

Voyage 1 Limited

Beechwood

Inspection report

High Pitfold
Hindhead
Surrey
GU26 6BN

Tel: 01428608124
Website: www.voyagecare.com

Date of inspection visit:
27 October 2022
03 November 2022
08 November 2022

Date of publication:
11 January 2023

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

About the service

Beechwood is a residential care home providing accommodation to up to 5 people requiring personal care. The service provides support to people with a learning disability, sensory impairments and/or autistic people across one residential property. At the time of our inspection, there were 5 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people to live as independently as possible and have a level of autonomy over their lives. People were provided with a choice in their day-to-day decision-making and families were involved in people's care. People's risks in relation to their care were managed and staff understood how to maintain and encourage people's independence. There were sufficient staff to meet people's needs. We were assured that the service were generally following good infection prevention and control procedures to keep people safe. Healthcare professionals told us that staff worked well with them to achieve positive outcomes for people.

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.

Right Care:

Relatives told us they felt people were supported by staff in a kind, caring and dignified way and we observed this to be the case. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included training for learning disabilities and autism awareness for permanently employed staff. Relatives told us that staff knew their loved ones' needs and preferences well. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided in a format they could understand. Care plans were personalised and included information on people's healthcare needs, communication needs, preferences and social history. Care plans included steps to take to ensure people had regular access to a dentist and were following good oral care guidelines. People were supported to enjoy the diet of their choice and staff encouraged them to have a nutritionally balanced diet. People had individual goals and objectives which were regularly reviewed by staff. The service was situated within a larger complex with access to a day centre and other similar services. People were able to access the local community and were supported by staff to do so.

Right Culture:

The culture of the service was open, inclusive and empowered people to live as independently as possible. Relatives were complimentary about the service and felt their ideas and concerns would be listened to by the registered manager and staff. Management had undertaken audits to look at ways of improving the service although these were not always effective in identifying issues. Where we highlighted shortfalls, the registered manager took immediate action and implemented processes to ensure this would not happen again. Staff were complimentary about the registered manager and told us they were able to raise concerns.

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

Rating at last inspection

The last rating for this service was Good (published 26 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the culture in the service. A decision was made for us to inspect and examine those risks. We did not find evidence of the concerns we received in relation to the culture in the 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechwood

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 team consisted of an inspector and a medicines inspector who supported the inspection remotely.

Service and service type

Beechwood 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.

Beechwood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 October 2022 and ended on 8 November 2022. We visited the location on 27 October 2022 and 3 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. 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 communicated with 2 people who used the service and observed their responses. We spoke with 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, team leader and carers. We observed interactions between staff and people who used the service. We sought feedback from 4 healthcare professionals and the local authority safeguarding team. We reviewed 5 people's care records, 5 people's medication administration records (MARs) and 4 staff files. We reviewed documentation relating to the management of the service. The inspection included an evening visit in order to speak with night-time staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe living at the service. One relative told us, "They do their best to safeguard [person]." Another relative commented, "Yes, [person is] safe there." A third relative said, "I do think he's safe."
- As part of our inspection, we visited the service outside of normal office hours partly to observe staff interactions during the night-time. We found staff interacting with people in a kind and compassionate way throughout our inspection and people appeared to be at ease.
- Staff understood what could constitute abuse and the steps they would take if they suspected it. One member of staff told us, "If there was a safeguarding, I would go to CQC." Another member of staff said, "They could change their behaviour, or a mark like bruises or withdrawal. I would call the police or MASH (safeguarding team)." A third member of staff told us, "Something like pulling is physical abuse. I will always report to the police."
- Staff had undertaken training for safeguarding and whistleblowing, and there was a 'Safeguarding of Children, Young People and Adults at risk' procedure in place for staff to follow. One member of staff told us, "We did the [safeguarding] training. It was E-learning."

Assessing risk, safety monitoring and management

- Relatives told us they felt that risks to their loved ones' care were managed appropriately by staff. One relative told us, "It didn't stop [person's] ambitions. They are aware that there is a risk. They manage [person's] risks well." Another relative told us, "The home have been very good at pre-empting falls. There's a member of staff letting [person do what the person] wants to do but make sure the path is clear."
- Staff knew how to keep people safe from harm and understood their needs and preferences. One member of staff told us, "When a seizure is happening, we will call 999 straightaway. There's a protocol and you have to read the protocol." Another member of staff told us, "When [person] is unsteady, we walk behind [person]. It's in the care plan."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. For example, where a person expressed their feelings with an emotional reaction, there were comprehensive instructions for staff to follow in order to identify triggers and safely de-escalate situations. One relative told us, "I think the home manage the behaviours quite well. The home do their best to provide for the needs of the particular person."
- People had risk assessments in place for the risk of choking. This included recommendations from speech and language therapists on how to ensure people were supported in a safe way.
- The provider had an emergency evacuation plan and people had personal emergency evacuation plans (PEEPs) in place. PEEPs included information such as the level of physical and emotional support people

