked and found the provider had implemented improvements.

The provider had implemented a daily and weekly checking system that was used to maintain, and where appropriate improve the quality of administration and management of people's individual medicines. This included a series of checks that recorded compliance or where improvements were required this was recorded with any required actions implemented. A 'Home Managers Monthly Medication Audit' was in place and this was used to check and review the full medicine process. An audit completed for June 2018 evidenced checks had been completed. Examples included; medicine storage, record keeping, and staff training. The regional manager told us the audits received regular reviews to identify areas of practice for improvement. They told us the audits were being updated to include checks to ensure body maps were used where people received treatment from the application of creams. These checks helped to ensure people received their medicines as prescribed.

Monthly audits were completed to ensure information used by staff in care records was reflective of people's current needs. Some of these monthly checks had not been completed and we saw records had been updated where people's needs had changed. A revised schedule to audit an individual person's records each day had been implemented and the regional manager told us these checks would ensure all records would continue to be reviewed for any inaccuracies. Care records we reviewed included assessments and reviews where people required assistance to mobilise. Support plans included details about the equipment that should be used for example, slings, lifts and walking frames.

Other checks and audits were completed to assure the safety and quality of the service for everybody. They completed regular audits of all aspects of the service, such as bedroom checks, legionella, emergency lighting and water temperature checks. They completed health and safety checks of the building and there were regular infection control audits. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

Oversight of complaints, accidents and incidents and safeguarding concerns was achieved by evaluation of electronic records. Access to the system was restricted with oversight of all areas at senior level. Where any concerns were highlighted the providers health and safety team ensured preventative actions were shared across the homes to prevent similar events.

People's experiences of the service were checked. Observations of the dining experience were recorded, 'first impressions' of the home were undertaken by visiting staff and food safety checks completed. The regional manager showed us how this information was recorded on an electronic system that enabled any

actions to be identified and completed with a view to improve the experience of the home for everybody.

The provider sought the views of people, visiting professionals and staff. The regional manager said, "The managers in all of our homes have to obtain a minimum of seven feedback responses each month." The provider had implemented different methods to capture this information which included questionnaires, suggestions and the completion of a form on an electronic device in the entrance to the home. Feedback was then collated and evaluated every quarter and displayed in the entrance. The display included a 'you said, we did' outcome to evidence how people's feedback had helped shape and improve the service provided.

The provider had implemented meetings to share information, discuss changes and invite feedback. Minutes of meetings were provided and included meetings for staff, residents, relatives, and seniors. One person said, "We have a resident meeting every few months. We discuss trips we have had, and improvements around the home. For example, the car park has been improved and we organised a trip to Bridlington." A staff member said, "We do have staff meetings which are a good thing for us all to get together and find about any changes."

The home had a manager in post who was registered with the CQC. However, at the time of our inspection we were supported by a regional manager and a support manager. The support manager was responsible for the day to day running of the home. People told us that the support manager was approachable and that they received good support when they needed to contact the office. People said, "[Support manager's name] is always about and they always take time for a chat and to ask me how I am." And "All the staff are always helpful. They are all very kind and I only have to ask if I need anything."

Staff who we spoke with told us they felt supported in their roles and were happy to speak with the support manager if they had any concerns. Staff told us, "We have had a few changes with staff leaving but it's better now, we have a good team and we work well together to support people." "It is a good place to work; I have worked for other providers but this one seems to care about the staff as much as the people who live here."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the support manager was clear about these requirements.

The provider worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people services to ensure they were following good practice and providing a quality service. Feedback from health and social care professionals told us that the staff had engaged with them proactively and that staff followed the advice given.