

21st Century Care (Plymouth) Limited

Beaconville Nursing Home

Inspection report

Beacon Road
Ivybridge
Devon
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30 May 2018

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 29 and 30 May 2018 and the first day was unannounced.

Beaconville Nursing Home 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.

The provider is registered to accommodate up to 36 people. Beaconville Nursing Home provides nursing care and specialises in dementia nursing for older people. At the time of the inspection 32 people were living at the home.

There was 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.

At the last inspection in January 2016 we rated the service 'Good'.

At this inspection on the 29 and 30 May 2018 we found the service continues to be 'Good'.

People received care and support in an exceptionally personalised way. Staff knew people well, understood their needs and the way they communicated if they were living with dementia. Care was focused on people's wishes and preferences. This meant people were able to achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content which helped them to lead as full and active lives as they wanted to. People's quality of life had improved and was maintained.

The ethos of this home, led and maintained by a strong management team, ensured people were at the heart of the home. Without exception people and family members told us staff were very caring. Comments from relatives included, "The staff here and the quality of care is second to none. They meet mum's needs above and beyond. We wouldn't want mum to be anywhere else" and "The care my friend receives is without exception, faultless." Relatives told us their relations became calmer and more relaxed than they had been in some time when they came to live at Beaconville. A health professional told us, "Beaconville are the absolute specialists in dementia care and they are by far the best home in the area and have been for many years."

There was a very strong person-centred culture and staff really understood that people, their views and their wishes were what mattered most. We observed many positive and caring interactions between staff and the people they were supporting. Staff showed patience and understanding when supporting people and they did so in a way that promoted their independence, choice and dignity.

People were relaxed in the company of staff and staff demonstrated good interpersonal skills when interacting with people. When people became upset, staff knew the best way to reassure and support them until they became less anxious. It was clear staff knew people well.

People's lives were enhanced because staff demonstrated a responsive approach to ensuring people's skills and hobbies were continued, so people felt valued and important. Beaconville focused on the individual and their experience of dementia and aimed to offer as much stimulation as possible. People had many opportunities to be involved in a variety of activities and these were adapted to people's needs and preferences to suit each individual.

Beaconville was well led and had an experienced and skilled registered manager in post, which provided stable and consistent leadership. Relatives and staff had confidence in the leadership of the home. It was clear the registered manager acted as a strong role model, was inclusive, and communicated well with staff, people and relatives.

People who could, told us they felt safe. One person said, "Do I feel safe? Well yes." Without exception, every relative we spoke with during the inspection described Beaconville as safe.

People were protected from abuse because there were systems and processes in place to identify and report issues of concern. Staff had received training in recognising and reporting abuse.

People's needs were met because the home had sufficient numbers of suitable skilled staff to meet their needs. The atmosphere in the home was peaceful, calm and organised and staff spent time with people. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely.

Assessments were undertaken to identify people's care, health and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcomes possible. Care plans were developed with people and relatives to identify how they wanted to be supported.

The registered manager was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

There was an on-going programme of repairs, maintenance and servicing to maintain safety and continually improve the environment of the home. The premises were well managed to keep people safe. For example, staff were familiar with actions to take to protect people in the event of a fire or other emergency. People were protected from cross infection by good standards of cleanliness and hygiene.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People received care and support in an exceptionally personalised way. Care was focused on people's wishes and preferences.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People were partners in their care; care records were individual, personalised and comprehensive.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Good ●

The service remains Good.

Beaconville 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 was planned to check 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 took place on 29 and 30 May 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. 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 our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who lives in the home experiences a serious injury.

We gathered information from the local authority quality assurance improvement team and safeguarding adults team. This information was reviewed and used to assist with our inspection.

Most people living at Beaconville were not able to share their views about the service. During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we observed care and support, looked at records and spoke with staff. We spoke with two people living at the home and seven visiting relatives. We spoke with the registered manager, deputy manager, one registered nurse, ten care staff, cook/ housekeeper, laundry assistant and activities co-ordinator/training lead.