required in the event of an evacuation.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us they felt there were sufficient staff at the service to meet their loved ones' needs. During our inspection, we saw there were sufficient staff deployed at the service. One relative told us, "Yes, they have enough staff." Another relative commented, "They always keep it sufficiently staffed."
- The service had a recruitment plan in place to fill current vacancies. Where agency staff were deployed by the service, staff members were generally booked on a longer-term basis to give people a level of consistency of care. One member of staff told us, "We are short of staff and have a lot of agency. The agency who do come have been coming for years and so we know them well."

Using medicines safely

- Medication administration records (MARs) were not consistently completed in line with the provider's policy. For example, we found several MARs which were missing the route of administration (how the medicine is to be taken), people's allergies and directions for use. Whilst there had been no negative impact on people's care, there was a risk of a medicine being administered incorrectly. Following the inspection, we received assurances that the registered manager has addressed these.
- MARs included information such as stock balances of medicines and a running total. This made it easier to identify potential discrepancies.
- There were locked cabinets in place to store medicines and staff had recorded the temperature of the storage in line with manufacturer's instructions.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols for staff to follow which were person-centred and included information such as what the signs of pain were.
- There were body maps in place for people who were prescribed topical medicines (those applied to the skin).
- Staff had made regular referrals to the prescribing doctor for medicines to be reviewed.
- We reviewed records which showed staff had undertaken training for the management of medicines and were 'certified' in their training. Where the registered manager had noted areas of improvement within the competency assessment prior to the inspection, they had communicated this with the provider who had proactively updated the documentation to reflect the feedback.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We identified a chair in the communal areas of the service which could not be effectively cleaned due to the damage to it. Although this chair was only used by one person, we found that the chair was still contaminated with bodily fluids once staff had cleaned it. When we approached staff about this, they removed the chair immediately and the registered manager provided further assurances when they were made aware. We were assured about all other areas reviewed in relation to minimising the spread of infection within the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- The provider's approach to visiting was in line with current government guidance on care home visiting. Visitors were asked to wear appropriate PPE and there was guidance available for visitors on the steps they should take to reduce the risk of infection to people who used the service and staff. Relatives told us they were able to visit at a time that suited them. One relative told us, "We can visit him when we want."

Learning lessons when things go wrong

- Staff had completed accident and incident reports when these had occurred to look at ways of reducing the risk of them happening again. Information about these was shared with the local authority and healthcare professionals.
- The registered manager used a variety of ways to reduce the risk of accidents and incidents happening again. This included discussing these during staff meetings and looking at what could be done differently. Relatives told us they were kept informed of accidents and incidents including steps staff have taken as a result.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were people who had lived at the service many years and staff had undertaken assessments of their needs and choices which were reviewed regularly. These assessments included information on people's preferences, needs, and goals and objectives.
- People were allocated a key worker. The key worker's role was to review their care to ensure it was in line with their needs and preferences. One relative told us, "[Person's] keyworker is [staff member] and has looked after [person] for a long time."
- There were systems in place to assess people prior to admission to the service in order to ensure staff could meet their needs.
- The registered manager had actively sought out training when national guidance had changed, such as the Oliver McGowan Mandatory Training in Learning Disability and Autism. We saw they had ensured staff, including the registered manager, were able to access relevant training.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the skills and experience required to perform their roles. One relative told us, "[Staff member] knows [person] inside out." Another relative told us, "The staff know what [person] likes."
- We saw training records which showed staff had undertaken an induction which included training for moving and handling, lone working, epilepsy awareness and basic life support. There was a training matrix in place for the registered manager to monitor training completion and staff undertook regular refresher courses. One member of staff told us, "It's two weeks induction shadowing. We don't let them do anything [until they have completed the training]."
- Staff had completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- We reviewed documentation which showed staff had received regular supervisions to discuss their performance, personal development and training needs. One member of staff told us, "We have the supervisions. I've said if I wanted to do more training. There's a lot to do already."

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

- People were encouraged and supported to be involved in mealtime preparations. People's preferences were taken into account and staff encouraged a balanced diet. One relative told us, "[Person's] food is good." Another relative commented, "[Person] has an input into [their] diet." A third relative commented,

"They took advice from a dietician. They created a healthy diet, which [person] follows more or less."

