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Beechwood House

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?	Good

Overall summary

This inspection took place on 21 May 2015 and was unannounced. At our last inspection in April 2013 the provider met the regulations we inspected.

Beechwood House is a residential care home that provides accommodation and personal care support for up to 23 older people, many of whom are living with dementia. Accommodation is arranged over three floors and there is passenger lift access. 22 people were using the service at the time of our inspection.

The home had a registered manager who was also one of the registered providers. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.'

The service had robust systems in place to protect people from abuse or ill treatment. Staff were trained on

Summary of findings

safeguarding and understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring .

The provider's recruitment procedures were robust and helped ensure that people were protected from unsafe care. There were enough staff on duty day and night to make sure people's needs were met in a safe and timely way.

People lived in a comfortably furnished home where the quality of the environment was regularly checked. Beechwood House was clean and well maintained, health and safety issues were taken into account and responded to appropriately with efficient care arrangements that helped minimise risks.

The staff were given ongoing training that enabled them to meet people's different needs. Any further training needs had been identified and planned for. Staff were supported appropriately because they received regular supervision and appraisal. There was an effective system to review and monitor staff performance and development of their skills.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Staff treated people who used the service and their guests with respect and courtesy. Staff maintained people's privacy and dignity at all times and interacted with individuals in a caring and professional manner.

People's care needs had been assessed prior to moving to the home and these were reviewed regularly with family members where appropriate. This included making adjustments to the care provided if required. The care records contained information about the care and support people required and were written in a way that recognised people's needs and preferences.

People had a variety of nourishing food available at mealtimes and snacks through the day. Mealtimes were unrushed and people were encouraged and supported to eat a nutritional diet that also recognised their choices. Staff practice ensured people at risk of poor nutrition or dehydration were hydrated and well nourished.

People were supported to maintain good health and had access to healthcare services where required. Staff made prompt and appropriate referrals to other health or social care professionals when required. Medicines were managed safely and people had their medicines at the times they needed them.

There was an open and inclusive atmosphere in Beechwood House and people using the service and their relatives were often consulted about the services provided. Management completed regular audits to check the quality and safety of the service. Where improvements were identified, action was taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us that they felt safe and well looked after. Staff had received training about how to prevent abuse and knew how to act to keep people safe.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. The environment was clean and maintenance took place when needed.

Staff were recruited safely because the appropriate checks were undertaken. The provider ensured there were enough staff on duty to meet the needs of people living at Beechwood House.

People were receiving their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good

The service was effective. People received effective care and support because there was an ongoing programme of training and supervision for staff. This provided staff with opportunities to keep up to date and develop their skills and competence.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support.

People were protected from the risk of poor nutrition and hydration because their needs around eating and drinking were monitored and reviewed. Relevant professionals were involved where necessary and people received appropriate support from staff.

People received the support and care they needed to maintain their health and wellbeing. They could access appropriate health, social and medical support as soon as it was needed. Staff worked well with health and social care professionals to identify and meet people's needs.

Is the service caring?

Good

The service was caring. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support needs.

Staff treated people with respect and encouraged their independence.

People found the service to be a homely, caring environment where people were treated with kindness and compassion.

People were able to make choices about their end of life care and relatives were also involved in this process.

Is the service responsive?

Good

The service was responsive. People had care and support plans which they were involved in developing; they were able to discuss their care regularly with staff. The care arrangements were flexible and tailored to respond accordingly to individual needs.

There was a choice of activities and entertainment for people to participate in if they wished.

Summary of findings

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on. The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Is the service well-led?

Good

The service was well led. There was a registered manager and people spoke positively about them and how the service was run.

The provider had introduced more robust audit systems to ensure the service provided was of a good quality. They closely monitored all aspects of the home to improve services and reduce risks. Where improvements were needed, action was taken.

There was open communication within the staff team and staff felt comfortable discussing any concerns with management.

Beechwood House

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.

Prior to our visit we reviewed the information we held about the service. This included notifications we had received from the provider and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also reviewed previous inspection reports.

This inspection took place on 21 May 2015 and was unannounced.

The inspection was carried out by two inspectors. We spoke with ten people who use the service during our visit. Not everyone at Beechwood House was able to communicate their views to us, so we used 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 talk with us.

