

Beechcroft Care Homes Ltd

# Beechcroft - Torquay

## Inspection report

Palermo Road  
Torquay  
Devon  
TQ1 3NW

Tel: 01803327360

Date of inspection visit:  
08 March 2017  
15 March 2017

Date of publication:  
22 May 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Beechcroft – Torquay is a care home registered to provide accommodation and personal care for up to 34 older people. The majority of people who lived in the home at the time of this inspection were living with a form of dementia.

We carried out a previous inspection of this service on 22 April 2015 where we found the service was rated 'good'.

This inspection took place on 8 and 15 March 2017 and the first day was unannounced. At the time of our inspection there were 32 people living in Beechcroft - Torquay. People had a range of needs, with some being more independent and others requiring a significant amount of support relating to their physical health, dementia and wellbeing.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff treated people with kindness and respect. People enjoyed pleasant interactions with staff which demonstrated people felt comfortable in their presence. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and provided people with affection and humour. Staff knew people's needs, preferences, likes and dislikes and spoke about people with respect and admiration.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with the care and support they required. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

The registered manager was in the process of introducing new care plans for people, which contained more detailed information about their histories, individual needs, preferences and interests. The registered manager was then using this information to develop more comprehensive and personalised activity plans for people to ensure they had stimulation and activities that met their desires, interests and needs.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs. People spoke highly of the food and where people had specific needs relating to their diet, these were responded to.

There was open and effective management at Beechcroft - Torquay. The provider and registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

The registered manager had identified where improvements were needed and were working hard to improve standards. They were working to improve the environment for people, the ways in which people were involved in their care and the running of the home. They were also in the process of improving the activities available for people and the need for care plans to be more 'person centred'. This work was underway.

## 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 their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

Staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

Improvements to the environment were being made in order to meet the needs of people living with dementia.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

### Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

People, relatives and professionals were positive about the caring attitudes of staff.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

People were encouraged to be independent and have a say in the way their care was delivered.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from regular activities. Improvements were being made to increase the variety of activities people had access to.

People were encouraged to make complaints where appropriate and these were acted on.

### **Is the service well-led?**

**Good** ●

The service was well led.

People spoke highly of the registered manager and confirmed they were approachable.

There was an open culture where people and their relatives were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Records were clear and up to date.

# Beechcroft - Torquay

## 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 checked whether the provider was 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 visit took place on 8 and 15 March 2017, the first day was unannounced. The inspection was carried out by one adult social care inspector on both inspection days and an expert by experience on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this inspection the expert by experience had experience of supporting a person living with dementia. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spent time with almost every person who lived in Beechcroft – Torquay. We had detailed conversations with 12 people who lived in the home, four relatives, five members of staff, the registered manager, the provider and two healthcare professionals.

Some people who lived in the home were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. We therefore conducted a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also used the principles of SOFI when carrying out observations in the service.

We looked around the home, spent time with people in the lounge, the dining room and saw some people in their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the breakfast, lunchtime and evening meal periods.

We looked at the way in which people were being supported and looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to five people, including looking at their care files and other records. We looked at the recruitment files for three staff members and other records relating to the

operation of the home such as risk assessments, policies and procedures.

## Is the service safe?

### Our findings

People told us they felt safe living in Beechcroft – Torquay. A number of people were unable to tell us whether they felt safe and we therefore spent time with them, observing their interactions with staff. We saw people looking comfortable in staff company, reaching out to them, calling them over, chatting and smiling. This indicated people felt safe in the company of staff.

The registered manager had ensured disclosure and barring service checks (police checks) had been received for all members of staff before they started work. These checks identified whether potential staff members had a criminal record and whether they had been banned from working with vulnerable people. References were obtained for potential staff members prior to them starting work in order to check they were of good character and that they had appropriate skills, knowledge and qualifications to carry out their role. When appointed to work at the home, new staff shadowed an experienced member of staff and were supervised for a period of time before caring for people on their own.

Appropriate steps had been taken to minimise the risks of people suffering abuse. Staff had received training in safeguarding and were able to clearly explain what steps they would take if they suspected abuse had taken place. Staff explained they felt very comfortable expressing concerns to the manager and would feel equally comfortable contacting external safeguarding routes if necessary. Contact details for external agencies were available to staff. The service had clear policies and procedures in relation to safeguarding people and protecting their rights. Staff made comments including "In my opinion people are safe and well cared for" and "If I thought something was wrong I would flag it up straight away. No hesitation. I would be listened to".

