

Care South

Beauchamp House Nursing Home

Inspection report

Hatch Beauchamp
Taunton
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Date of inspection visit:
03 August 2022
08 August 2022

Date of publication:
09 September 2022

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

Beauchamp House Nursing Home is a residential care home providing personal and nursing care to up to 54 people. At the time of the inspection there were 39 people living at the service. Two of these people were staying for a period of respite and two people were in hospital.

Beauchamp House is large detached Georgian manor house with modern extensions set in its own grounds, located in the village of Hatch Beauchamp near the market town of Taunton.

People's experience of using this service and what we found

People were safe and appeared happy with the service they received. One person told us, "I am happy they are looking after me and come in to check on me often."

We found the home did not always provide a safe environment for people, regarding ongoing renovation works at the home. Action was taken to improve the safety of the environment during the renovation work.

People received their medicines safely from trained competent staff and in line with their prescriptions. Staff followed good infection control practices.

There were enough numbers of safely recruited staff with the right skills available to support people. Improvements were made following the inspection regarding staff response times to call bells as people were not having their needs met promptly. Action was also taken during the inspection to improve monitoring of agency staff working at the home to ensure they were working to meet people's needs.

Improvements were being made to the menu at the home giving people more choice and a better mealtime experience.

Staff knew people well and we observed staff being kind and compassionate towards the people they supported. However, at times staff did not ensure people's dignity and privacy. Action was taken by the management team to improve this.

People's care plans were detailed and personalised on the providers electronic care system. People's wishes and preferences regarding end of life were recorded within care plans if they had chosen to discuss this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to health care, this included a weekly visit by health care professionals linked to the GP practice.

A team of activity coordinators ran a schedule of activities and events although these were not always meaningful activities. The registered manager had identified improvements were required and was working with the activity team to improve the activity provision at the home. This included giving people a reason to use the communal spaces throughout the day to interact and socialise other than just for lunch.

People knew the registered manager and knew how to raise a concern.

People and staff were asked their views and kept informed.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. However, there were a few areas we identified at the inspection which their quality monitoring processes had not identified. Although they took action to address these issues, we have made a recommendation to the provider to look at their system to assess and monitor the service to ensure they are robust and cover all aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good, (published 15 August 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beauchamp House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beauchamp House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beauchamp House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas of the home and in people's individual rooms. We observed how staff interacted with people who used the service. We spoke with 21 people that were using the service and five relatives. We spent time with the registered manager and deputy manager during the inspection and spoke with ten staff, which included, nurses, care staff, activities coordinator, maintenance, housekeeping and the cook. We also spoke with two agency staff working at the home and two visiting GPs to ask their views about the service.

We looked at the care records for eight people. We checked that the care they received matched the information in their records. We looked at a variety of records relating to the management of the service and a sample of the electronic medicine's administration records.

We contacted five health and social care professionals to ask their views and received a response from one of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The home did not always provide a safe environment for people. The home was undergoing renovations which had an impact on people due to noise and debris. One person told us, 'It has been noisy, but I don't want to move rooms'. Risks had not been assessed in regards the movement for people or visitors through the areas of the home where building work was happening. In one area where people, staff and visitors to the home had access, we observed risks which could cause them harm. We discussed this with the registered manager, and they closed one area to ensure the safety of all people at the service. At our feedback meeting with the registered manager, we were given further assurances that lessons had been learnt and regular meetings were being held with the site foreman to ensure people were kept safe.
- Systems were in place to assess and monitor people's individual risks. Care records showed that people's individual risks had been assessed and measures had been put in place to reduce those risks. For instance, people who were at risk of falls, had equipment in place to reduce the risk of falls and potential injuries.
- There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Staff had access to the provider's business continuity plan and a major incident plan in the event of an emergency.
- There were individual personal emergency evacuation plans (PEEPs) for people in place to keep people safe in an emergency and staff understood these and knew where to access the information.
- Staff recorded maintenance issues in a folder which was reviewed each day by the maintenance person and repairs undertaken. The provider had a system to monitor maintenance issues to ensure they had been addressed.
- Legionella precautions were in place, staff cleaned shower heads and flushed unused taps.
- Fire checks and drills were carried out and regular testing of fire and electrical equipment.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe. One person told us, "I am happy they are looking after me and come in to check on me often." A relative said, "I have no concerns about her safety."
- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place; staff had completed relevant training and most told us how they would report any concerns. However, some staff were not sure about how to raise a safeguarding concern and external agencies they could contact. We discussed this with the registered manager and regional manager at our feedback meeting. They said there were posters around the home, but they would ensure all staff were reminded at handovers and at the next staff meeting. The regional manager said they would speak

with staff when undertaking their quality monitoring visits to ensure staff were aware.

