

Dr Brian Cheung

Beech Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 November 2017 and was unannounced.

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

Beech Court nursing home is registered to provide accommodation for up to 26 older people, some living with dementia, who require personal or nursing care. There were six people living at the service at the time of our inspection.

The provider is registered with CQC as an individual and therefore it is not a condition of their registration that they have a registered manager in post. The registered provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2017 we found the provider was in breach of three legal requirements. We asked the provider to take action and make sure people received safe care and treatment and to make sure and to make sure people were supported in line with the principles of the Mental Capacity Act (2005). We also rated the well led section inadequate due to continuous ineffective quality assurance systems. Following our inspection in April 2017 we imposed conditions on the provider's registration to restrict any new people being admitted to the service and to require monthly reports of actions they were taking to improve. At this inspection, we found some significant improvements had been made. However, more improvements were still required in some areas.

People told us they were safe. The provider had made improvements in relation to people's safety. Risks to people's well-being were assessed and managed safely. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage safe administration and storage of medicines. People received their medicine as prescribed. However, we found the provider still needed to improve their infection control practices.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

The provider had been more involved with the running of the service since our last inspection and had

introduced a number of quality assurance systems, with the support of an external consultant, to continuously assess and review the quality of care people received. Some of the quality audits worked effectively to identify areas of improvement and we saw significant improvements in those areas. However, some audits were not always completed correctly. We also found some people's records were not updated where changes in their needs had occurred.

At previous inspections we have found concerns in relation to a lack of activities for people living at Beech Court. At this inspection we found the provider had tried to make changes and introduce new ways for staff to engage with people. However, some people and relatives still told us that activities did not always meet people's preferences and individual needs.

We have made a recommendation about person centred activities.

Beech Court had enough suitably qualified staff to keep people safe. We saw people were attended to without unnecessary delay. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported by knowledgeable staff. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People's nutritional needs were met and people were supported to maintain a balanced diet. People received their meals in a timely manner. Staff treated people with kindness, compassion and respect and promoted people's right to privacy. People care that met their needs.

People were supported to maintain their health and were referred for specialist advice as required. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered provider informed us of all notifiable incidents. Staff spoke positively about the management support they received from the registered provider and manager.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response is added to reports after any representations and appeals have been concluded.

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 not always safe.

There was an unpleasant smell in the lounge. Mops used for cleaning were dirty and not cleaned in line with the provider's guidance.

Risks to people were assessed and risk management plans were in place to keep people safe.

People were protected from the risk of abuse by staff who had a good understanding of safeguarding procedures.

The home had enough staff to keep people safe.

Medicines were stored and administered safely.

Requires Improvement ●

Is the service effective?

The service was effective

Staff had the knowledge and skills to meet people's needs.

People's needs were assessed to ensure personalised care.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Good ●

Is the service caring?

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with

Good ●

dignity and respect.

People were seen to be relaxed and calm in the presence of staff.

Is the service responsive?

The service was not always responsive

People's records were not always up to date.

People received some activities and stimulation, however, they had mixed views of what was available for them.

People had personalised care plans in place written to identify how people's needs would be met.

People's views were sought and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not always well led

The provider had made some significant improvements. However, further improvements were still required.

The provider's quality assurance systems were not always effective.

Staff spoke positively of the support they received from the provider and the managers.

Requires Improvement ●

Beech Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017 and was unannounced. The inspection team consisted of 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. The expert-by experience's area of expertise was dementia.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We reviewed previous inspection reports and the monthly reports the provider submitted as a result of the condition placed on their registration after the last inspection. We also obtained feedback from commissioners of the service.