We reviewed a range of records about people's care and how the home was managed. We looked at individual care records and for five people and sampled people's medicine records. We also looked at

recruitment, training and induction records for three staff, staffing duty rosters, staff meeting minutes, meeting minutes for people who lived at the home, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

At this inspection we found that the home still provided people with a safe service and the rating continues to be good.

The majority of people living at Beaconville were living with dementia, and as such not everyone we spent time with or spoke with was able to share their experiences. Those people who could, told us they felt safe. One person said, "Do I feel safe? Well yes." Without exception, every relative we spoke with during the inspection described Beaconville as safe. Comments from relatives included, "I'm thankful for this care home, it gives me peace of mind. I know my relative is safe here", "My Mum is really safe here. The carers know that she can be aggressive and even pull furniture over and throw things at them, but they manage her condition well and they keep her and themselves safe" and "I'm not at all worried about the building looking tired, my focus is on my relative being safe and as happy as is possible given their illness."

People were protected from abuse because there were systems and processes in place to identify and report issues of concern. Staff had received training in recognising and reporting abuse. They were able to tell us about different types of abuse and to whom they would report any suspicions.

People were protected against risks associated with their care and support being delivered by unsuitable staff. Staff were recruited safely. Staff files showed the registered manager ensured the necessary pre-employment checks were undertaken to ensure staff were suitable to work at the home. These included disclosure and barring (police) checks, references and proof of identity as well as checking with the Nursing and Midwifery Council to ensure the nurses held a current registration with them.

People were supported by sufficient numbers of staff both during the day and at night. At the time of the inspection, in addition to the deputy manager and registered manager, both registered nurses, there were eight care staff and another registered nurse on duty. Overnight there were four care staff and one nurse on duty. The home also employed catering, housekeeping and laundry staff. Throughout our observations, we saw call bells were answered promptly and staff spent time with people in the communal areas. This indicated there were enough staff on duty to meet people's needs.

Risks to people's health and safety, including those associated with healthcare conditions, were assessed and management plans put in place to reduce these. Care files contained assessments in relation to risks associated with poor mobility; skin care; nutrition and hydration, including the risk of choking due to swallowing difficulties, as well as needs associated with health care conditions such as epilepsy. We observed staff assisting people who had limited mobility. Where equipment was used such as a hoist, this was done safely. Staff spoke with and gave information to each person throughout the process. Accidents and incidents were recorded and reviewed by the registered manager. This helped the management team ensure that action to mitigate further risks was taken.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to

avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what triggered the behaviour and what calmed them if anxious. A relative told us, "My relative can be really challenging on occasions, but that never stops the carers from spending time with them." Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

People received their medicines safely. During the inspection, we observed some people receiving their medicines; people received these safely. Nurses signed people's medicines administration record (MAR) charts to confirm people had received their medicines in line with the prescriber's instructions. Medicines were stored safely and securely and regular checks were undertaken of stocks, MAR charts and the temperatures at which medicines were stored.

The environment was clean, smelled pleasant and was tidy. One relative said, "My relative's room is always kept clean and tidy, there's never any unpleasant odour in her room, or anywhere around the home for that matter." However, we saw that some carpets were worn and stained and some paintwork was marked. We spoke with the registered manager about this. They were aware of our observations and there was an on-going refurbishment programme to address this. Infection control practices were safe. Protective clothing such as aprons and gloves were available throughout the home for staff use. Staff had completed training in infection control and food hygiene.

Equipment used to support people's care, such as hoists, was serviced regularly to ensure it remained safe to use. All appropriate servicing of equipment used throughout the home had been carried out in accordance with recommended maintenance schedules. Fire safety checks and personal evacuation plans were completed. Staff received regular fire safety training and people confirmed the fire detection equipment was tested weekly. One staff member told us, "We have regular fire drills, although I missed the last one. I know what to do in a fire, using the mats to move people and so on."

Is the service effective?

Our findings

The home continued to provide people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most people living at the home were unable to consent to the care and support they received. Where this was the case, mental capacity assessments and best interests decisions had been documented. However, we saw mental capacity assessments were not always decision specific.