- Whilst the kitchen was being refurbished during the inspection, the provider had taken adequate steps to ensure people had access to hot meals of their choice which were provided by a separate service located on-site.
- Staff told us they understood the importance of supporting people's independence when preparing meals whilst encouraging people to have nutritionally balanced meals. One member of staff told us, "I try to encourage vegetables, but they know what they like. We have to respect this."

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

- Relatives told us people were supported to access healthcare services and support in order to live healthier lives. One relative told us, "They've also involved a dietician. They initiated that." Another relative commented, "We just recently had a [medical] review. We've had follow ups over the years."
- We saw in care records that relevant healthcare professionals were involved in people's care. For example, where a person had difficulty walking with walking aids, staff had initiated a referral to a physiotherapist.
- The registered manager had worked with agencies, such as the local authority, healthcare professionals to ensure changes to people's needs were shared appropriately. The local authority told us that the registered manager had shared information with them in response to incidents.
- Healthcare professionals told us that staff sought out advice in a timely way and knew people's needs well. One healthcare professional commented, "I find the staff there excellent to deal with and they raise concerns in a timely way."

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

- Relatives told us that the environment of the service was of good standard. One relative told us, "The bedroom is always clean and tidy and looks homely. It's an extension of our home. [Person has] had a new carpet recently." Another relative commented, "We are involved in [person's] room updating."
- The service was undergoing partial refurbishment at the time of the inspection in order to further adapt around people's needs. This work had already started and staff had worked to ensure people were not negatively impacted by this.
- People's bedrooms were personalised with their own items, including their own furniture, photos of family and friends, smart televisions and wall canvasses.
- The service was decorated appropriately to meet people's needs. People had access to a garden and there was a resource centre on the premises with hydrotherapy facilities which people could access if they required this.

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.

- Relatives told us staff sought consent where possible and acted in the best interests of people with the appropriate authorisations in place. One relative told us, "I thought they used their initiative to try and get the best for [person]. It was done in [person's] best interest."
- We observed staff interacting with people in a kind and respectful way and people appeared to be at ease. For example, staff gave people sufficient time to respond to questions to allow the person to consider the information presented before responding and provided them with communication aids.
- Staff told us they understood the MCA and that they had undertaken training in relation to MCA and DoLS. One member of staff told us, "DOLS is about restrictions like using a lap belt for the wheelchair. So we did the DoLS [application] because it is in [person's] best interest, [person] could slide down and harm [themselves]."
- Where a person lacked capacity for a specific decision and a best interests decision was made, staff had submitted a DoLS application to the local authority. These were specific for certain decisions, such as continuous supervision and support, and involved people who were important to the individual and relevant professionals.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Relatives told us staff were respectful, considerate and treated people as individuals. One relative told us, "[Person] is always happy to go back when we are going back [to Beechwood]." Another relative told us, "[Person] always looks happy and [is] always smiling. We feel very assured [person is] getting the best care possible. The staff have always been very caring."
- Relatives told us staff were respectful of people's right to privacy and ensured that this was maintained where possible. One relative told us, "[Person] also deserves and needs his privacy. They're carefully monitoring how often they check so [person's] personal freedom is not put at risk."
- Staff understood the importance of respecting equality and diversity and had undertaken relevant training. The registered manager had received 'Dignity Champion' training which aimed for participants to, "Act as a good role model by treating other people with respect particularly those who are less able to stand up for themselves". One member of staff told us, "We did the training for equality, e-learning. I respect the guys the same way I ask for respect."
- People's independence was actively promoted by staff. We saw staff had discussed people's goals and supported them to achieve these. For example, staff had encouraged a person to sort their own clothes. One relative told us, "[Person is] involved in the kitchen and [person's] cooking skills have improved." One member of staff told us, "[Person is] doing the laundry. [Person] enjoys doing this. It has given [them] more independence."