We spoke with three people and four people's relatives. We looked at four people's care records and four medicine administration records (MAR). During the inspection we spent time with people. Some of the people who used the service were unable to communicate and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We looked around the home and observed the way staff interacted with people. We spoke with the provider, the manager, the administrator and staff which included a nurse, two carers and domestic staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

At our last inspection we found there was an unpleasant smell in and around the lounge area. At this inspection we found the unpleasant smell remained. We could not find any record of communal carpets or chairs being cleaned. However, a member of staff told us they often cleaned the communal carpets. We observed flies in the lounge. One staff toilet had extremely strong unpleasant odour coming from the sanitary waste bin which was overflowing. This may have been explained by the lack of waste collection which the provider had addressed. However, staff took no action to empty the over flowing bin throughout the inspection. We also found mops used for cleaning were not colour coded. We asked a member of staff how mop heads were cleaned and they told us they are rinsed in a bucket in clean water. The provider's policy stated, 'Mop heads must be washed in hot water and detergent and hung upside down to dry'. Therefore staff were not following the provider's policy. The member of staff we spoke with worked both as a cleaner and a carer. Caring staff often completed domestic duties especially at night. Another member of staff commented, "There is need for a domestic all the time to maintain cleanliness".

These findings were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the manager about the need to have a full time domestic staff member and they said, "We will need a permanent cleaner when we have more residents". We spoke to the provider about this and they told us they had received a quote to change the flooring in the communal area.

The provider had infection control policies and procedures in place and we observed staff following safe practice. We saw staff used personal protective equipment (PPE) in line with the provider's policy. Staff told us they received training in infection control.

At our last inspection on 4 April 2017, we found people were not always protected from the risk of pressure sores, as equipment was not always effectively used. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found improvements had been made.

People who were at risk of developing pressure sores had pressure relieving equipment in place which was used effectively. We looked at three people's care plans who were using pressure relieving equipment. The care plans had clear guidance for staff to follow to ensure they were set correctly. We checked all three pressure mattresses and they were set on the correct settings. Records showed these settings were checked daily.

At our last inspection on 4 April 2017, we found risk assessments and risk management plans were not always completed. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found improvements had been made.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving around the home. Risk assessments included areas such as falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person's mobility deteriorated and they needed a full hoist for transfers. This person's risk assessments and care plans were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and any additional support required in the event of a fire.

At our last inspection on 4 April 2017, we found people's medicines were not always managed safely. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found improvements had been made.

People received their medicine as prescribed and the home had safe medicine administration systems in place. Where medicines were stored in the fridge, we saw the fridge temperatures were monitored in line with the provider's policy. The provider's medicine policy guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. People taking as required medicines (PRN) received them safely.

People told us they felt safe living at Beech Court. One person said, "Yes, I think I'm safe here". Another person commented, "The ethos of care here is so good". People's relatives told us, "Yes I think [person] is safe here", "Yes I feel he is safe there. I'm quite happy with the treatment he gets and also I am quite comfortable that his needs are being met" and "We don't worry about her safety here".

The home had learned from mistakes. Staff told us and records of staff meeting minutes showed shortfalls were discussed with the aim of learning from them. For example, training needs had been identified following shortfalls in record keeping.

Beech Court had enough staff to keep people safe. Records showed staffing levels were maintained as planned. Staff told us, "We always have enough staff because the nurses help and (manager) will help" and "Staffing levels are enough considering the number of residents we have". One person's relative told us, "There are enough staff here".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). A nurse told us they were supported through NMC revalidation process.

The provider for Beech Court had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection on 4 April 2017, we found mental capacity assessments were not recorded in line with the principles of the MCA. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found some improvements had been made.

Staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

Staff told us they understood the MCA. They said, "I always presume capacity. I make sure I support them to try and make their own decision. Sometimes that means waiting until a better time when they can understand", "I would never force anybody to do anything" and "We assume capacity in the first instance and then act in people's best interest".

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 found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care. One member of staff said, "We ask for permission to give care".

Beech Court had not admitted any new people since our last inspection. Therefore, we could not provide recent comment on how the provider ensured people's needs were assessed prior to moving into the service. However we could see that people's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up or what food they liked to eat.

Records showed people and relatives were involved in the planning of care.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "I am doing my care certificate. It has been very useful. I have much more information now".

Records showed and staff told us they received mandatory training before they started working at Beech Court. They were also supported to attend refresher sessions regularly. Mandatory training included; safeguarding, MCA, Equality and diversity, dementia care, meaningful activities and infection control.