People who lived in the home had a variety of needs relating to their mobility, their nutrition, hydration, skin integrity, specific health conditions, their behaviours and their dementia. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people from risks. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, one person was at risk of malnutrition because they ate very little. The registered manager had liaised with specialist healthcare professionals, such as the GP and the dietician, to seek guidance about how best to deliver this person's care and how to minimise risks to their health and safety. The registered manager had created a detailed risk assessment which contained clear information about the steps staff should take to monitor this person, regularly offer them foods, prepare whatever foods they wanted at the time of day they wanted them and thereby doing their best to protect them from harm.

There were sufficient staff available to meet people's needs. There were 32 people living in Beechcroft – Torquay at the time of our inspection. During the mornings there were five care staff including one senior and in the afternoon there were four care staff, including one senior. During the night there were two members of waking care staff working. The home also employed two members of cleaning staff and a cook. Relatives told us they felt staffing numbers were appropriate and made comments including "There's always staff around".



Staff told us they sometimes found the staffing numbers a challenge but that people's needs were always met. People gave us mixed views about staffing numbers, with some people saying they sometimes had to wait to have their needs met and others saying they never had to wait. People unanimously told us how good the staff were and that even if they did have to wait it was not very long and it did not cause them any issues. We raised the feedback we had received from people with the registered manager who told us they would be reviewing their staffing numbers and speaking with people. During our inspection we observed staff responding to call bells quickly and saw people's needs were met by staff in an unhurried manner.

The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

All the people living in the home required support from staff to take their medicines. People and their relatives told us they had no concerns relating to medicines. Records showed, and staff told us they had been trained to administer medicines safely and regularly had their competencies checked. Staff and the registered manager carried out regular medicine audits and checked the recordings daily. This was to ensure people had received their medicines and any potential errors were picked up without delay.

Accidents and incidents were regularly reviewed by the registered manager to help identify any potential trends or patterns. Where incidents and accidents had taken place, action had been taken as soon as possible to ensure people were safe. For example, following our inspection an incident occurred whereby one person's medicine had not been delivered by the pharmacy. The member of staff administering medicines had not initially reported this to the manager as they believed the medicine would be coming imminently. The person themselves raised the issue of them not having received their medicine and the registered manager took immediate action. They ensured the person's medicine was re-ordered and administered, stopped the member of staff administering medicines until they had received further training, held a staff meeting to discuss the incident and introduced a new checking procedure and policy. This helped to ensure any risks of this happening in the future were reduced and learning had taken place.

# Is the service effective?

## Our findings

Most people and relatives spoke highly of the care delivered at Beechcroft – Torquay. Comments from people included "It's marvellous" and "It's great". One professional who provided feedback said, "The staff are extremely dedicated carers to the residents in this home. The kitchen staff, domestic and maintenance team also do a very good job". One relative whose loved one had recently passed away said "The care she received was first class in personal care, room and medical needs".

Staff told us they knew people's needs well and how best to meet these. Comments from staff included "I know him well", "We know them so well" and "You get to know people". Staff could tell us about people's histories, personalities and specific healthcare and daily living needs. People and relatives confirmed staff knew them well. One person said "They know what I like to eat".

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 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. We checked whether Beechcroft - Torquay was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded where required. For example, one person was at high risk of developing pressure ulcers as they were mainly cared for in bed. Staff and healthcare professionals had identified that assisting this person to move to a chair for a period of time each day would reduce the risks to their skin. A best interest discussion and decision took place in which staff, the registered manager and the person's relatives were involved. This ensured the person's rights were respected where they were unable to make decisions for themselves.

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). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. Most of these were still awaiting authorisation. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe.

A number of people who lived in Beechcroft - Torquay were living with a form of dementia and could walk around the home independently. The registered manager was taking steps to improve the environment in the home in order to make it more 'dementia friendly' and improve people's independence. The registered manager was continually seeking to improve people's living environment and were highly responsive to

suggestions and ideas for improvement. On our second day of inspection we saw comments we had made about potential improvements to the environment had been acted upon. For example, where on the first day the living room/conservatory was a little institutional looking, with chairs lining the walls. When we returned to the home, this had been changed and little groups of chairs and tables were now formed. This change encouraged people to move around the home, chat amongst themselves and play games. The registered manager told us people and relatives had responded extremely positively to this move, with people becoming less withdrawn and participating in social interactions and games more. Another aspect which had been improved on the second day of our inspection was that large signage had been put up in order to assist people with dementia or people with vision problems to navigate independently around the home. This had a positive impact and one person was overheard to say "Oh wonderful, I can find the dining room now." Further improvements were still required in order to enable people to make full use of their surroundings and enable them to be as independent as possible. The registered manager assured us they were looking into implementing further improvements in these areas.