Staffing and recruitment

- There were enough numbers of safely recruited staff available to support people. This included during the day, usually two nurses, a care team leader, nine care staff supported by housekeeping staff who also undertook laundry duties, a cook, three kitchen assistants and activity staff. Staff told us there were enough staff to support people's needs safely. They informed us they worked on the same unit each shift. One member of staff told us, "We use lots of agency staff especially at weekends". Another said, "We work on the same floor so know the residents well".
- Call bells were available in people's bedrooms, to enable people to gain assistance when needed. People told us staff response times were not very prompt when they used their call bell. Comments included, "When I press my button, it takes about 15 minutes if the usual carer is on, otherwise can take up to an hour."
- The deputy manager undertook in-depth monthly audits of call bell response times. These showed that some people's call bells were not being answered for over ten minutes, which meant people were not having their needs met promptly. We discussed this with the registered manager and deputy manager and that the audit did not identify if there was a pattern to the poor response times in relation to staff being available. Improvements were made during the inspection to the audit and action taken to work with staff regarding their response times. For example, senior staff also monitoring and responding to call bells.
- Recruitment processes were in place. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.
- The registered manager told us they had agreed with the provider to limit admissions to the home until staff vacant posts were filled. They informed us the provider was currently recruiting some staff from overseas and assured us that full employment checks were completed before staff were allowed to work.

Using medicines safely

- People received their medicines safely from staff who had received medicines training and had their competency assessed.
- Medicines were safely managed. Staff used a new computerised system for medicine management which guided staff about medicines which were scheduled to be administered and flagged up if there had been any errors.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigerated medicines. People's medicines were stored in locked medicine cabinets in their rooms. Staff monitored the temperatures of the cabinets to ensure medicines were not compromised. They also monitored the medicine fridge temperature to ensure medicines requiring cold storage were stored at the correct temperature.
- Staff administering medicines wore a red tabard reminding people not to disturb them, to minimise the risk of making a medicine error.
- We observed that people were supported sensitively with their medicines. Staff asked people how they were feeling and if they required any analgesia. They ensured people had a drink and stayed with the person to support them to take their medicines safely.
- People had been assessed regarding whether they were able to self-administer their medicines. One person was self-administering their medicines with staff support and oversight.
- Regular medicine audits were completed, where errors or concerns were identified, action was taken. For example, the last medicine audit identified that two staff were due their competency assessment review and these had been arranged.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken following any accidents and advice was sought from other health professionals when needed.
- Each accident or incident was reviewed by the registered manager, this enabled potential trends to be identified and minimise the risk of future incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's feedback about the quality of food and choices on offer was mixed. People's comments included, "Food is very good"; "Food is on the bland side. Suppers are not very exciting ... they need to be more adventurous" and "Pretty good ... food is a bit ropey at times ... could be improved... not very warm ..."
- The registered manager told us they had recognised there were concerns about the menu choices. They said the menus had been reviewed and the new menu's which included more choice would be started on the 15 August 2022. When we spoke to the registered manager after the inspection, they confirmed the new menu was in use and that they were monitoring the change. This included going to the dining room each day to speak with people and so far, the feedback had been positive.
- We were told by the registered manager that people chose to have their breakfast and evening meal in their rooms. We observed the lunchtime dining experience on the first day which was very chaotic, with people lining up in their wheelchairs with a staff member to access the stairlift to be taken to the dining rooms for lunch. The meals were served from two new servery's in the two dining rooms and staff waited to take people's meals to their rooms. This meant there was a lot of chatter and staff in the vicinity while people were eating. The registered manager said they had identified the dining experience needed to be improved and had been working with staff to improve it. On the second day of the inspection, there was a calmer atmosphere as meals for people in their rooms were served from the kitchen.
- We observed seven people being served their food in their rooms. People received specialised meals where needed. Three people were supported by staff who were engaging in conversation with them making their mealtime a pleasant experience. Four members of staff were not engaging with the person they were supporting, one member of staff did not know what they were giving the person they were supporting to eat. We raised this with the registered manager, and they said they would work with staff to improve this.
- People's nutritional needs were monitored and if any concerns were identified, referrals were made to the dietician or speech and language therapy team as required. However, where people required their fluids to be monitored because of the risks of dehydration, the system in place was not robust. Fluid intake was not being monitored by senior staff to assure themselves people were receiving enough fluids. We fed this back to the registered manager who took action to put in place a robust monitoring system which they reviewed daily to ensure it remained effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and considered each person's individual needs and preferences, and how people wanted to have their needs met by staff. The registered manager informed us that assessments were completed with people before they were admitted to the service. One relative confirmed that the

assessment was completed. They told us the care their (loved one) was receiving was as they requested. They said, 'In fact, (person) is doing so much better since moving here'.