Staff told us they felt supported and had regular supervisions (one to one meeting) with their line manager. Supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I've had three supervisions and I feel listened to". Staff were also supported to develop and reflect on practice through yearly appraisals. Supervisions and appraisals were scheduled throughout the year.

People told us they enjoyed the food and were able to request specific choices about what they had to eat. One person told us; "I like the food. I always have porridge for breakfast". Another person said, "I usually have good food here"

People's dietary needs and preferences were documented and known by staff. The home kept a record of people's needs, likes and dislikes. The home chef knew people well and was aware of their dietary needs. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was maintained. Drinks were available to people throughout the day.

Beech Court facilitated 'Protected meal times'. This is a national initiative which allows people to eat their meals without unnecessary interruption and enables staff to focus on providing assistance to people unable to eat independently. We observed the midday meal experience. Meals were served hot from the kitchen. People were offered a choice of drinks and, where required, received appropriate support.

Staff at Beech Court worked with other professionals and organisations to ensure people were supported to maintain good health. People were supported to stay healthy and their care records described the support they needed. The provider facilitated GP visits to review residents as needed. People's care records showed details of professional visits with information on changes to treatment if required. For example, one person's condition had deteriorated and they mostly stayed in bed. Staff sought guidance from the care home support team (CHSS) on how to position the person in bed and in a recliner chair. We saw the CHSS provided a bed and chair repositioning plan with pictures which staff followed. Information was provided, including in accessible formats, to help people understand the care available to them. People were supported to access hospital care and any other healthcare facilities. One person's relative told us, "Staff were caring and thoughtful giving support when [person] needed to visit the hospital for an operation".

People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. People could freely move around the home. However, there were limited places where people could spend their time.

Is the service caring?

Our findings

Throughout our inspection, we observed caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. People received care and support from staff who had got to know them well. It was clear people were familiar with staff. One member of staff told us, "We know people well and will know when something is wrong". The manager promoted a caring culture. We saw them supporting people throughout the inspection, treating people with kindness and compassion.

Staff told us they enjoyed working at the home. Some of the staff members had been with the provider for a number of years and were keen to make a difference. They said, "I have been working here for a very long time. We have good team work" and "I have seen a lot of good changes in my time here. The provider looks after our well-being".

We observed people being attended to and assisted in a patient way. Staff offered choices and involved people in the decisions about their care. Staff treated people respectfully and maintained their privacy and dignity. For example, we saw staff transferring a person from a recliner chair to a wheelchair in the lounge using a hoist. A mobile curtain was used to maintain the person's privacy. Staff spoke to the person explaining what they were doing throughout the process. People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. Staff said, "We knock on people's doors and always ask for permission before we offer care" and "It is about making sure we respect them. I close doors and curtains and make sure I keep them covered (when supporting with personal care)". Language used in care plans was respectful.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care record stated, 'Ensure directly facing person at eye level. Use short sentences and show objects to support with choice'. We saw staff following this guidance. The person was relaxed and clearly comfortable with staff.

The home provided information, including in accessible formats, to help people understand the care and support that was available to them. Records showed people were involved and staff told us they knew people well and recognised when people needed help from their families. Staff told us where required they involved external help. For example, independent mental capacity advocates (IMCA). We saw notices in the reception areas informing people this service was available. People's relatives told us the home shared information with them and they were actively involved with people's care. One person told us, "They ring us when they need to make decision. Last time we agreed not to put [person] in hospital as that would upset them. They were managed here by GP".

Staff spoke with us about promoting people's independence. They said, "We give people time to do the things they still can", "During personal care we encourage residents to wash their face and hands if they can"

and "I make sure I encourage to do all they can for themselves. (Person) can shave himself. I always ask if he wants to do himself". Records showed people's independence was promoted. For example, one person's record emphasised on including the person during simple tasks. We saw staff took time to encourage the person and praised them throughout the process.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff told us, "We keep conversations private and do not give reports in front of residents" and "We do not give personal information over the phone". People's care records were kept in locked offices only accessible to staff. However, we saw a person's letter marked 'Confidential' on the table in the lounge, where it remained for the duration of our inspection.

