

HC-One Limited

Beechcroft Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 12 and 13th December 2018 and was unannounced. At our previous inspection in July 2017 the overall rating was 'requires improvement.' We had found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to, improvements needed for safe care and treatment for medications and improvements needed for governance systems within the service to develop effective clinical leadership. Following the inspection in July 2017 the provider implemented an action plan to show what they would do and by when to improve the service. At this inspection we found that the actions had been met and the provider was no longer in breach of these regulations.

Beechcroft Nursing and Residential Home is a single storey care home located in the Palacefields area of Runcorn close to local shops, pubs and the local church. The home provides accommodation for up to 67 people. It is divided into two units, a nursing unit and a residential unit.

At the time of our inspection visit there were 61 people living in the 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.

The service has a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and relatives had a positive attitude about the service being delivered and the standard of care and support provided by the staff team. People were treated with respect, consideration and kindness.

Staff supported people to take their medicines safely and as prescribed. The provider had taken appropriate on-going actions to show continued improvements to the management of people's medications.

People were protected from potential harm and abuse by trained staff who were knowledgeable of local safeguarding procedures. Updates were needed for some staff with training and record keeping.

There was mixed feedback regarding staffing levels. The registered manager was confident that staffing levels were increased when they identified a need to do this to meet the needs of people at the service. We recommend the registered provider includes staff, people receiving support and relatives in their assessments of staffing levels so they are fully informed and consulted about the staffing levels provided.

The service was clean and tidy. We recommend the service reviews all areas of the building and refers to published guidance in developing services and their environments to meet people's needs with dementia.

People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs.

People were supported by a team of staff that had received training and support to maintain their skills and knowledge in order to meet the needs of the people they supported.

Information and arrangements were in place for the staff team to respond to concerns or complaints from people using the service and their representatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). The manager submitted notifications following this inspection to show updated information regarding authorisations granted by the local authority.

There were detailed systems in place to monitor the quality and safety of the service. Staff spoke positively about the support they received from the registered manager. They said that the registered manager was supportive and visible around the home and they felt it was well managed.

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.

Health and safety was well managed with detailed checks in place to safely manage the building.

Medicines were being managed safely. Staff had received medicines training to ensure they were competent and skilled in this topic.

Recruitment procedures were well managed to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's nutrition and hydration needs were met. People enjoyed their meals but some wanted more choices on offer.

Staff received appropriate training to meet people's needs.

Consent was sought from people who used the service before providing care and treatment. Where a person lacked capacity to consent, staff acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

We observed positive interactions between staff and people who used the service. The atmosphere in the home was calm and relaxed.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and support.

A complaints procedure was in place and people were aware of how to make a complaint if needed.

People's care plans were centred on their individual needs and preferences and were kept under regular review.

Is the service well-led?

The service required improvement in being well-led.

People were complimentary about the overall management of the service.

Some aspects of auditing and record keeping needed continued review to show oversight in areas such as, staffing levels, notifications for authorisations, the development of the environment, menus and choices offered within the service.

Requires Improvement ●

Beechcroft Nursing and Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on the 12 and 13th December 2018 and was unannounced. The inspection team consisted of one adult social care inspector 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.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We received a Provider Information Return (PIR) submitted by the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, the regional director, one trained nurse, maintenance person, activities organiser, three ancillary and kitchen staff and three support staff. We also spoke with three people being provided with support and four relatives speaking on behalf of their family members. This gave us a wide insight into their views across all areas of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's support and how the service was managed. These included

looking at support records for four people; medicine records; we reviewed four staff recruitment files; staff duty rotas; staff training and supervision records; a sample of minutes of meetings; complaint and safeguarding records; policies and procedures; a variety of records in relation to the management and governance of the service including health and safety and quality assurance audits.

Is the service safe?