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

- Relatives told us they felt involved in making decisions about their loved ones' care. One relative told us, "They keep me fully involved." Another relative told us, "Absolutely, we are involved."
- We saw in care records that people had been involved in decisions about their care by using appropriate communication methods. Staff supported people appropriately to use communication aids in order to express their views. For example, care plans included information on the person's level of involvement and for which decisions they were able to participate in the decision-making process.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- Relatives told us staff knew their loved ones' needs and preferences well and provided them with the appropriate support. One relative told us, "[Person is] getting the best care possible. [Person is] very settled there."
- People's care and support was planned to meet their needs and respect preferences. Care was regularly reviewed, and people were involved where they were able. Staff had involved relatives and healthcare professionals to ensure people's needs were met. One relative told us, "I go through the plan for him. They involve me in all aspects."
- Care records were person-centred and gave staff the information needed to effectively support the individual. Care plans included information on people's medical and social history, mobility needs, personal care and goals. People's goals and objectives were regularly reviewed and outcomes were recorded.
- People had individual activities plans which were tailored to their needs and interests. For example, people regularly visited an activity centre that specialised in supporting people with learning disabilities. The centre had relevant equipment and support staff available for people to safely attend on a weekly basis. Relatives told us that people enjoyed attending the centre and valued this.
- People had access to a resource centre on the same premises which had several facilities including hydrotherapy. One relative told us, "[Person is] going down to have hydro sessions. [Person is] encouraged to walk as much as [they] can. [Staff] are doing that."
- Care plans included information on people's oral care needs, such as the dentist involved in their care and the level of support staff provide to ensure adequate oral hygiene.
- Staff told us they had sufficient time to read people's care plans and undertook daily handovers to discuss changes to people's needs. One member of staff told us, "We do handovers in the morning and in the evening. We talk about person to person and anything that happened so that the night staff are aware and also updated." Another member of staff commented, "I've read through their care plans."

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.

- Care plans included information on people's communication methods in line with the Accessible Information Standard. For example, care plans included steps for staff to take in relation to objects of reference, easy read versions of documentation and widge symbols. Staff were able to communicate using these methods and this meant that the person was able to express themselves.
- Policies and procedures were available in various accessible formats such as easy to read. This meant people were able to access information in a format which suited them.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and there were systems in place to use the information to make improvements to the service. Whilst there had been no complaints in the past year prior to the inspection, there was a complaints procedure in place for those wishing to submit a complaint to follow.
- Relatives told us they felt complaints were addressed appropriately and had confidence in the way these were dealt with. One relative told us, "I've had very few complaints, I'm very happy with them." Another relative said in relation to complaints, "I'm confident they would act on it."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our inspection, we found that one member of agency staff did not have the relevant training to meet specific needs of the people living in the service. We observed one agency staff member independently supporting a person with those specific needs. The provider did not have the systems in place to ensure all agency staff had completed the relevant training. The registered manager immediately addressed this with the provider to ensure that all agency staff have received relevant training.
- We identified a chair was in damaged condition which meant it was not possible to effectively clean this as it regularly became contaminated with bodily fluids. Monthly 'Equipment and Cleanliness Checklists' carried out in the six months preceding our inspection failed to identify the damaged chair. Staff immediately removed the chair when we made them aware and the registered manager put systems in place to ensure all other equipment was checked.
- The registered manager undertook regular audits of various areas of the service. This included audits of care plans to identify any changes or discrepancies, audits for permanent staff training and the key lines of enquiry. Where short-term actions were identified, these were addressed. Where long-term actions were identified, there were plans in place to address these.
- Where we highlighted areas for improvement during the inspection, the registered manager actively addressed these and sought appropriate advice where necessary.
- There was a governance structure in place and staff felt supported to perform their role effectively. One member of staff said, "I feel supported by [registered manager]. I can speak to [registered manager] and we talk about it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were complimentary about the leadership and culture in the service. One relative told us, "We feel [person] is in the best place." Another relative commented, "The staff are very good. She's always well-presented." A third relative said, "I do think the service is managed well."
- Staff were complimentary about the leadership and culture in the service which was open and inclusive. One member of staff told us, "[Registered manager] is really lovely. The atmosphere is lovely." Another member of staff said, "The atmosphere is very good here." A third member of staff told us, "[Registered manager is] always here. [Registered manager is] at the end of the phone."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency. We saw in records that the local authority and other relevant agencies had been informed of incidents.
- Relatives told us they had been informed of significant incidents and that the registered manager had been open when there had been incidents. One relative told us, "I was told when the investigation was done with written confirmation. They booked safeguarding in. I have been fully informed throughout. I have the confidence that I will be notified."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they felt engaged in the running of the service and that their ideas would be considered. One relative told us, "[Registered manager] always sends us an email with any issues or anything coming up." Another relative commented, "The current manager is very approachable, efficient, competent and dynamic."
- Staff told us they felt engaged in the running of the service and valued for their role. One member of staff told us, "[Registered manager is] a very good manager [who] listens [and] acts upon." Another member of staff told us, "They listen to ideas in this house. We do trials as well, like doing more activities."
- The registered manager had sought regular feedback from people who used the service, relatives and staff. Where actions were identified, the registered manager addressed these. We saw minutes of staff meetings where staff had discussed how to improve areas of the service.
- We saw in care records and were told by healthcare professionals that the registered manager and staff had worked well with them to achieve positive outcomes for people. One healthcare professional told us, "On our visits we find the home is clean, well run and organised. I have no concerns regarding Beechwood."