The provider's equal opportunities policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff spoke to us about how they supported people and said, "I will always support them according to their needs" and "If they had any cultural needs (referring to dietary needs) I would make sure the kitchen knew".

Is the service responsive?

Our findings

At our last inspection on 4 April 2017, we found people's records were not always complete and accurate. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found some improvements had been made. However, some records were still not always up to date.

One person's nutritional care plan stated 'soft normal diet'. A review on 13 November 2017 identified the person required pureed food because they were declining to wear dentures. This person's care plan had not been updated and this was not on the dietary information for the Chef in the kitchen. However, the chef on duty knew the person required a pureed diet and we saw the person did receive a pureed diet. Staff were aware of these changes.

Another person's condition had changed and they required a full hoist for transfers. The falls care plan still reflected the person was mobilising with supervision and a walking frame. However, all staff were aware that the person required a full hoist and support of two members of staff and we saw the person being supported in this way.

Another person had recently been hospitalised and was no longer deemed to have capacity to consent. However, the person's capacity assessment had not been reviewed and still indicated the person had capacity. We spoke to staff about this person and they told us they were making decisions in that person's best interest as they no longer had capacity to make such decisions themselves. They also told us the person had recently returned from hospital.

These concerns were a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At previous inspections we have found concerns in relation to a lack of activities for people living at Beech Court. At this inspection we found the provider had tried to make changes and introduce new ways for staff to engage with people. However, people still had mixed views regarding activities that were made available to them.

Some people and their relatives told us they were offered activities. One person's relative said, "Sometimes they take him out to the village, to the Co-op". Another person's relative told us, "I think that [person] still enjoys a quality of life here". Other people and some people's relatives were not positive about the activities. One person said, "It's boring here. I'd like to go to the pub next door but there's no chance of that here". Another person said, "There's nothing to do here and nothing to look at". A person's relative told us, "They [staff] keep forcing [person] to take an interest in books. [Person] doesn't read, never has". Another person's relative

commented, "The television isn't on today but probably because something special is happening, it normally is blaring away". During the inspection we saw a basket full of activities props in the lounge remained unused during the day. The provider facilitated an activity session 'The daily Sparkle'. This is an innovative way designed to engage people into conversations. This could be by way of a newspaper article

from a different period of time which a person can relate to and therefore used to start a conversation. We saw several copies in the lounge and staff tried to engage with people into conversations with very little success. It was clear some of the items in the daily sparkle were difficult to grasp. There was a garden which could be viewed from lounge. On the day of our inspection we saw two people sat in the lounge near a window took evident pleasure in observing the garden, the birds, trees and other animals.

We recommend that the service finds out more about person centred activities.

The administrator as well as staff supported people with activities three times a week. They knew people well and were aware of people's changing needs. For example, one person who used to like doing tapestry but could no longer do so. They also talked about supporting another person, who used to like photography, to clean his camera. They told us, "They (people) like to talk about their childhood and their families. They don't always want to do anything and I have to respect that". Staff told us they offered people choices of what activities to do. One member of staff said, "If [person] wants to go in the garden we take them out there, if they say no we respect that too".

People's care records contained detailed information about their health and social care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People and relatives confirmed they were involved in planning their care. We saw daily records were maintained to monitor people's progress on each shift.

People's relatives told us they were involved in reviews of care. One person's relative said, "We discuss [person's] care plan with (manager) regularly". Records clearly showed involvement of people's relatives and those legally authorised to be involved.

People's views and feedback was sought through residents and relatives meetings, phone calls as well as through quality monitoring surveys. Records of family meetings showed that some of the discussions were around what changes people wanted. In one meeting we saw, people had raised concerns that some members of staff did not always explain procedures to people. For example, during transfers. The manager discussed these concerns with staff and completed observations. On the day of our inspection we saw staff explaining what they were doing to people.

The provider had a complaints policy in place which was displayed in the home and was accessible to people and their relatives. People knew how to complain and were sure their concerns would be investigated and addressed. One person's relative said, "Any issue at all, they're straight on it, straight away". Another person's relative told us, "I'd go to (manager) if there was a problem. His door is always left open". Records showed the home had not received any complaints in the last six months but we saw historical complaints were dealt with in line with the provider's policy. There were compliments and positive feedback received about the staff and the care people had received.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort. One member

of staff said, "We follow people's wishes and involve the vicar or palliative care team. We received the end of life training.