Our findings

Relatives and people living at the service offered lots of positive feedback about people receiving safe support. The comments validated the staff approach in supporting people to feel safe and happy. One person told us, "I feel safe because there is always someone checking on me. I had a fall at home and lost my confidence." All of the relatives we spoke with were happy that their family member was in a safe environment. People told us they liked their surroundings and felt it was always kept clean and well maintained. One visitor told us, "My relative has a mesh bed rail to stop them rolling out of bed. They are happy with the mesh rail."

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment for maintaining medication administration records and in managing risks. The service demonstrated they had taken effective action to achieve compliance at this inspection.

People received appropriate support with their medications by staff. The clinical staff and registered manager provided regular oversight and auditing of records to make sure people's medications were safely administered. They provided ongoing auditing and support to the staff team to address improvements. Staff told us they had received regular medication training to support people with their medications. The detail of the audits over recent months showed great improvements in the standards provided by the staff team. We looked at the storage of medications and the standards of records and administration of medications which demonstrated organised and safe practices.

Relatives and people being supported shared positive opinions about the support provided with medications. Where people did not have the capacity to consent to the use of some medicines best interest meetings had been held. The outcome of these meetings had identified where staff would be responsible for the administration of people's medicine as being in the person's best interest.

We received a mixture of comments about the staffing levels. Some staff felt the recent increase of levels had helped, some staff felt they needed more staff in place. Staffing levels were regularly reviewed by the registered manager using a staffing grid. They used this to assess the service had enough staff each day to appropriately support people at the home. We reviewed the dependency levels of people and looked at the staffing rotas with the registered manager. The registered manager felt that they were always able to respond to the need for staffing levels to be increased and had confidence in the provider to meet those needs. People living at the service and visiting relatives felt the service needed more staff at times. There was no information shared with either staff, relatives or people living at the service to inform them of how many staff they could expect to see in place each day.

We recommend the registered provider includes staff, people receiving support and relatives in their assessments of staffing levels so they are fully informed and consulted about the staffing levels provided.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff

with information on how to safeguard people from abuse. Staff demonstrated a good understanding of the different types of abuse, how to recognise abuse and how to respond. They told us they would not hesitate to report any concerns. Staff told us they had full confidence in the registered manager that anything reported to them would be responded to immediately with appropriate action being taken. We saw there was a whistle blowing policy. The whistle blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

Care plans provided enough information to help support staff to identify and safely manage potential risks to people living at the service. Prior to a person choosing the service, staff arranged assessments to look at the person's needs and any known risks that could compromise the person's safety. This included supporting people to maintain their safety if they were at risk of falls or pressure sores. People living at the service told us the staff arranged for them to have any equipment they needed such as, bed rails, wheelchairs and walking frames to help maintain their safety.

We saw that accidents and incidents, along with any pressure ulcers and weight loss or gain were monitored to help reduce risks to people being supported. Staff recorded accidents and incidents which were then reviewed by the registered manager and provider. The registered manager and provider undertook regular audits to identify any themes or trends and to support actions to reduce risks. The registered manager had daily meetings with staff to discuss any concerns or relevant information that they needed to be aware of including any person at risk of 'falls' and people at risk of developing 'pressure sores.' The registered manager had completed detailed reports regarding investigations where a person had developed a 'pressure relieving wound' to help them determine and investigate the cause to help reduce any further risks. They had also audited the number of falls and fractures sustained by people at the service over the last 12 months. This helped them to determine any patterns and trends to reduce future risks.

Staff recruitment was well managed and checks were in place to recruit people suitable to work at the service. We found that appropriate checks had been carried out to show that staff were recruited as per the home's recruitment policy. This policy included seeking references and obtaining Disclosure and Barring Service checks (DBS). The DBS carry out checks to identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. Staff personnel files were very organised and detailed showing thorough checks in place. Such checks help employers to make safer recruitment decisions. In trained staff files there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration was in place for each trained nurse.

The registered manager ensured that the building was safely managed and fully accessible. The environment was accessible for people with disabilities. Staff showed us relevant liability insurance certificates, maintenance certificates and detailed risk assessments including fire risk assessment for the premises.

Environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone. The registered provider had developed detailed audits' encompassing all areas of the building including environmental risk assessments. A detailed fire risk assessment had been undertaken. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff and the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Areas within the building viewed during the inspection were well managed, clean and hygienic. We noted some areas within the environment such as the corridors and doors frames in the residential unit and various bathrooms and toilets needed redecoration and refurbishment. The lighting in some of the

bathrooms was dark especially within the rooms that had no windows. The registered manager had already identified various areas within the service that needed refurbishment. They did not have a maintenance and decoration plan to share with people at the service but advised this would be reviewed with the provider.

Appropriate policies and auditing systems for infection control were in place. Staff had access to suitable personal protective equipment. We looked around the kitchen and the food storage area and noted the kitchen was clean and tidy. We found that safety checks had been regularly undertaken, including the recording temperatures of food, fridges, freezers and maintaining cleaning schedules. We noted that the kitchen was in need of redecoration which should include the ceiling and grouting of the tiles.

Is the service effective?

Our findings

People receiving support were positive in their feedback regarding the service. People told us that they felt that their care needs were met within the home. All visitors felt the staff had correct training and knowledge to care for their family members. One visitor said "They assist my relative from the wheelchair to the arm chair. There are always two staff and they chat and tell my relative what they are doing. They never hurt them in anyway." Another visitor said, "I observe the staff using the hoists to hoist other residents' and they are always in two's and always appear to be using the equipment correctly." People living at the service felt the staff had the correct knowledge and training to meet their needs. One person told us, "All the staff know exactly what they are doing. They keep me clean and comfortable." Another person said, "I always feel safe when the staff are dealing with me such as putting me on the bed pan."

Training included a diverse and varied range of topics to meet the needs of people within the service including clinical areas of need to help people with nursing care needs. Most training records were up to date and some needed further review to reflect accurate updates to their training records. The registered manager took appropriate actions for two staff to update their mandatory training online so that they were up to date with their expected training.

Regular supervisions and appraisals were used to develop good standards of care and support. Supervision sessions provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work. The registered manager acknowledged that improvements had been made with providing this support and had plans to continue and roll out appraisals for all staff. The manager developed and shared with us a staff supervision and appraisal schedule/planner. Staff told us that since the manager commenced working at the service they had noted improvements and felt very well supported.

Relatives were confident that their family members received good support to maintain their nutritional needs. They told us the food is good and of good quality. One relative said "The food is very good, I have lunch with my relative every day." Another said "My relative is on a soft diet because of swallowing problems. The staff assist them to feed and are always patient with them. It is pureed food and always smells nice. They make it look as good as you can with pureed food. I am always asked if I wish to stay for my lunch." Another visitor said, "My relatives lost their appetite but the staff are doing their best to encourage them to eat."

People living at the service had mixed views and felt the food varied. One person told us, "There is a menu but you don't get a choice. The food varies greatly, it is either really good or really bad. Meal times in the dining room are not rushed so that is ok." Another person said, "You don't get a choice but the meals are really good. I have my food in my room and its always hot and tasty."

We observed the lunchtime meals being served and saw that food looked and smelled appetising and was attractively presented. We observed that the menu displayed outside the dining room did not reflect the food served and that the choices on the menu had not been offered to people. We met the chef who had a

good understanding of people's personal preferences, including their dietary likes and dislikes and any special diets such as diabetic, soft and pureed diets and any allergies. Lunchtime was a sociable occasion with staff engaging well with people and offering support if required. Everybody looked like they were enjoying their meal.

We noted the dining room was noisy at times with dining room doors open and people, visitors and staff coming in and out adding to the noise within the dining area. We noted some of the cutlery was dirty and needed to be replaced by the staff. We discussed these aspects with the registered manager who advised they would review the dining experience and look at trialling various initiatives to help improve this aspect of support for people.