- Care files included information and guidance regarding people's medical conditions to help ensure staff knew how best to support them.
- Care plans were regularly reviewed and reflected people's likes and dislikes.

Staff support: induction, training, skills and experience

- People and relatives said they felt the staff had the skills required to meet their needs. Comments included, "I couldn't wish for it to be any better...staff are excellent."
- Staff received day to day support and were offered learning, training and development opportunities. Training records showed staff were up to date with the providers mandatory training and refresher training.
- Registered nurses said they had access to learning to maintain their clinical skills and develop knowledge and were supported to complete the required revalidation for their registered body.
- New staff received an induction and shadowed more senior staff to ensure they had the knowledge to support people safely.
- Staff received regular supervisions, an annual appraisal and regular staff meetings and told us on the whole they felt well supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and well-being was routinely reviewed, monitored and assessed. The service used a 'resident of the day' system. This meant that people's care plans were reviewed with them and/or their families each month to make sure their care continued to meet their needs. It was also an opportunity for people to share their views about their care and the home.
- Records showed that referrals were made to other health professionals in a timely way, for their specialist advice and support. Two visiting GPs confirmed they were contacted appropriately and had no concerns regarding the care given and their instructions being followed.
- Staff worked in partnership with external health professionals. One person told us, "I see my GP when I want to". A relative informed us there were good links to district nurses and GPs.

Adapting service, design, decoration to meet people's needs

- Beauchamp House Nursing Home is a welcoming home, with large communal areas. We discussed with the registered manager that there was very limited signage to advise people, particularly those living with dementia, where main areas of the home were. For example, the toilets, the lounges, dining rooms and the registered managers office. They said they felt there was a fine line as it was people's home, but they would speak with the estate's manager regarding this.
- Two lifts and a stairlift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- People's bedrooms had been personalised and people told us they liked their rooms. One person told us, "I have my own belongings around me which is how I like it."
- There is a large garden which people could access and enjoy. We discussed that the paths around the garden did not have an even surface and could pose an issue to people. The registered manager said they were aware of this and were looking at ways to address this with higher management.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to ensure DoLS applications were made and managed effectively.
- Mental capacity assessments had been completed by staff to assess whether people could make their own decisions with the care and support they received. Where people lacked the capacity to make certain decisions, decisions had been made in the person's best interests.
- Support was provided to people in the least restrictive ways possible. Staff were able to discuss how they supported people taking into consideration their right to make choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and we observed staff being kind and compassionate towards the people they supported.
- People and their relatives told us staff were caring and treated people with respect. Comments included, "Nice place...I like it...best thing is the staff...good place to recover"; "Staff are all very nice"; "Staff are friendly without being too pushy...I don't feel intimidated...Very good...doesn't make one feel you have to do this or got to do that..."
- Staff did not always demonstrate an understanding of ensuring people's dignity and privacy were respected. For example, a number of staff were observed on the first day of the inspection entering people's rooms without knocking first. We discussed this with the registered manager, deputy manager and regional manager who said they were confident this was not usually the case, but they would remind staff at handovers and the next staff meeting. People told us staff did knock on their doors before entering.
- On the first day of our visit staff were discussing supporting people with their meals, they used the term 'supporting with feeds'. While this may not be intentional it results in people not always feeling they are respected and valued. We discussed this with the registered manager and they took action by raising this at handovers and leading by example.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care decisions as much as possible. When people were unable to participate, family members were encouraged to be actively involved.
- People's care plans clearly showed people's likes and dislikes; On the first day, two people were being supported by agency staff as they were having one to one support. The staff supporting them did not know or respect these choices. For example, one member of staff was unable to inform us what the person they were supporting liked to do, although they had been given a care record. The person was unable to communicate their wishes. Another member of staff was supporting a person watching a television, when we spoke with the person and asked them if they were enjoying the programme, they informed us they did not wish the television to be on. This meant their time and preferences were not being respected when staff were spending one to one time with people.
- We discussed this with the registered manager and the oversight of agency staff working at the home. Improvements were put in place by the second day to ensure the nurses and care team leaders worked more closely with agency staff, ensuring they were informed and regularly monitored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a team of activity coordinators to run a schedule of activities and events. We were told external entertainers also visited the home.
- The activities we observed did not demonstrate that people were receiving meaningful social interactions. We were told people in their rooms were visited by the team, but it was not clear that the time was meaningful and individualised for the person. Three people told us they didn't know who the activity person was.
- The registered manager had identified improvements were required and was working with the activity team to improve the activity provision at the home. This included giving people a reason to use the communal spaces throughout the day to interact and socialise other than just for lunch.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and personalised on the providers electronic care system. They contained people's individualised information and reflected people's choice and preferences about their care and support. Care plans were regularly reviewed and adapted based on assessed risks and people's changing needs.
- The registered manager and deputy manager had been working with staff to ensure plans were accurate and clearly reflected the support people wanted and needed.
- Records clearly showed that people's views and needs were known, in particular what was important to people had been identified. Regular staff demonstrated through talking with us that they knew people well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to ensure the Accessible Information Standard was met.
- People's ability to communicate was assessed and documented within their care plans, to help ensure staff knew how best to communicate with them. For example, one person care plan recorded, 'Maintain an environment that has less distractions, likes a quiet room and actively listen to (person).'

