

PAKS Trust

Beaman 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 ●

Summary of findings

Overall summary

We inspected Beaman House on 26 February 2016. The inspection visit was unannounced.

Beaman House provides accommodation, care and support for up to five people with learning disabilities, or autistic spectrum disorders. The home is located in Nuneaton, Warwickshire. There were three people using the service when we visited. Each person had their own bedroom and there was a shared lounge and kitchen diner at the home.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection. We refer to the registered manager as the manager in the body of this report.

People told us they felt safe and liked living at Beaman House. The atmosphere in the home was relaxed and friendly. We observed that people were comfortable with staff who were caring and kind. Staff knew how to safeguard people from abuse and were clear about their responsibilities to report any concerns to the manager. The provider had effective recruitment procedures, staff were recruited that were of good character which helped protect people living in the home.

There were enough staff at Beaman House to care for people safely and effectively. Staffing levels enabled people to have the support they needed inside and outside the home that met their individual needs and wishes. People were supported to choose how they would like to spend their day and took part in a wide range of activities. This enabled people to be part of their local community. People who lived at the home were supported to maintain links with family and friends and made choices about who visited them at the home.

The manager had some understanding of the Mental Capacity Act 2005 (MCA) and had identified they required further development to fully understand their responsibilities of the Act. The manager understood the requirements of Deprivation of Liberty Safeguards (DoLS) and had made a DoLS application when a potential restriction on a person's liberty had been identified. At the time of our visit the manager was awaiting the outcome of the application.

Staff had a good knowledge of people's needs and supported them to make every day decisions about their life. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had

access to a range of health care professionals. There were systems in place to ensure medicines were safely administered.

Each person had a care and support plan which described in detail people's routines, and how they preferred their care and support to be provided by staff. People and their relatives were involved in planning and reviewing how they were cared for and supported. Risks to people's health and welfare were assessed and staff followed instructions in care plans on how to reduce the identified risk.

All staff received an induction into the organisation. Staff had completed the training necessary to give them the skills and knowledge they needed to meet the needs of people they cared for effectively. Relatives thought staff were responsive to people's needs and had the right skills and knowledge to provide care and support.

People, relatives and staff felt the manager was approachable and supportive. There was good communication between people, staff members and the manager. People and their relatives knew how to make a complaint if they needed to and were given the opportunity to share their views about how the service was run. Quality assurance procedures identified where the service needed to make improvements. Where issues had been identified the manager took action to continuously improve the service.

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 felt safe living at the home. People were protected from the risk of avoidable harm as staff knew what to do if they suspected abuse. Staff identified risks to people who lived at the home and took the required actions to manage risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. Medicines were securely stored and administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to access healthcare services to maintain and promote their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were caring and considerate and people were comfortable with them. People received care and support from staff who knew their individual needs. People were encouraged to maintain their independence and make everyday choices which were respected by staff. Staff understood how to promote people's rights to dignity and privacy at all times. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a wide range of activities that reflected their personal interests. People and their relatives were involved in the development and reviewing of care plans so

that care was provided in the way they preferred. Care records provided staff with the information they needed to respond to people's needs. People and their relatives knew how to make a compliant.

Is the service well-led?

Good ●

The service was well led.

People who lived at the home and their relatives felt able to speak to a member of the team when they needed to. People, their relatives and staff were encouraged to share their views about the home and where improvements could be made. Staff told us they felt supported by the management team and provider. Systems were in place to monitor and improve the quality and safety of the service.

Beaman 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.

The inspection took place on 26 February 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the service, for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from local authority commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

During our inspection we spoke with all the people who lived at the home and two relatives of people who lived at the home. We spent time observing how people were cared for, and how staff interacted with them so we could get a view of the care they received. We also spoke with one senior care worker, a care worker and the manager.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

People told us that one of the reasons they felt safe at Beaman House was because staff were always available when they needed them. One person said, "I am frightened of falling, I had a nasty fall once, but now I feel safe because staff are with me here and when I go out." Another person told us, "I feel safe because there is an alarm which tells you that you need to get out if there is a fire. We practice with staff, we all know what to do if the alarm sounds." Relatives told us they believed their family members were safe living at Beaman House. One relative said, "Oh yes, [Name] is safe. The staff make sure of that."