Staff had undertaken training in areas which included safeguarding adults, first aid, fire safety, moving and handling, food safety, infection control and dementia awareness. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff training needs were regularly reviewed and the registered manager discussed these with staff. Staff told us they could ask for more training if they wanted it. One staff member said "We have loads of training. You can't fault the training. I've just had falls training at Teignmouth Hospital. If I wanted extra training it would be no problem". The owner of Beechcroft – Torquay delivered a large portion of the induction and training themselves. They told us this enabled them to get to know staff and understand their learning styles and identify any gaps they may have. The registered manager and the owner regularly tested staff about recent training courses they had attended either within team meetings or in supervisions.

Staff were encouraged to work towards further qualifications and all staff at the home either already had, or were working towards, a diploma in care.

Staff told us they felt supported by the registered manager. Staff received regular supervisions and yearly appraisals. During supervision and appraisal staff had the opportunity to sit down in a one to one sessions with their direct line manager to talk about their job role and discuss any issues they may have. Staff said "I definitely feel supported. I have had supervision and appraisal. I find them really useful and it makes me feel good as well because she recognises good work".

People were supported to have enough to eat and drink. There was a full time cook at the home who catered to people's individual tastes and preferences. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. We saw staff encouraging people to make choices and offering people alternatives. The registered manager had identified that people who lived in the home preferred to have their main meal in the evening instead of at lunchtime. They had done this by speaking with people and seeking their views. They had implemented this change and found that people were eating better, less food was being left uneaten and people were asking for less food during the late evening and night. This change had a positive effect on people and helped them to maintain a healthy weight.

People ate their meals in the dining room, the living room or in their bedrooms according to their wishes. On the day of our inspection we observed the breakfast, lunchtime and evening meals. People's meals were presented in ways which met their individual needs and all meals looked appetizing. Where people needed help with eating their meals or needed them to be presented in a specific way, this was done with respect and consideration. We found that where people ate in the dining room, they had to wait for a long period of

time before being served their food. Because staff were busy serving people in their bedrooms or organising tables for people in the living room and helping to serve the food, they were unable to engage people in the dining room or make the experience more enjoyable and social for people. This left people sitting in the dining room in silence. However, when people were served their food they told us they thoroughly enjoyed it. People's comments about the food included "It's lovely", "The dinner was very nice thank you, and everything was beautiful" and "Very, very, very good." Throughout the day we saw people were provided with a selection of drinks and snacks to meet their needs. People were encouraged to drink; one relative said, "Every time they move her they give her a drink."

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychologists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Healthcare professionals we spoke with confirmed they were contacted without delay and the advice they provided was listened to by staff and used to plan people's care.

# Is the service caring?

## Our findings

People, their relatives and healthcare professionals spoke highly of the staff at the home. Comments from people included "The staff really do put themselves out. They are amazing people", "The staff really are good, you can't fault the staff", "You can't help but get well because they're so nice" and "Everyone has been very kind to me here". Relatives comments included "He always says they are lovely" and "The staffs that work at Beechcroft are friendly and respectful to residence and visitors alike. There is always a hello and a smile when you visit."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff regularly held hands with people to comfort them and give them affection. Staff knew people well and engaged people in conversations about their interests and preferences. For example, we saw one member of staff sitting with one person in their bedroom engaging them in a conversation about farming. They were sitting down in order to make eye contact whilst speaking with the person. The person clearly enjoyed the conversation and spent time smiling and laughing.

Staff told us how much they cared for the people who lived in Beechcroft – Torquay and spoke about them with affection. Comments included "I love all the residents, they're lovely" and "It's nice to be with them and have a chat with them". Staff told us how much they enjoyed and valued their work with comments including "I absolutely love it. The reward you get for helping people makes me feel good. If you make one person smile or laugh it makes your day".

Staff treated people with kindness and respect. Staff cared about people's well-being and worked hard towards helping people feel accomplished, proud, fulfilled and building their self-esteem. For example, one member of staff told us about one particular person's talents and highly impressive past. They told us the person always "put herself down" and therefore the member of staff regularly reminded them of their past and told people in front of them to acknowledge their achievements and build their self-esteem.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans detailed what they were able to do for themselves and how staff were to support that. For example, where one person could take part in some aspects of their personal care this was highlighted in order to ensure staff encouraged this and for the person to retain those skills. During our inspection we heard staff giving people praise and encouragement when undertaking tasks. For example, where one person was mobilising independently with a frame, a member of staff said "Well done my sweet". This made the person smile.