Improving care quality in response to complaints or concerns

- There was a procedure in place to investigate and manage complaints. The registered manager was dealing with a complaint at the time of the inspection. They told us the actions they had taken and were intending to take, and these were in line with provider's policy.
- People told us they knew how to raise concerns and would do so if needed.

End of life care and support

- End of life care and support was provided when needed.
- People's wishes and preferences regarding end of life were recorded within care plans if they had chosen to discuss this.
- Staff spoke with passion and pride about the end of life care that was provided at Beauchamp House. One staff member commented, "We take a pride in the end of life care we deliver. We got a platinum award a few years ago and we still use that ethos."
- Compliments had been received from relatives who had lost loved ones and they thanked staff for their care and attention. Comments included, 'For what you did to support both my father and me through a very challenging time. I would have no hesitation in providing the highest recommendation ...'

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team carried out required regular audits to quality assure all aspects of the service on an ongoing basis. However, the quality monitoring processes which had been used had not identified all of the issues we identified at the inspection. The registered manager had taken immediate action to address these and no harm had been caused to people.

We recommend the provider look at their systems to assess and monitor the service to ensure they are robust and cover all aspects of the service.

- The registered manager had been at the home since October 2021 they had been joined by a new deputy manager. They were committed to providing people with person-centred care. They were working well together and had together identified areas where the service needed to be improved to ensure positive outcomes for people. They shared learning with the staff team to improve the service. The registered manager told us in the provider information return (PIR), 'Focus has also been on training and development for staff, to ensure care that is being provided is given by well-trained competent staff, who have the skills and knowledge to provide excellent care to our service users.'
- The registered manager and deputy manager were supported by registered nurses who supported people with a nursing need and care team leaders who oversaw the care of people who did not require nursing support. Daily meetings were held with heads of departments to ensure any changes were discussed.
- The providers quality monitoring team undertake three monthly visits and followed a program of audits. A recent audit looked at care records and identified areas for improvement which the registered manager was working with staff to address.
- The provider had introduced an electronic care system at the home. The registered manager and deputy manager were still working with staff to use the system fully. This would then enable the management team to identify and address any areas of concern. Staff told us they liked the system and found it easy to use.
- The provider policies and procedures were up to date and regularly reviewed. They were available on the provider's computerised system. However not all staff had access to this system and the available policies in the folder were out of date. The registered manager and deputy manager confirmed after the inspection they had put in place two new policy folders for staff to access and would regularly review these to ensure they were up to date. A staff member told us, there was a policy each month for staff to review and comment on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager investigated accidents and incidents and kept people, relatives, and other stakeholders informed of outcomes.
- The registered manager submitted statutory notifications to CQC when significant changes, events or incidents happened at the service.
- Personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Working in partnership with others

- The registered manager and staff team were supported by a weekly visit by health care professionals linked to the GP practice which included a pharmacist who undertook medicine reviews.
- People were referred to other agencies when needed, these included speech and language therapists, dieticians, and specialist nursing teams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked their views. People completed regular surveys and had the opportunity to attend 'residents' meetings. Where ideas or concerns were raised on the survey responses the registered manager acted upon them. For example, one person wanted more vegetarian options, a new menu was being implemented with more choices. A meeting had been held the day before our visit, people had discussed with the registered manager the progress with the renovations and the minibus.
- There were regular meetings for staff to attend as well as daily handover meetings, so they were kept informed. Other meetings included, weekly heads of department meetings, general staff meetings and nurses' meetings.
- Staff told us they felt supported by the registered manager and deputy manager and felt able to raise any concerns with one or the other.

Continuous learning and improving care

- The registered manager confirmed they had contacted everyone's relatives when they took up their position to introduce themselves and to discuss any issues. They told us this had helped to develop a relationship and reduce complaints as relatives had felt able to come to them if they had any niggles.