The registered manager recognised that improvements were required in how MCA assessments were completed and recorded. At the time of the inspection they were in the process of reviewing capacity assessments and best interests decision making documentation. They showed us new documentation that ensured capacity assessments and subsequent best interests decisions, would be decision specific and involve the relevant people in the decision making process.

We saw where the registered manager believed a person lacked capacity and they had been deprived of their liberty in order to protect them, appropriate applications had been made to the Local Authority for authorisation.

The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions. Staff gave us examples of when people had refused care and how they waited until the person was ready to accept care or they adapted arrangements to meet the person's choice. For example, when a person did not want to be assisted with personal hygiene, staff told us they would go away and return later and they were more likely to agree. They said people were always asked to consent to their care and treatment.

People were supported by staff who were appropriately trained and supervised for their roles. Staff told us, and records showed, staff had received training in topics relating to people's care needs, such as dementia care and end of life care, as well as health and safety topics including moving and handling and infection control. All staff had recently received training in relation to equality, diversity and human rights.

Newly recruited staff had received induction training that prepared them for their role. A comprehensive induction training programme was used that covered topics such as promoting people's rights, keeping people safe and dementia awareness. The induction was linked to the Care Certificate. The Care Certificate is a set of nationally recognised 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.

Staff supported people to access healthcare services whenever they required. The home received input from a supporting GP practice. The GP service undertook rounds at the home each week where people's health was reviewed. Records showed people were also referred to other healthcare professionals such as the dietician, speech and language therapist and chiropodist as needed. A visiting GP told us, "It's the beacon of dementia care in this area. There is high staffing and they take complex highly stressed people. Their use of medication to help distressed people is very low because staff are highly trained to provide the best dementia care."

People were supported to eat, drink and maintain a balanced diet. People who were able, told us they enjoyed their meals and had enough to eat and drink. We saw the menus were varied and the choice of meals was appetising and catered for a wide range of tastes. The home provided adapted cutlery to support people's independence with eating. For those people who required staff assistance with eating, we saw this was done safely and at each person's pace. People who were at risk of not eating or drinking sufficient amounts had their intake monitored. When necessary staff liaised with relevant health professionals, such as dieticians, for guidance and advice over people's nutritional intake. The cook told us food was nutritionally enhanced for all those at risk of not eating enough to maintain their health.

The home recognised that people with dementia were helped tremendously when their own living space was defined; therefore doors to all bedrooms were in primary colours with individual letterboxes and door knockers. Picture signage on bathrooms and toilets were used to help people locate areas and move around the home. People were encouraged to personalise their rooms. The home had large communal areas for people to enjoy, spend quiet time in or join in with activities being provided. The lounge had access to pleasant gardens for people to enjoy.

Is the service caring?

Our findings

People and their relatives told us they were very happy with the care at Beaconville.

The care and support people received was firmly based on the home's caring ethos. The home's website stated, "The care and nursing provided at Beaconville is absolutely focused on the needs of our individual clients. Beaconville is registered to care for complex behaviours which some people living with dementia experience. Our approach is based on respect, dignity and individuality which are the fundamentals of person-centred care."

People were at the heart of the home underpinned by a caring and considerate ethos which was promoted by the registered manager. The registered manager showed real passion and commitment to enrich the lives of people living at the home and they demonstrated this with a hands on approach leading by example. The registered manager told us, "Kindness, warmth and trying to maintain a nurturing atmosphere underpins everything we do and is the basis for every aspect of the care we provide to our residents, families and each other. We truly try to deliver care to our residents just as we would like to receive it ourselves." We saw many examples where the registered manager's positive approach and philosophy of care was embedded into the culture of the home and the behaviours of the staff who demonstrated this caring ethos well.

People were supported by a consistent team of staff who were highly skilled. This ensured continuity and enabled people to get to know the staff team. Only staff who demonstrated the homes vision and caring ethos, were selected to work at the home. The registered manager told us, "The recruitment process is robust and we have a firm belief that 'Only the best will do' for our residents. The registered provider puts high standards of care in a compassionate environment above all else and there is never any pressure on us to save money on staffing." This meant that people were only looked after by staff who shared the same values and passion to provide the best care.