The registered manager told us how they and staff had occasionally gone above and beyond for people. They gave us examples of a member of staff who took time out every week to take part in a music session with one person. They helped the person retain their musical skills whilst providing them with entertainment and enjoyment. The registered manager also told us how they had spent the day in the hospital during the week of our inspection in order to spend time with a person who had been admitted from the home. They

said they had returned to Beechcroft – Torquay when the person had gone into theatre and had then gone straight back in order to be there when the person woke up. They said they did this because they didn't want the person to be alone.

The registered manager told us how they ensured their staff felt valued and cared for. They told us about a recent death which had occurred at the home. Staff were very sad about this person passing and the registered manager brought in a box of chocolates and had written a personal card to each member of staff acknowledging each member of staff's work and praising them for their kindness in how they dealt with this person. They said this helped acknowledge staff's distress and sadness at the loss, whilst also acknowledging their good practice and encouraging further good practice and kindness in the future.

People's privacy and dignity were respected at all times. People had keys to their bedrooms where they were able to and staff always knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not speak about people in front of others.

People were involved in all aspects of their care and the running of the service. People were asked and encouraged to share their views. The registered manager had identified that further improvements could be made in relation to involving people and their relatives and were working on improving this area. At the time of our inspection people who came in for short stays to the home were not asked for their views until they were leaving. The registered manager agreed it was important for people to be involved and have influence over their care and surroundings as soon as they moved into the house and not only when they were leaving. They also told us they were in the process of officially meeting with people and their relatives to discuss and go through care plans as this had not been happening every time or regularly. The registered manager assured us further improvements were being made in order to ensure people were as fully involved as possible. During our inspection we did observe people being consulted about every aspect of their day. People were given choices about what they wanted to watch on television, whether they wanted to take part in activities, where to eat their meals and what to eat.

The registered manager and staff at the home were committed to providing people with the best possible end of life care. They worked closely with healthcare services to achieve this and had sought specialised training for staff. One relative who had recently lost their loved one spoke very highly of the end of life care they had received. They said "On her last three weeks of her life when she was confined to her bed the care for my mum never changed. The girls would go into her room anytime day or night. They even put personal toys that grandchildren had given her on her bed and family and friends photos on a mobile table so she could see them. My mum spent her last 3 years at Beechcroft Care Home and they gave her a quality of life we could never have given her, more importantly my wife and I never saw her stressed at any time and this was a great comfort to us and our family".

## Is the service responsive?

### Our findings

People and staff told us they were confident people at Beechcroft - Torquay were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of support. People had needs relating to their physical health, their dementia and their wellbeing. People's individual needs had been assessed with input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

We looked at the care and support plans for five people receiving care. The registered manager told us they were in the process of changing people's care plans to make them more "person centred". We reviewed an example of the new care plans and found these contained more details about people's specific needs and personal preferences. We found the others, although not as thorough, contained sufficient detail for each person's needs and any risks to be understood by staff. Staff were able to tell us about people's specific needs and how they supported them.

People's care was responsive to their needs. Where people had specific needs relating to their health, mobility, well-being, nutrition or behaviours, these were planned for and responded to by staff. For example, where one person had specific needs relating to their behaviours, specialist healthcare professionals had been consulted and action had been taken to minimise risks and meet the person's needs. The person's care plan contained detailed information about what signs staff should look out for in relation to the person's behaviours and what steps they should take. Staff spoke confidently about this person's needs and how they met them.

Staff knew people well and could tell us about people's specific needs, their histories, interests, how they communicated and the support they required. Where people had specific needs relating to their behaviours staff had thorough training and clear guidance on how to de-escalate situations and reduce people's anxiety. During our inspection we observed staff skilfully interact with people in ways which reduced their anxiety and agitation. For instance, on the day of our inspection we saw one person displaying aggressive behaviour towards another person. Staff intervened quickly and calmly. They positioned themselves in a way as to protect the second person and kindly and calmly spoke to the first person and encouraged them out of the room. Staff told us they knew how best to distract the person and that they needed to be supported to a quiet place for as long as they wanted in order to calm down. A little while later the person returned in a much better mood. Staff checked on the second person regularly in order to ensure they were well and had not been affected negatively by the experience.