The kitchen area was clean and well managed providing a varied amount of choices for meals. The most recent inspection from the food standard agency for the home awarded a rating of five stars. This is the highest rating that can be given and highlighted good management of the catering facilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service. The registered manager discussed her check list and acknowledged she needed to update some notifications to the Care Quality Commission as authorisations had been granted recently for DoLS. Following this inspection, the registered manager had duly submitted this information.

The provider had developed policies and procedures to protect the people they cared for. Staff showed a good understanding of the importance of MCA and gaining consent from the people they were supporting. Support plans demonstrated how people's rights and support needs were met, especially with supporting people with their medications.

During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking if people would like a drink, or help with assistance to go to their room, or the dining areas. People were assisted to choose where they wanted to sit within the communal areas. We noted that some people could display behaviour that challenged and staff knew these people well. We observed staff engaging positively with people to manage those behaviours sensitively.

People's needs were assessed before they received support from the service to make sure the care home could effectively meet the person's needs. Staff we met had very good knowledge of people's individual needs, preferences and knew their likes, and dislikes to help support them. Care records showed that the service involved various healthcare professionals to meet the needs of people who lived at the service such as the GP and the tissue viability nurse. The service also supported people to attend hospital and doctor's appointments. Care plans included any allergies, special diets and specific requirements a person had. People's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were

aware of the need to follow the speech and language therapist (SALT) instructions.

The service had developed an initiative called 'Resident of the Day' which involved a review of all aspects of that person's care. The registered manager said it was an initiative they were still developing in the home to try and make it a positive experience for the resident.

Care plans were regularly audited by the staff and the providers quality assurance team. The audits gave a good overview of the plans in place and helped develop good practice and detailed records evidencing appropriate delivery of care.

The GP explained that they carried out twice weekly visits to the service as well as call outs when requested during the week. Staff felt they worked well with the GP practice to provide the best outcomes for people living at Beechcroft. The registered manager was proactive in gathering feedback from visiting professionals and recent comments included, "Looking forward to coming back" and "Staff very helpful with completing patient assessment."

People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs and religion. The service had policies to support the principles of equality and diversity.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at Beechcroft. There was sufficient suitable equipment in place to promote people's mobility such as, wheelchairs and handrails. We noted that some doors displayed signs with the use of pictures or large print to help people find their way around the service. We recommended the service review the environment to access published guidance in developments to meet the needs of people with dementia. Specific adaptations can help orientate people to their environment. The registered manager advised they were reviewing plans to look at developing the environment with people's needs in mind.

Is the service caring?

Our findings

People receiving support told us the staff were always kind and caring and treated them with dignity and respect. They shared various positive comments such as, "The staff are very kind and always treat me respectfully. They always cover me up when giving me a bed bath, it's my choice not to have a shower" and "I feel all the staff do an excellent job, they always treat me respectfully. The staff are always kind and considerate to me." Relatives said their family members were treated with dignity and respect. One relative said, "They are treated with respect all the time. The staff never enter a room without knocking first."

In our discussions with staff it was clear that they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, respecting their privacy when providing and supporting them with personal care tasks. Staff gave examples of how they respected each person when supporting them and told us they always closed the doors when providing support to protect peoples' privacy. Staff acknowledged improvements in the home and told us they would recommend the service to others.

During our observations of care and support we saw staff treated people in a dignified and respectful manner. Staff provided discreet support protecting people's dignity when using hoists and wheelchairs to manoeuvre people around the service.

We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. During our observations we noted staff were very positive and respectful engaging well with people. We observed staff welcoming visitors and offering drinks and meals during their visit. People living at the service told us their relatives could visit anytime they want which was also echoed by their visitors. One visitor said, "I can visit without any restrictions and I am always offered a drink." Another visitor told us, "I can come anytime I want to. I can have my lunch with my relative and I can make myself a drink at any time."