There were enough staff available to support people to meet their health and welfare needs, at the times they preferred. People received the support they needed to keep them safe inside and outside the home. During the day and at night there was always at least one member of care staff on duty when people were at home. One person said, "Oh yes, the staff are always here with us to help us." The manager explained, and staff confirmed, the manager was also available during the day to offer people and staff support and assistance when required. For example, the manager supported a person to attend a health care appointment on the day of our visit.

People received care and support from staff who understood their preferences and needs. Staff told us agency staff were rarely used to cover staff leave. The staff member said "We [Staff] do our best to cover for each other. We prefer to do this as people need continuity, they [People] are unsettled by new staff. So it's best for them [People] if our own staff cover. We know what they [People] like and need." The staff member explained cover could also be provided by staff from other homes owned by the provider, who knew the people living at Beaman House which provided continuity for people living at the home.

All the people living at the home were supported to attend a day centre run by the provider. This had been agreed with people. Some people attended the centre every week day, other people had chosen to attend two or three days per week. One person told us, "I love the day centre, but I like to do other things and I like to have a stay at home day." When people remained at the home, a staff member was available to provide the support required.

People were supported by staff who understood their needs and how to keep people safe. Staff attended safeguarding training which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. Staff told us, they were confident the manager would take action if they reported any concerns and stated they would have no hesitation escalating these to a senior manager if they needed to. One staff member said, "There is no question [Manager] would act on any information or concerns we raised to make sure people were ok."

The provider protected people against the risk of abuse and safeguarded people from harm. The provider understood their responsibility to notify us when a referral to the local authority safeguarding team was made. They knew to keep us informed with the outcome of the referral and actions they had taken.

Records showed staff were recruited safely. Prior to staff working at the home, the provider checked their character by contacting their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This minimised the risks of recruiting staff who were not of suitable character to support people who lived in the home. Staff confirmed they were not able to start working at Beaman House until the checks had been received.

The manager had identified potential risks relating to each person who lived at the home, and care plans had been written to instruct staff how to manage and reduce the potential risks. Risk assessments were regularly reviewed and updated if people's needs changed. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person could display behaviour that challenged others. There were plans which informed staff about the level and type of support and guidance the person needed to keep themselves and other people safe. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by staff on the risks facing individuals.

Staff understood the arrangements that were in place in the event of a fire, and were able to tell us the emergency procedures. We saw people had personal emergency evacuation plans (PEEPS) in place to instruct staff or emergency services how people needed to be supported in the event of a fire or other emergency situation. However, we were concerned plans were not easily accessible to staff in the event of an emergency. We brought this to the attention of the manager who said they would place copies of the plans in an accessible location. The manager told there was a plan in place to ensure people continued to receive safe, consistent care if they were unable to return to the home following an emergency. We asked to see the plan and were told staff were aware of the arrangement, but these had not been written down. The manager told us they would write a plan and add it to the emergency file.

People told us they received their medicines when they needed them. One person said, "Staff keep my medicines and I get them every day." We looked at three medication administration charts and found that medicines had been administered and signed for at the specified time.

People received their medicines from staff who had completed medicines training. Staff told us, and records confirmed, staff's competencies were regularly assessed by a member of the management team to ensure they had the skills they needed to administer medicines to people safely. One staff member said, "Your [Staff] not allowed to work here unless you have done medicines training, because we have single staff cover. So if you're on duty you are responsible for the medication."

Medicines were stored securely and disposed of safely when they were no longer required. However, we saw the room where medicines were stored was cluttered and untidy. There were several areas where the plaster had fallen off the wall leaving holes and bits of plaster had fallen in the boxes where prescribed creams and bottles of medicines were stored. We were concerned this could result in medicine being contaminated which may affect its effectiveness. We discussed our observations with the manager who said they would look into it. Since our visit the provider has confirmed a review of medicines storage has taken place and maintenance work is scheduled.

Some people were prescribed "as required" medicine. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. There was a procedure for each person to inform staff about when and why the medicine was needed, and staff knew when the medicine should be given. One person told us, "If I've got a headache I tell [Staff] and I get a headache table. The doctor said I can have them." This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis.

Is the service effective?