All those we spoke with, including relatives and healthcare professionals, told us Beaconville lived up to these values.

One health care professional told us, "Beaconville are the absolute specialists in dementia care and they are by far the best home in the area and have been for many years. I place really challenging people here and they always manage them well. They always put patient's first and treat everyone as an individual. I have a very strong trust in their ability and they demonstrate outstanding care and the very best practice." They went on to tell us people they had placed at Beaconville became more settled and calmer, allowing medicines they used to treat their anxiety, to be reduced or discontinued. They told us this was because staffs' practice focused on emotional care and resolving the reasons why a person presented with behaviours that challenged rather than just managing the behaviour.

Relatives told us their relations became calmer and more relaxed than they had been in some time when they came to live at Beaconville. For example, a relative told us how they saw an almost immediate

improvement in their relative when they moved to the home. Their relative had been living in another care home in the area and had been receiving one to one support from staff. The person had complex needs and was at times disruptive and physically and verbally aggressive. This behaviour resulted in the need for a new placement as the care home they were living in said they could not continue to meet the person's needs. The relative said that within a matter of days their relative was so relaxed and calm they no longer required one to one support. They told us, "The staff were great and got to know [name] well, they knew what upset them really quickly and made sure these events were avoided. They have shown hundred percent dedication to make [name] feel wanted and loved." We saw this person looked relaxed and happy during the inspection.

Without exception people and family members told us staff were kind and caring. Comments from relatives included, "The staff here and the quality of care is second to none. They meet mum's needs above and beyond. We wouldn't want mum to be anywhere else", "Mum is fabulously well cared for here. The staff really know her care needs, and they meet them" and "I visit quite regularly, and have done for the last five years, so I think I have a pretty good view of the consistency of the care my friend receives and without exception, it's faultless." We were repeatedly told this level of care and attention had proved successful in providing the care environment people living with dementia needed.

There was a very strong person-centred culture and staff really understood that people, their views and their wishes were what mattered most. People's needs were anticipated, and all staff ensured that people received respectful support and care. For example, we saw staff respond and recognise a potential altercation between two people. Staff very calmly and skilfully took each person off in another direction and involved them in activity. We saw that each person returned to their happy, calm and relaxed mood.

We observed warm, positive, caring and loving interactions between staff and people and people were relaxed in the company of staff. Some people were observed sharing jokes and laughter with staff and engaging in banter. We saw instances where staff demonstrated appropriate levels of physical contact, recognising when some people needed to be hugged or have their hand held. Staff showed patience and understanding when supporting people and they did so in a way that promoted their independence, choice and dignity.

Where people were unable to communicate verbally, their behaviour and body language showed they were comfortable and happy when staff interacted with them. Staff responded promptly when people needed assistance or reassurance. They took time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them. For example, one person became upset and staff knew the best way to reassure and support them until they became less anxious. They sat with them chatting, we saw that this quickly improved their mood and they looked happy.

It was clear that staff knew people well which helped them understand people and what worked well for people who may be experiencing episodes of distress. For example, one person experienced frequent periods of extreme anxiety that did not readily respond to time and attention of staff. Staff found that the person's anxiety was around the need to be at work when they had held a very responsible position in a large organisation. Staff found the person was comforted by sitting in the home's office to 'file' and sort through papers. This meant this person was able to maintain the feeling of being needed, being helpful and respected and their anxiety levels reduced significantly.

Another person, who sometimes became very angry without any obvious triggers, responded very well to singing and staff were always on hand and ready to distract them in this way. This meant that the need for

physical intervention was negated.

Staff knew they were instrumental in improving people's mood and behaviour by changing the tone of their voice, changing the environment and providing alternative focus for somebody experiencing distress. We saw this happening on many occasions during the inspection. The registered manager told us, "We are always looking at 'what works' for individuals to improve their experience of dementia."