Is the service well-led?

Our findings

At our last inspection on 4 April 2017, we found the provider's audit systems did not monitor or improve the quality of the service. The provider's audit and governance systems did not remain effective. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found some significant improvements had been made. However, we found further improvements were still needed in some areas.

The provider had introduced quality assurance systems to assess and monitor the quality of service provision. For example, quality audits including medicine safety, housekeeping, infection control and care plans. Quality assurance systems were operated and used to drive improvement in the service. For example, a medicine audit identified incorrect recording of medicine stock balances. The member of staff involved had a supervision completed with the manager. Records showed recording in this area had improved.

However, some of the quality audits were still not being used effectively. For example, a care plan audit identified that there was neither an LPA form in place nor accurate information on the form. However, there was no action plan to correct these inconsistencies or timelines for completion.

An infection control audit stated, 'A carpet cleaning schedule in place- answered yes'. However, we could not find any records of carpet cleaning schedules. We asked a member of the domestic staff and they told us they had no records for carpet cleaning. This meant the audit had not been completed correctly and therefore the results would not always be correct.

These concerns were a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 4 April 2017, we found there was no system in place to analyse or audit accidents and incidents to look for patterns and trends. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 21 November 2017, we found improvements had been made.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, investigated and actions were followed through to reduce the risk of further incidents occurring. The manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We report all accidents and incidents to the manager and complete an accident form. The manager will analyse for reoccurrences to minimise further risks".

At our last inspection on 4 April 2017, we reported the provider did not understand the principles of good quality assurance and the service had been in breach of the regulations at the five previous CQC comprehensive (full) inspections. We rated the well led domain inadequate. At this inspection on 21 November 2017, we found the provider had sought advice and guidance from an external source to address

the quality assurance shortfalls. They had introduced a number of new systems and it was evident a lot of work had been undertaken. The provider told us, "In the last six months we have put in a lot of work. I have been more involved in the day to day running of the service. We have concentrated on getting things right". The manager told us, "Since last inspection we have done more checks and the provider has been more proactive. We have made changes in our documentation for better. We have improved in how we care for people".

The provider told us they had sought staff training opportunities which included 'Daily Sparkle'. This is an innovative way designed to engage people into conversations. This could be by way of a newspaper article from a different period of time which a person can relate to and therefore used to start a conversation. The managers had also commenced level 5 training to support them with their roles.

Beech Court was led by the provider and two managers, who were not registered with the CQC. One manager was mainly involved with the administration side of work and was not present during the inspection. The other manager was mainly involved with the clinical running of the service and had been with the provider for a couple of years.

People's relatives told us they knew the provider and were complimentary of the management team. They told us, "Provider is a very nice chap", "[Provider] who runs the place gets in good staff. There is no high staff turnover and the staff are recognized by the residents" and "Senior management are very easy to talk to, approachable and always very available".

Staff were complimentary of the support they received from the provider and the managers. Staff commented, "The managers are definitely good. I am very proud to work here and I am learning all the time", "It's good, well-led. Nurses will always help out" and "Management team are supportive. The provider is very supportive".

Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care as well as staff training. For example, in one meeting staff discussed about effective communication and how to maximise that through staff handovers between shifts. Staff told us, "The team work is very good. We have good communication and are all willing to listen to ideas for change and to get better" and "We have regular staff meetings and I can have my say". People's relatives told us there was good communication between the home and families. They told us the home informed them if there were any changes, for example, infections, referrals to other healthcare professionals or reduced mobility. One person's relative said, "They always tell us, update us and my daughter if there is anything we need to know".

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "We have a policy which we can use to report maltreatment of people or poor staffing".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider's infection control processes were not always effective. Regulation 12 (20) (h)

The enforcement action we took:

Served Notice of Decision to vary a condition of quality assurance systems to include infection control audits.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not always up to date. Regulation 17 (2) (c)

The enforcement action we took:

Notice of Decision to restrict admissions remains in place.