Our findings

People and their relatives told us they were happy with the care provided and felt the staff had the knowledge they needed to support people effectively. One person said, "They [Staff] know all about me and know how to help me." Another person said, "Our staff are the best." One relative told us, "I am definitely happy with the staff. They take their time with [Name] because they understand the little things they [Name] likes and doesn't like. They [Staff] know how to respond to [Names] different moods. I have nothing but praise for them."

During our visit we observed one person started to cough as a drink had gone down the wrong way. The staff member immediately stopped what they were doing and went to support the person who was distressed. The staff member gently massaged the person back and gave continual verbal reassurance in a calm and sensitive manner. We saw the person started laughing with the staff member and thanked them for their help. This demonstrated staff understood and had the skills to respond to people's individual needs.

Staff told us they completed an induction when they started working at the home which included working alongside an experienced member of staff. Staff received training the provider considered essential to meet the health and safety needs of people who lived at the home. One staff member told us they had completed an additional qualification in working with people who have a learning disability. They said this helped them to understand and respond to the needs of the people they were supporting. There had been no new staff recruited to work with people at the home for several years. However, the provider had recently introduced a new induction programme linked to the Care Certificate. The Care Certificate provides staff with fundamental skills they need to provide quality care. This demonstrated the provider took action to keep staff induction procedures up to date in readiness for new staff joining the service.

Staff spoke positively about the training they received which they said they enjoyed. One staff member said, "The training is very good. Each time I do training it makes me want to learn more. I have told the manager I would like to do more training around learning disabilities, so they are looking at this for me." Staff explained the manager encouraged and supported them to keep their training and skills up to date. The manager maintained a training record which made sure staff received refresher training at regular intervals which helped keep their skills and knowledge updated. One staff member told us, "We get reminded if there is training we need to do a refresher in, or if there is new training because things have changed."

People told us they were encouraged to make some decisions about their daily lives. One person said, "I go to the day centre, or I go out to the town shopping. I can do what I want to. I chose what I want to eat and when I want to have a bath. I even make cakes." Another person told us, "Sometimes I like to watch the telly. On other days I like to meet my friends or listen to my music." A relative told us, "Staff are very good we know they always ask [Name] what they want to do and where they want to go because [Name] tells us."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Staff told us that people made day to day decisions about their care and support. One staff member told us, "It's not up to us to decide what they [People] can and can't do. We are here to help them [People] make decisions and help them to do things."

Staff knew what decisions each person could make for themselves so they remained as independent as possible. However, where people lacked capacity to make certain decisions, the provider had not always recorded information to show how they had assessed the person's mental capacity, or that decisions were taken in people's 'best interests'. We asked the manager about the principles and associated requirements of the MCA. The manager said, "My knowledge is not massive and I know I need to learn more about this. I will be doing more training." However, the manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had made a DoLS application to the local authority because a person was restricted from going out without a staff member. The manager was awaiting the outcome of the applications.

As meal times were flexible around people's daily lives, we were unable to observe a meal time during our visit, so we asked people whether they enjoyed the food on offer at Beaman House. People told us they made decision about the foods they wanted to eat and were supported by staff to meet their nutritional needs to help maintain their well-being. One person said, "We have lots of lovely food. We look what's in the fridge and then decide what we want to eat. If I want something different then I tell [Name] and they cook it for me." Another person told us how staff helped them to monitor their weight. The person said, "I need to stop eating cakes. I eat too many. Staff are helping me by giving me fruit and making me nice salads." We observed a staff member asking the person if they would like fruit with their packed lunch.

Staff told us, people chose what they would like to eat on a daily basis. The staff member explained people were given three choices for their main meal. Meal choices were based on people's individual preferences and needs. For example, one person preferred healthy options particularly, yoghurt, vegetables and fruit. We saw these options were made available to the person. Staff told us there was always an alternative available if people did not like the choices offered. This demonstrated people were involved in choosing the food they ate according to their wishes and reference.

People told us, and records confirmed staff always supported people to attend health care appointments. One person told us, "I had to go to hospital and the staff came with me every time." We observed one person being supported by the manager to attend a dental appointment on the day of our visit. We heard the manager giving the person reassurance as they were feeling nervous. One relative told us, "I have been very impressed with the staff and manager. They took [Name] to all the hospital appointments when [Name] was having their treatment and I was kept informed of every little detail. Even recently they called to tell me about an appointment that had come through." The senior care worker told us, "The manager makes sure someone [Staff] is on duty to go to all appointments. If we [Staff] need to, we do overtime to make sure we can go to all appointments."