Staff told us they had good relationships with people. They told us it was important to get to know people and understand their needs and they did this by spending time with people. Where people were able, they were encouraged to continue to develop their previous skills. For example, the home bought a piano for one person who was an accomplished musician. Staff encouraged the person to play the piano for staff and people living at the home and the person enjoyed doing this. Staff took the person to quieter areas of the home so they could play their guitar and the person was also encouraged to play when outside guitarists visited. The person had also given members of staff piano lessons. This not only maintained their own skills but gave them a sense of self-worth by entertaining others and passing on their skills.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Wherever possible, people or their relatives, were involved in making decisions about their day to day care needs. We saw staff involving people in making decisions about where they sat and the activities they were involved with. People were encouraged to maintain their independence. People told us they were encouraged to do things for themselves where they could. We saw staff encouraging people to do things for themselves during the inspection. For example, we saw people being encouraged to support themselves with eating and drinking.

Staff spoke with enthusiasm and were extremely proud to work at the home and told us people's care and experiences were paramount. There was a real sense of family in the home. One member of staff told us, "I am very happy, I love this job. To me, the residents are like a second family." Another staff member, who was not on duty during the inspection, contacted us after to pass on their views and experiences of working at Beaconville and of the exceptional care staff gave to people living at the home. They told us, "I feel very proud to be working at Beaconville. It is a safe and secure environment with a balance of appropriate activities and quiet periods. The staffing levels are consistently high and this allows time so all activities and care is not rushed and this enables staff to offer the individual emotional support, respect and make them feel valued."

People were supported to maintain relationships with their friends and families. Friends and relatives could visit whenever they wished and were invited to events at the home. One relative told us, "I can visit or telephone at any time, and I have found that whenever I do call, there is consistency about Mum's care."

Beaconville had received many compliments from relatives many of which commented on the caring nature of the home and staff team. For example, comments included, "My relative receives excellent care. I have nothing but admiration for this nursing home", "My mother has been looked after like one of the family" and "We are very happy with the care given and we know we do not have to worry about anything when we cannot visit."

We saw that records were kept securely and could be located when needed. This meant only care and

management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People's lives were enhanced because of the responsive approach to ensuring their skills and hobbies were continued, so they felt valued and important. The home employed an extremely enthusiastic and passionate activities co-ordinator. The activities co-ordinator promoted the importance of understanding people's history and how this helped to provide meaningful activity based on past lifestyles, interests and beliefs. We found staff demonstrated this in-depth understanding throughout the inspection.

The activities co-ordinator told us their role was to help and support staff to promote activities and social events by using different resources and material to improve the lives of people living at Beaconville. Staffs' focus and aim was to make sure that all social activities were person-centred, fun, had meaning to each person and offered as much stimulation to people as possible. A relative told us, "Every time I visit the home I find carers engaged with residents, either just chatting with them, or perhaps doing some craft with them. Staff are always present and visible, they really do seem to have time for the residents. You never visit and find residents just watching TV or just staring at each other."

Throughout the inspection we observed people had opportunities to take part in a number of group and one to one activities. There was a monthly program, where each activity could be interpreted differently, which provided variety to a theme. For example, flower power; could be a walk around the garden, watching a flower arranging film, colouring a picture, putting together a garden jigsaw or flower arranging. The approach of staff to any activity was 'The sky's the limit' and "There is always a plan B."

The activities were numerous and varied and had been developed around the interests of each person living at the home. These included ball and board games, reminiscence sessions, folding and sorting laundry, rummaging through shopping bags, putting together and painting bird boxes; making picture frames and jewellery boxes; cooking crafts, tinkering with mechanical bits and pieces, singing, tea dances, household chores, cream teas, music and movement and aroma therapy sessions. The activities co-ordinator told us each activity could be adapted to people's needs and preferences to suit each individual.