We also spoke with the registered manager, the registered provider, four members of staff and a chef. We observed care and support in communal areas, spoke with people in private and looked at eight people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Following our inspection visit we spoke with six relatives of people using the service and two professionals involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our inspection report.

Good

Is the service safe?

Our findings

People living at Beechwood House were kept safe from the risk of abuse and avoidable harm. One person told us, “Yes I feel safe, they are good people here.” Two people’s relatives said their family members were “very safe” living in the service and had no concerns about the way people were cared for.

Staff understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring. Staff had ongoing training on keeping people safe from harm and were familiar with safeguarding procedures. They knew how to raise concerns with the police or the social services directly if necessary. One staff member described how they would respond in making a safeguarding referral directly if a member of the management team was not available and they wanted to report the incident quickly. They knew of relevant contacts and were familiar with the role of the local authority.

Risk assessments formed part of the person’s agreed care plan and covered risks that staff needed to be aware of to help keep people safe. There were suitable management plans in place to minimise any risks presented by individuals. For example, the risks associated with pressure damage to skin were reviewed on a monthly basis and suitable pressure relieving cushions were used on chairs. Staff showed an understanding of the risks people faced. One showed us how a slide sheet was used to transfer a person safely when they were in their bed.

People were encouraged to move about safely and relevant risk assessments were in place to support this. For example, one person was at risk of falling when walking without using their walking aid. We saw that staff observed this risk and encouraged and prompted them to use the frame supplied. Staff checked on people who were spending time in their own rooms at regular intervals to see if they were comfortable or needed anything. Staff were available to provide support and guidance to people and distracted them if they were undertaking an activity that put them at risk. One person had episodes of instability of movement and was unable to transfer safely themselves due to cognitive impairment. The risk assessments covered this fully and the person was enabled to walk themselves when possible, however staff used a standing hoist to transfer the person safely when they were unable to mobilise. Staff told us that they had the equipment they needed and it was only used when it was part of the care plan for that person. We saw that equipment was serviced to ensure it was in safe working order.

A small number of people were liable to show signs of frustration and become agitated, this could put other people at risk in the home when they become challenging. We saw that referrals were made to the memory team for advice. The care documentation reflected input from a mental health behaviour specialist and described positive behaviour plans for staff to follow for one person.

The provider had systems in place to promote a safe environment. The home was well presented and safely maintained and there were records to support this. Health and safety checks were routinely carried out at the premises. The equipment was regularly checked for safety and essential servicing was undertaken at the frequencies required. The registered manager told us that they were constantly reviewing the environment in order to make improvements. An example included an outside veranda area used as a tea room; it had recently been upgraded to a design that would better meet people’s needs.

The registered manager told us that incidents and accidents were recorded and monitored so lessons could be learnt. Records of accidents and incidents we reviewed supported this. They included an analysis of what had happened and improvements that could be made to prevent reoccurrence. People's weight and falls were monitored and action had been taken to address any changes identified. For example, the staff had contacted the falls clinic when needed.

The arrangements for the recruitment and selection of staff were thorough and helped ensure people were protected from unsafe care. Records showed the required checks had been carried out before staff started working at the service so that only suitably vetted staff were employed. These checks included completed application forms and supporting information such as proof of identification, two references, qualifications, full employment history and criminal records checks via the Disclosure and Barring Service. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

People told us that there were enough staff to look after them and we observed that people did not wait long for

Good

Is the service safe?

attention. The majority of people were in the lounge and dining area and staff were present to assist them as necessary. Staff responded to requests and when people asked for assistance, staff attended to them quickly. There were three care staff on duty throughout the day as well as an administrator, with two staff available at night. Additional ancillary staff included a cleaner, cook and an activities co-ordinator who visited once a week. Staff told us the registered provider was present on most days. They felt there was enough of them to meet people's needs and said they did not feel under pressure.

The provider had installed a new call bell alarm system throughout the home. One person told us how staff were "very quick" to respond if they needed to use it. This was supported by our observations when we asked the provider to test one of the call bells. Call bells were portable and accessible to each person in the rooms we visited.