We observed staff patiently sat with the people they were supporting, offering reassurance maintaining good eye contact, speaking quietly and sensitively. People being supported looked relaxed and happy in the company of the staff sat with them.

Confidentiality of information was safely and appropriately maintained. Records and documents were kept securely. No personal information was on display. Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and in their care planning process.

Staff carried out regular care plan audits and checks with people and their relatives to make sure that they were receiving the care they wanted and to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand each person's requests.

The staff showed us their mission statement which they felt they always tried to work towards. It stated, 'We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference.' Comments made throughout the inspection from people living at the service and their relatives were very positive and helped validate this mission statement within Beechcroft.

Is the service responsive?

Our findings

Visitors and people living at the service told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the registered manager to discuss anything. One visitor explained they had made a complaint in the past. They said, "We made complaints in the past and they have always been dealt with." One person living at the service told us, "If I had any complaints I would talk to the nurse." Everyone knew the registered managers and told us they were approachable and visible throughout the service.

The complaints policy was displayed in the service to make sure it was accessible to everyone. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. We reviewed a selection of complaints received in the last year and noted there had been eight recorded for 2018. The records were well managed and showed a full audit trail regarding appropriate investigations taken.

During day one of the inspection some people that lived at the service had been on a day trip to Llandudno in the home's minibus with the activities organiser. They had enjoyed the activity and came back telling people about their day out. During our visit we saw various activities such as, staff supporting people with crafts in the main lounge and reminiscence music was played and displayed on the TV screen. People told us they liked to go and have a chat and get their hair done each week.

The home employed an activity co-ordinator. Their job was to help plan and organise social events for people, either on an individual basis or in groups. Some visitors told us their relatives did not take part in activities as they felt they did not have the capacity to join in. One person living at the service told us, "I know there are activities but I do not want to be involved as I am bed-ridden at present. The activity lady did come to my room and she said she would take me to Asda in a wheelchair but I wasn't interested." Another person told us, "I have Sky TV in my room so I can watch the footie and all the sports. I go out on the trips with the activities organiser which I enjoy. I take part in the sing a long and I like listening to the Artists that come in sometimes."

Staff discussed the activity programme planned, however some people living at the service were not aware of what was on offer. We discussed plans with the staff to review how they communicated and shared this information to people. The activity organiser was able to describe and demonstrate a programme of activities, both group and individual sessions on a weekly basis and included one to one sessions. They told us activities coordinator told us that they consulted with people and their relatives about their interests and discussed the activities programme with them.

Staff knew people's needs and individual preferences with their care. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. One relative told us they were always kept informed about their relative's care and received updates regarding any changes to their condition. People living at the service told us, they got the right medical care and were happy with the staff calling the GP if required. People told us if they had any pain it was well managed by the staff team. One person told us, "If I need a GP they are called straight away." Relatives were

happy with the GP arrangements for the home especially as they visited at least twice a week.

Care plans were well maintained and regularly reviewed and audited to make sure they reflected the care needed for each person. Any actions noted within the provider's audits were shared and discussed with staff to help improve their record keeping. Plans included details about people's life stories, their likes and dislikes and interests. Such information helped staff to better understand the people they were supporting. Staff knew the needs of the people they supported very well and showed great insight into the needs of people with dementia. Care plans included relevant information to identify the person's care and included reference to any specialist equipment needed to meet people's needs safely, mitigating any associated risks. For example, they identified when specialist equipment such as a bed rails and pressure relieving mattresses were needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. The service had policies and training on end of life care to provide guidance to staff. Staff had good awareness and knowledge around the support and care they delivered for people with end of life care needs. Care plans had been developed by the provider to help identify specialised support requirements at this stage of their life.

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Staff were well trained in communicating to people in different ways to meet their needs. Staff were very knowledgeable and observed to be very positive in their interactions when supporting people.