Beaconville had the added benefit of having two large lounges and a sunny garden room, so there was always a peaceful spot to sit for those not taking part. The garden room displayed people's art work from craft sessions. These craft activities brought the outside 'into the home' and people had been involved in decorating a garden trellis with green cut out paper hands and home made flowers. Picnic benches and tables were placed in the garden room for people to sit and enjoy the view. We saw people sitting there enjoying the view during the inspection. Staff told us this was a popular place for people and their family members to sit.

Beaconville focused on the individual and their experience of dementia and aimed to offer as much stimulation as possible. The home used technology and therapeutic design to offer people the opportunity to interact in a specially-built sensory room with fibre optics and bubble towers. People were able to use a massage chair to experience relaxation and stimulation. Staff told us this was a firm favourite amongst people living at the home. People had access to a touch screen computer, laptop and tablet with a specially

sourced large type keyboard and sensory mouse. Staff used these to help people keep in-touch with relatives and provide reflection opportunities or distraction when needed.

People were encouraged to take part in activities that had meaning to them and they had previously enjoyed. For example, one person had a box of cars, lorries and tractors in their room which they liked to put in straight lines or take apart and repair. Staff told us how this related to their previous work and lifestyle. Another person had a manikin head and they loved to plait the hair and put rollers in, or to help someone else by passing the rollers to them. The person had worked as a hairdresser when they were younger and staff used this activity to help them relax. We saw one person sat with a staff member using building blocks. Staff told us the person used to be an engineer and enjoyed moving the blocks around.

Staff encouraged the use of doll therapy for people, particularly people living with advanced dementia. We observed one person found the company of a doll very comforting and staff were extremely respectful, treating the doll as a real baby. We saw lovely interactions with the person, doll and staff throughout the inspection. Specialist dementia support objects were also available such as tactile objects and sensory blankets. This reflected good practice in the care of people living with dementia, to provide stimulation and items of familiarity and interest.

To reduce the risk from social isolation the activities co-ordinator and staff visited people in their rooms for one to one sessions and activities. Staff made sure people who stayed in their rooms were included in organised entertainment such as being visited by a visiting musicians or pet therapy.

The home was also very responsive to the needs of people's relatives. People's families and friends were included in every aspect of life at Beaconville. They were encouraged to join in with all activities and staff welcomed ideas and suggestions of activities people might enjoy. For example, relatives were invited and encouraged to make personalised memory boxes and bring in photo albums to aid reminiscence sessions. This helped staff to get to know people and their families, where they had visited and more importantly people's life's journey. One relative told us, "As well as looking after Mum they have been looking after us too. They have been explaining the progression of her dementia which really helps us to understand what is happening and helps us cope better. They really care."

With management support, the activities co-ordinator started a families and friends support group, which met once a month. These meetings gave families and friends the chance to share their experiencing of having a loved one living with dementia, contribute their ideas as well as the opportunity to raise any concerns they may have had about the service provided.

We saw people consistently received person centred care. This meant the home put people at the centre of all decisions whilst working alongside health professionals to achieve the best possible outcomes. This was reflected in care plans. We saw people's needs had been individually assessed and care plans written up. Detailed information was included in the care plans providing clear instruction for staff about how to support people. Care plans included people's personal preferences, likes and dislikes. For example, the care plan for one person said they liked to keep their socks on at night as they had very cold feet. Another persons care plan said that it was very important for them to be smartly dressed with matching clothes and to be wearing make-up. We saw they were indeed wearing matching clothes and were wearing make-up. They told us staff had helped them.

Wherever possible, people and relatives had been involved in making decisions about care and support and developing the care plans. Care plans provided consistent and up to date information about each individual. When people's needs changed, care plans were reviewed and amended to reflect any change.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017.

Care plans identified any requirements relating to disability or sensory loss. This was achieved by gaining people's past histories from people, families, medical professionals and records. Communication plans highlighted people's strengths as well as areas where they needed support and how staff could communicate effectively with them. For example, one person was profoundly deaf and wore hearing aids and could lip read. Their care plan told staff the person would wear one hearing aid at a time. A staff member told us when communicating with this person they made sure they moved closer to the person so they could read their lips.