People received their medicines safely and as prescribed. There were individualised profiles which explained how people needed to be assisted with their medicines. These listed why medicines were prescribed, any allergies and the possible side effects. Care staff assigned to administer medicines were trained and assessed to be competent in administering medicines. Medicine audits were completed daily to identify any shortfalls or errors and address them promptly. To protect people with limited capacity, we found that the correct procedures were followed when medicines needed to be administered covertly. For example, mental capacity assessments were completed and a best interests meeting was held. There were also monthly audits by the registered manager; this showed that medicines systems were being checked regularly to ensure administration remained safe. We checked the medicines for two people which corresponded with their Medicine Administration Records (MARs). The records were up to date and there were no gaps in the signatures for administration. Regular visits by health care professionals ensured people had regular medicines reviews.

On the day of the inspection we observed that the home was clean and hygienic and free from unpleasant odours. One person said, "I love my room, it is immaculate, the rooms and all the home is spotless." Another person commented, "It's very clean, the rooms are cleaned daily." Relatives were similarly confident about the standards of cleanliness. One told us, "There is always someone cleaning." A member of staff told us, "We try and make sure we have a clean, safe environment." We saw staff using protective clothing as required. Staff told us that disposable gloves, hand disinfecting gel and disposable aprons were always available. Records showed that all staff had attended recent refresher training on infection control in February 2015.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. One person told us, "I find myself settling into the home, I am confident of being looked after by staff who are able and skilled, they are all very kind and know how to care for us." Another person told us the staff knew their job well and were very able, they mentioned that sometimes the ability to speak English varied and could be an issue. Relatives were confident that staff understood their family members' needs.

Staff told us in discussions that they all received a full induction and worked with experienced staff before working on their own. A staff member said they had worked through a formal induction process which included training on health and safety and fire drills. They said they had seen their colleagues put this training into practice, for example, using the correct moving and handling techniques. Staff were issued with a staff handbook which they had signed receipt of, the handbook contained codes of conduct expected of them. Records showed that staff were provided with mandatory training during their induction and had to complete a successful probationary period in the first six months.

There was an up to date training and development plan for the staff team which enabled the manager to monitor training provision and identify any gaps. This showed that people were supported by staff that were trained to meet their needs. A staff member told us of attending dementia care training, they said this had helped them develop more expertise in this area and improve the experiences of people living with dementia. Staff told us they had their work practice observed, had monthly supervision meetings with a line manager and also attended a team meeting every month. We saw records to support this and that staff had a yearly appraisal of their work performance.

During our inspection staff sought people's consent before care and support was provided. The care records showed that consideration was given to individuals' mental capacity, and appropriate assessments were in place to reflect their findings. We saw how staff supported to a person who sometimes refused personal care due to cognitive issues. The care plan said, "Allow the person to change their mind but go back later to offer the person a bath." We observed that staff used a similar approach when encouraging another person to have their meal.

People were supported to make their own decisions, we saw examples of where a person was not able to do so, meetings were held to ensure that decisions were made in the person's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. A DoLS application is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests. Staff demonstrated they understood about restrictive practices, those that were lawful and unlawful. The registered manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. For example, it was recorded that two people were "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. In discussions the registered manager and staff demonstrated a clear understanding of the principles of the MCA and DoLS.

Staff told us the training in advance care planning helped them to develop more competence, and they felt more confident to discuss these sensitive issues with people and their relatives. Staff were aware of where orders such as "Do not actively resuscitate" were applicable. We saw examples of these completed records; they confirmed the outcome and agreement of a meeting/discussion that had taken place with the person, their relatives and the GP.

All feedback about the food was positive. People told us that the food was of a good standard and provided in good quantities. People said they were given plenty of choices and if they did not like what was offered they could always get an alternative. Comments made included, "The food is good. If you really don't want what's on the menu, they'll make something else." People told us that they had enough to eat and drink and that they were offered a choice. Comments included, "I can have the food I want and I have a special drink" and "we have good meals, hot and cold drinks anytime and plenty of snacks." Another person said, "The food is excellent here, the menu is varied, and if we ask for something specific the cook will get it."

We spoke with staff about what they would do if they identified any concerns associated with a person's diet. One staff member described how they used food and drink charts to monitor intake and ensure the person was

Good

Is the service effective?

weighed more frequently. If their appetite remained poor, the staff said they would contact the GP. Staff were knowledgeable about when they should contact other professionals, such as the dietician and the speech and language therapist. Care plans for two people supported this and guidance from these professionals had been included within their respective plans.