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the management of the service. They told us they had noticed improvements to the home since the manager had started working at the service. They told us that both the registered manager and senior staff were approachable and always available to discuss any issues that may arise. Relatives' told us they would not hesitate to speak with the registered manager if they had any concerns. They felt she would act on any comments that required action and spoke very highly of her. One relative said, "I have seen an improvement since she took over as Manager, there are improvements in the home and communications."

We received several comments from people living at the service and their relatives who told us they would recommend the service to others. They shared their comments saying, "Yes I would as I am happy here.", "Yes and I have already done so" and "Yes I would as they are well looked after here."

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance. The registered provider had not operated effective systems and processes to make sure they assessed and monitored their service. The service had shown compliance at this inspection.

A registered manager was in place at the time of our inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager made herself available and held monthly open door drop in sessions for anyone to attend. They did not have to make an appointment and could call in to see the manager at any time. We noted some months no body attended but the registered manager was clear that they continued in offering her time to anyone who wanted to chat and discuss anything regarding the service.

The provider had developed several ways to engage with people to gain their on-going feedback about the service. This included a computerised system at reception for anyone to complete a feedback review. This was summarised each month by the registered manager to keep in touch with people's views and act on any of their suggestions. One person had noted the communal lounges had no access for call bells for people to access. The registered manager took swift action to have call bells installed throughout the service in all communal areas. One positive comment from a relative stated, "I feel on behalf of my (relative) and me that we need to compliment the manager of Beechcroft, she works so hard and has helped us so much while my relative has been at Beechcroft, nothing is too much. The manager is very patient, caring and so approachable, after spending time with the manager she makes everything seem better. She is a credit to you and Beechcroft."

The registered manager had various methods in place to help her to meet all of her staff and people living at

the service on a regular basis where she could assess the quality of care provided over a 24-hour period. The registered manager told us she 'walked around the home' regularly in order to check that the home was running smoothly and that people were being cared for properly. She also held a daily briefing session called, 'flash meetings' with senior staff that covered any issues for the day and any comments or feedback. The registered manager also carried out regular announced visits to the service including thorough night time visits.

People were provided with the opportunity to comment on the service they received by way of annual questionnaires. Recent comments received indicated that people felt positive about the service being provided and were similar to the positive views during the inspection. Comments included, "Absolutely fantastic staff, management brilliant", "Lovely staff very helpful" and "Really enjoy my visits, staff always happy to help, nothing is too much trouble for them."

We found improved systems in place to monitor the quality of the service people received. The provider continued to support the service in improving the management and records by providing supporting staff and managers to assist the registered manager. These systems were used by the management team to monitor that the service was being maintained to a good standard and enabled action to be taken where improvements could be made. HC-One Limited had a corporate management system within its homes'. This system offered on-going monitoring via the company's computerised system called Datix. It covered a wide area of audits covering areas such as care plans and medicines. They were very detailed and helped to show how the service was safely managed and supported by the registered provider. We noted some areas needing continued review to show on-going improvements with discussions around staffing levels, development and refurbishment of the environment, review of the dining experience and menu choices, management of training and of staff appraisals. The registered manager had extensive evidence to show improvements to the service and acknowledged their ongoing input would continue to help develop the service further.

The registered manager advised they were looking at further developments in the service and the environment. We discussed potential benefits in adapting the building to meet the needs of people with dementia. Further developments were also needed in sharing plans and opportunities for activities with everyone in the building. Some people had been unaware of what was on offer socially.

The registered manager shared with us copies of the service's policies and procedures that covered a diverse range of topics. Staff were also issued with lots of relevant information such as staff handbooks which reiterated good practice and the standards expected of them. The policies and procedures reflected best practice and were accessible to everyone.

There was a clear management structure in place. The registered manager described a lot of work that had taken place that continued to help them to provide a stable team with their active recruitment programme for more staff. Staff were very positive about improvements noted within the service and were supportive of their registered manager.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. They offered positive feedback regarding the progress the service had made.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty

of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken detailed and transparent investigations into incidents, accidents and complaints.