People's spiritual, religious and cultural needs had been identified and details of people's preferences were documented within their care and support plans. People were supported to access local churches if they wished.

People were supported to have a comfortable, dignified and pain free end of life. People's care records contained information about people's preferences in how they wanted their care to be provided. This included information about DNAR (Do Not Attempt Resuscitation) status. Staff would involve the relevant professionals when required and obtain appropriate medicines to ensure people remained pain free. Staff had undertaken training in providing end of life care.

People and relatives said they had no concerns or complaints about the home. One relative said, "There are regular family meetings where you can raise concerns. I've never needed to complain, but if I were to, I am confident that [manager's name] would respond quickly and positively." There was a complaints procedure in place, which set out a clear process for investigating any concerns and included details of external agencies that could help. The provider's complaints policy was available to people. No complaints had been received since we last visited.

Is the service well-led?

Our findings

At this inspection we found that the home provided people with an well led service. We received repeated positive feedback from people, relatives and health professionals about high standard and responsive care provided to people with very complex care needs.

We saw the emphasis was very much on the quality of the care and people's experience. Beaconville maintained a stable staff team and were able to retain registered nurses and experienced care staff who knew and understood people and provided individualised care. Given the challenges of recruiting and retaining care and nursing staff in the care home sector, this achievement cannot be underestimated and shows effective leadership.

Staff were recruited for their caring nature and the management team built on their strengths. They encouraged feedback from staff, listened to their ideas about what worked well for people and the home and put these into practice. This was a part of the culture and ethos of this home.

Beaconville had a positive culture that was person-centred, open, inclusive and empowering. These values underpinned everything that happened in this home. The provider had a clear vision for the service with an emphasis on recognising, supporting and celebrating each person's individuality. This vision and the ethos of the home was evident throughout our inspection in interactions between staff and people. We saw the registered manager and staff demonstrated and shared the provider's vision and ensured people received effective, individualized and quality person-centred care.

As a result of this leadership and ethos, people's lives had improved.

The registered manager and management team at Beaconville were experienced and skilled and provided stable, consistent leadership. This was a view shared by relatives. One relative said, "[Registered manager's name] is very responsive to our questions. We probably ask a lot of her as a family, but you only have one Mum. She never minds us asking and is always available for us." Another relative told us, "Nothing is too much trouble for [registered manager's name]. She has never tried to avoid me when I've asked to see her to talk about Mum, I value that she makes herself so accessible." A visitor said, "The leadership is excellent." Visiting health professionals confirmed the registered manager was extremely effective in their role. We heard examples of how the manager and staff ensured relatives understood how each person was affected by dementia, and how the planned intervention would help to support the person with dementia to have a better quality of life.

Beaconville demonstrated its improvement since the previous inspection in January 2016, building on what they did well. Management and staff had looked for ways to continually improve people's experiences. There were high levels of engagement between people and staff. The home empowered people to remain as independent as possible and did not limit people's experiences because of their disabilities but found ways to overcome them.

Staff told us they were happy working at Beaconville. They felt well supported by the management and that communication between the team was very good. Comments from staff included, "I've been here for three years and wouldn't want to work anywhere else. [Registered manager's name] and [deputy manager's name] are great bosses to work for", "It's the team spirit that I like. Everyone here looks out for each other and people don't mind helping each other out" and "This is a great place to work, I really love my job."

The provider had procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date. Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes from feedback or complaints.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. These included audits of medicines, health and safety, infection control, falls, accidents and incidents and care documents. This enabled the registered manager to assess the quality of the service and take action when necessary.

Most people living at Beaconville were unable to voice their opinions about living in the home. The registered manager knew people well and made themselves available for people and their relatives by ensuring their door was always open. Feedback about the home and the service they provided was gathered from all stakeholders, staff, visitors and relatives. The last survey from April 2018 showed an extremely positive response. For example, of the relatives that responded, 100 per cent considered the standard of care at the home to be very good. Where issues were identified, an action plan was put in place, however, there were no issues identified in the most recent survey.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the home.

We saw that records at the home were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.