The lunch was served in a relaxed atmosphere and people chose where to sit. We saw staff offered people drinks throughout the day and if anyone spoke of liking a drink or a snack it was provided. A staff member told us that they were aware of what people enjoyed and what encouraged them to eat and drink well. One person preferred blackcurrant in their water and staff provided this to encourage them to take more fluids. Those that needed assistance to eat their meals were supported in a respectful and unrushed way. The meals were well presented including those for people who needed a soft diet. When one person declined to eat and drink several attempts were made by a staff member to encourage them with different meal options. The cook was able to tell us about people's preferences and special dietary needs. A list of people's requirements, their likes and dislikes was kept in the kitchen. Two people were assessed as requiring fluid and food intake charts. Records confirmed that the system was effective for recording and monitoring what people had eaten and in what quantity. We saw that these records were included in the quality assurance process and evaluated every month.

People told us that staff helped them with health needs and made sure they had access to relevant health professionals. One person said, "The GP visits every Thursday, if anything happens in the meantime, they [staff] call a doctor straight away." The person told us about an operation they were due to have and spoke favourably about the consultation and advice given by their GP. Staff showed a good understanding of people's needs and the action they took if they suspected a person was unwell. This included an awareness of the importance of people being kept hydrated and how a change in a person's behaviour might indicate an infection.

Care records described people's individual medical needs and showed where other professionals were involved in people's care. When necessary people were supported to attend hospital appointments. There was a record held of appointments with the optician, a chiropodist, the district nurse, and the GP visited the service weekly. Records confirmed regular contact and review of people's health needs with supporting professionals. Feedback from health professionals confirmed that guidance and advice was followed.

Good

Is the service caring?

Our findings

People told of a caring and kind staff team. Their comments included, "All the staff are lovely and so kind to me", "Everyone is so gentle, there is a lovely feeling here" and "We are treated like a family here." Relatives were similarly complimentary. Their feedback included, "It is a really caring home from home, it is a pleasant homely environment and non-clinical which suits my mother", "The staff are lovely, they treat her very well. They let me know about everything that is going on" and "Staff are always very caring." Another person's relative said their family member was "always well looked after." Professionals also spoke of the staff's caring attitude and approach to people.

The care records contained information about the care people required and were written in a way that recognised people's individuality. This showed that the person was put at the centre of their care. Where people were unable to contribute, their representatives had been involved in developing their care plans. When people moved into the home staff spent time getting to know the person to assess their needs, choices and preferences and this was recorded in their individual care plans. Records confirmed that staff asked people about who they wanted to represent them and details about enduring power of attorney were recorded. In our discussions with staff members we found individually staff were able to describe the personal preferences and life histories of people in their care. This showed the staff team were familiar with the people they cared for and promoted continuity of care. Records showed that individual life histories were sought as much as possible to help develop personal profiles, care plans and enable staff to understand their needs. A relative told us they had been asked to provide childhood photographs for their family member which made the person's room more homely.

Staff interaction with people was consistently engaging; we observed this promoted a positive experience for people. Staff approached people in a sensitive manner and explained things as clearly as possible. They did not rush people and supported them to do things that they wanted to do and in a way that took account of personal preference and needs. One person who was not able to communicate well verbally was assisted patiently with their meal. The staff member maintained conversation despite the lack of a reply and used non-verbal communication including eye contact to encourage interaction. We observed another staff member checked with a person if they were in some discomfort as they noticed their gait was unsteady when they walked.

During our structured observation, staff were continuously attentive to people. Staff approached people with kindness and stood close to them to help overcome hearing problems. They encouraged people to engage and explained what they were going to do so that they could get their cooperation. Staff responded promptly and pleasantly to any requests from people and gave spontaneous attention.

People using the service were supported to maintain important relationships with their family and friends. Relatives told us they were able to visit freely and were made to feel welcome and given hospitality, including drinks and meals. Two relatives complimented the home for the events organised by the provider which included an annual Christmas party and entertainment.