People had access to activities and the registered manager spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. The registered manager had identified that further improvements were required in relation to expanding the range of activities available for people in order to meet their needs. Organised activities usually took place every afternoon in the home; this was in the form of visiting musicians, ball games, quizzes and reminiscing. The home had a large garden area that people enjoyed spending time in in the summer and the registered manager told us they were looking at developing more activities for them in the garden, such as gardening. Staff regularly engaged

people in small groups or on a one to one basis in order to ensure people had stimulation. This involved chatting with people, playing card games or arranging for people to take part in chores where this was something they were interested in. There were items and games for people to help themselves to in order to provide them with stimulation. On the second day of our inspection we found the registered manager had created a small area in the living room with a table and chairs alongside these games and items. This had made these more visible and had encouraged people to sit at the table and pick up cards or a board game. The registered manager told us this had been successful in engaging people and getting them to socialise with others. During our inspection we observed people taking part in a number of activities, including chatting with staff, playing a ball game, playing cards and enjoying a musical entertainer. Staff encouraged people to get involved in these activities and provided people with praise and acknowledgement.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. The registered manager encouraged people and staff to share their views and concerns with them in order to enable them to take action without delay. People told us they felt comfortable raising concerns with the registered manager, the staff or the owner and told us they were confident they would listen and take action. Comments included "If there is anything I usually have a chat with [name of registered manager]" and "I can approach them with anything". Where relatives had made complaints in the past they told us these had been satisfactorily resolved. For example, where one relative had complained their loved one's medical stockings were not always getting put on. The registered manager had recorded this as a complaint, had spoken with staff and had ensured the stockings were added to the person's medicine administration record (MAR) in order to remind staff every single day. This ensured the error was not repeated.



## Is the service well-led?

### Our findings

There was strong and supportive leadership at Beechcroft - Torquay. The leadership of the home comprised of the registered manager, the owner who visited the home regularly throughout the week and team leaders. Staff told us the management team led by example to ensure staff provided people with a high standard of care.

Staff spoke highly of the support they received from the leadership team. Comments from staff included "The owner is lovely. They're all approachable" and "The manager [name of registered manager] is so lovely. I can approach [name of registered manager] with anything". The registered manager ensured staff demonstrated the values of the home in the work they did. One member of staff said of the registered manager and the owner: "They're like us and want the best for the residents. Our ethos here is to give respect and dignity for the residents. It's their house and we have to respect it. They say to us: If that was your mum and dad what would you do?"

People told us they felt comfortable approaching the registered manager and we saw people talking with them throughout the inspection and discussing their needs with them. Comments from people and their relatives about the registered manager included "Yes she is very approachable", "The manager is very good indeed" and "First class".

There was an open culture at the home, led by the registered manager, the owner and the senior staff. The manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. In between our first and second day of inspection the home held a residents meeting that all relatives were invited to. The aim of this meeting was to encourage people to share their ideas for improvements and any concerns they may have. The registered manager ensured people and their relatives were made to feel comfortable and encourage openness by serving cheese and wine and making it a social event.

People and their relatives were encouraged to give feedback. Yearly questionnaires were sent to people who lived in the home, who were assisted to complete them where required, and to their relatives. Once these surveys were completed and returned, they were analysed and action plans were created to respond to any issues raised. For example, following the most recent surveys being completed, the registered manager had created an action plan which included reviewing the menus, obtaining specific information about people's preferred food portions, to review cleaning schedules, to introduce new assessment forms covering people's preferences and to improve people's care plans. Each action had a 'to be completed by' date and the registered manager was working on completing each of these.

Staff were encouraged to share their views and provide feedback in order to improve the service. Regular staff meetings took place in which staff were asked for their views. Staff were also asked to complete surveys regularly and any feedback provided was reviewed and acted on where appropriate.

People benefited from a good standard of care because the service had systems in place to assess, monitor

and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, a recent environmental audit had identified that a person's lightshade in their bedroom needed replacing and this was organised.

Any learning from any of the provider's homes was shared amongst each home in order to improve standards. For example, a sister home of Beechcroft – Torquay had experienced a small fire the previous year. Following this a new emergency plans had been put in place in the event of a future fire. This information was shared across all the provider's homes and each home upgraded their emergency plans. This ensured all home, included Beechcroft – Torquay, learned from one another in order to improve standards.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. We found, although some records required improvements in order to increase their level of detail, these were clear, well organised and up to date.