We observed that staff were mindful of closing doors when supporting people in bathrooms or toilets; they knocked on people's doors before entering bedrooms. Two rooms were used as doubles. One bedroom was shared by a couple; the second bedroom was shared by two friends who had agreed to share, curtains were available in both rooms to afford privacy. We met with two other siblings who decided not to share rooms but who visited each other most days in their rooms. People's bedrooms varied in terms of the personal items on display, some rooms displayed a significant amount of memorabilia. Where people wanted to have personal items in their rooms, they were free to do so. Most rooms had photographs of family members and photographs of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity.

We saw that individual's preferences for end of life care were recorded and considered and that people who wished to could be supported to spend their final days at Beechwood House. The registered manager informed us of two people who were supported appropriately in their final days at Beechwood House, but recently had passed away. Staff we spoke with were confident they could meet individual needs and provide effective end of life care, and these included meeting particular cultural or religious requests.

Good

Is the service caring?

The home had achieved “Steps To Success” accreditation for end of life care in residential care homes. Staff had participated in end of life training days over a five day period. These seminars were organised by a local hospice team to train care home staff in developing the care plan for the last days of life; and, in the use of different symptom assessment tools in order to manage symptoms such as pain and depression in people. Staff were also involved in reflection and debriefing sessions after the person had passed away.

We met the GP; he came to the home every week which helped support staff with caring for people and in helping with symptom management. In the care records we looked at there were examples of people being supported to make advanced decisions to refuse treatment, and of appointing a person to have lasting power of attorney. In discussions with staff we found they had a good understanding of end of life care, they displayed sensitivity in describing how they put this into practice. The care home was supported by specialist staff from the hospice team. They also assisted staff to develop their competence in delivering good end of life care and provided an on-going training and education for staff in the home. A professional gave positive feedback about Beechwood House and commented, “The small scale environment is more conducive to advanced care, and staff are really caring.”

Good

Is the service responsive?

Our findings

One relative told us, "[name of person] is settling very well. Staff are so aware of everything that goes on, they always can tell us exactly about her appointments at hospitals, GP etc." Another relative told us, "They are good at spotting if [name of person] has a UTI [urinary tract infection]." One relative, however, felt that the service was not meeting their family member's needs and was in liaison with the placing local authority to resolve this.

Before admission to the home people had a full needs assessment undertaken. This was completed in consultation with the person and their representatives, and was used to establish if the person's individual needs could be met. The assessment took account of a range of needs relating to physical health and care, and activities of daily living. Care plans were written following admission and these were reviewed on a monthly basis. They considered people's preferences, for example, when people like to go to bed and get up and how often they liked showers and baths. The plans included ongoing assessments of behavioural changes and dependency levels. This helped to make sure that any changes in people's needs were identified and addressed promptly. Staff made appropriate referrals on behalf of people who used the service, to others such as the GP in response to concerns, such as when it had been identified that there were changes in someone's health needs. Reviews were undertaken and took account of health, social and emotional changes. For example, one person had experienced deterioration in cognitive ability and needed more stimulation. It was requested and agreed they go out for walks in the community during the day and this had been reflected within the care plan.

Where possible, the service had involved relatives to inform care planning and to find out if the service was meeting the person's needs. Annual reviews took place with the person and relatives where relevant. Relatives confirmed they were invited to these meetings. One relative gave an example of a recent meeting they attended. They told us their family member's medicines were reviewed and changed because the person had experienced increased signs of agitation. The relative said this had had a positive impact on the person's wellbeing.

People's diversity, values and human rights were respected and care records included information about their needs. The provider took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this. All staff we spoke with knew how to respond to people's individual needs and gave examples of meeting these such as providing preferred cultural meals and respecting people's faith or beliefs.

There was written information about the programme of activities displayed on the lounge noticeboard. People told us they were happy with the activities provided. One person told us, "Someone comes to do songs and quizzes; we have a good time here." Another person said, "There is always something to do." Relatives were also positive about the range of activities and one told us, "They do something every day." The provider had recently introduced pictorial activity cards and purchased a range of equipment including sensory lights, musical shakers, soft toys and dolls. These were available to people in the main lounge and gave people more opportunity to choose the activities they wanted to do.

The home employed an activities coordinator one day a week, on the other days care staff arranged events and encouraged people to engage in activities. We observed that where people were able, they followed their interests such as reading and listening to music in their rooms. One person we spoke with told of enjoying reading and remaining in their room as they did not favour group activities. Another person told us they liked to entertain their relatives when they visited and were able to use a quiet lounge for this.

The majority of people spent their time in the main lounge during the day. Some walked into the back garden, used the chairs available and talked with the gardener. We observed staff engaged with people positively and used objects of reference such as photographs and magazines as a point of reference. A number of activities took place in the afternoon; these included soft ball games, quizzes, and puzzles. We saw that staff were vigilant and aware of the assistance people needed to get their attention. For example, a staff member recognised a person became restless in their chair, they knew the person behaved in this way when they needed assistance. We saw the staff

Good

Is the service responsive?

member supported them discreetly to use the bathroom. The environment was relaxed, and we saw that people smiled and appeared happy when soft music was played in the background.

People told us that they would not hesitate to speak with the registered manager or provider, who visited the service daily, if they had any concerns or complaints. People said they had no complaints but knew who to speak with if they were unhappy with the service. One person told us, "Never needed to complain but I would speak to the boss." A relative told us they had not had to raise a complaint but knew there was a book by the door and a comments box. We looked at the complaints procedure which was visibly displayed. This was clearly set out and gave information on who to make a complaint to, including details about the Care Quality Commission. People also had a copy of the complaints procedure in their bedrooms which was formatted with large print and pictures to help their understanding.

We found that complaints made to the home were appropriately recorded and the manager checked the records every month. Details such as the date of the complaint, its nature and what action which had been taken to resolve it were recorded. It also reflected whether the complainant was satisfied with the provider's response.

The registered manager had introduced family days to enable family members to report back on how they felt about the service, and to find out if there were any unresolved issues. We saw that notes were made of these meetings, and there were follow up actions as a result of suggestions made by relatives. One person had issues in relation to a relative's clothing and the laundry facility in the home. As a result of the meeting with family, staff took on board the problems and introduced an improved method of looking after the person's personal clothing.

Good

Is the service well-led?

Our findings

Beechwood House is run and managed by the registered provider and registered manager who is also registered for a second home. She divided her time appropriately between the two services and the provider was available in her absence. The manager told us there were plans to register a new manager for the service and we met with the proposed manager during our inspection. They had just started working in the home and were completing an induction.

The atmosphere in the home was open and welcoming. During our visit, the registered provider and manager engaged with people, visitors and staff throughout the day. Their regular presence in the home was confirmed by comments from people using the service and their relatives. Their comments included, "It seems very well managed, one tends to be there most of the time and they always get back to me" and "One or the other is there every day, communication is very good." One person told us, "Yes its well run, they are the nicest people, they really are." Another person said, "They really are great with relatives."

Relatives told us they received regular questionnaires to give their views about the service. One told us, "Yes I've always had those." We were shown the most recent survey report from April 2015 which reflected positive feedback about the care and support provided at Beechwood House. Of the 15 respondents, 90% said the service was "very good."

Staff told us if they had to speak with management about any concerns they would feel comfortable to do this. They understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was available to staff.

Staff told us they attended team meetings once a month and this kept them up to date with information about people's needs and the day-to-day running of the service. At the most recent meetings, staff had discussed safeguarding issues and mental capacity.

The registered provider and manager told us about the work they had been doing to improve the quality of the service. This had included reviewing staff training and supervision, improving lines of communication with relatives and undertaking more audits and checks. We saw examples of this, for instance, further training for staff had been arranged through the local authority. Planned learning included skin care, using person centred approaches and meaningful activities for people living with dementia. There were more audits in place such as weekly call bell monitoring checks and records of unannounced visits at weekends by the registered manager. Audits were also completed by external organisations. The home had recently been assessed by a Health and Safety consultant and successfully met all the required standards.

The manager carried out a monthly audit to assess how well the service was running. For example, the audit included checking whether documents such as people's care plans and risk assessments were reviewed and whether health and safety checks were taking place. These checks were undertaken weekly or monthly and looked at areas such as medicines, the environment and equipment, food safety, care plans, cleanliness and fire safety. This helped to ensure that people were safe and appropriate care was being provided.

The provider and manager had identified what was required to develop the service and told us about planned improvements. This included improving the environment for people living with dementia by creating an area in the garden for sensory stimulation, using scented flowers and herbs. We saw that there were raised flower beds for people to do gardening activities and the provider told us they were due to purchase plants and equipment to facilitate this.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered manager had notified us of reportable events as required.