Each person had a 'Health Care' file that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Is the service caring?

Our findings

There was a homely and relaxed atmosphere at Beaman House. People told us they were happy living at home. One person said, "I'm happy that I live here. I feel happy." The person told us they had a special bond with, and affection for their keyworker. The person said, "I love [keyworker]. They are like my family." A keyworker is a named staff member who is responsible for working closely with a person to learn about the person's particular needs, likes, dislikes and aspirations so they can coordinate and organise the service to meet those needs. Another person we spoke with told us, "I look at the staff and it makes me smile. I know they like me because they tell me. The staff make it nice here."

All the relatives we spoke with told us they thought the staff were caring and kind. One relative said, "The staff that I have met seem very nice and seem to care about [Name]." Another relative told us, "Staff are welcoming, friendly and they care about [Name]. I can see that when I visit. If they weren't I wouldn't let [Name] live there. When [Name] visits us they can't wait to get back to the home. That tells you a lot."

We observed people had a good rapport with staff, and spoke to them with confidence. Staff sat with people and chatted to them. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. We heard lots of laughter and chatter and people seemed pleased with the way staff interacted with them. We heard one person say to a staff member, "Stop your making me cry with laughter." We saw another person with their arm around a staff members shoulder as they chatted about how the person was going to spend their day. This demonstrated people were comfortable and had a good relationship with staff who supported them.

We asked staff if they thought the service provided at Beaman House was caring. They all told us they did. One staff member said, "Every single staff member here genuinely cares for the residents. We adore each and every one of them and we do the very best we can. It's more than a job, it's like an extension of your family." Another staff member explained how they had chosen to reduce their working hours rather than retiring because they viewed the people they supported and their job as an important part of their life.

People were able to spend their time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, when we arrived some people told us they had just finished eating their breakfast in the lounge whilst watching television. Another person had chosen to eat their breakfast in the kitchen. The person said this was because they found it more comfortable to eat at the table.

A number of people showed us their bedrooms. We saw these were personalised and each one was different as staff had ensured furnishings reflected people's preferences. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. We spent time with one person in their bedroom who told us they had been involved in choosing the colour schemes, and soft furnishings. The person said, "I like my room, it's pretty."

We saw people had copies of the provider's 'charter of rights' in their bedrooms which included the right to

privacy, dignity and independence. People told us staff supported and encourage them to maintain their independence where possible. One person said, "I like to keep my bedroom tidy, I make my bed and Hoover, sometimes I like to make myself a drink of Horlicks at night and a sandwich. I can do all this myself." Another person told us they were supported to go out independently with friends and to visit their relatives. Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in. One staff member explained, "We always encourage people to be as independent as possible. This is really important."

People told us their dignity and privacy was respected by staff. One person told us, "I have the key to my bedroom so I can be private if I want." We saw staff knocked on people's doors before entering, and announced themselves when they entered people's rooms. People had access to areas where they could meet their family in private or spend time alone. Staff supported people to maintain relationships with those closest to them. For example, one person told us they saw their relative every day at the day centre they attended. The person told us this was important to them. Another person made weekly visits to their relative's home. Relatives confirmed they could visit when invited by their family members and always felt welcomed into the home. One relative told us, "They [Staff] want you to ring and let them know you're going, but they are always very accommodating. I've never had a problem when I wanted to visit."

Staff told us they understood the importance of treating people with dignity and respect. One staff member said, "It's important to respect people's dignity and privacy, just as we expect to have ours respected. I always remind [Name] to pop their dressing gown on when they go to the bathroom." Another staff member told us, "I always ask [Name] if they want me to stay in the shower room. I know the answer before I ask, but I always check. One day they [Person] may change their mind."

People were supported to access advocacy services. Most people had a relative they could ask for support from, however, where people did not, or had chosen not to ask their relative, the manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

All the people at Beaman House had lived there for many years. They were supported by a small stable staff team who had a good understanding of people's care and support needs. People told us the care and support they received was centred around their needs and they felt involved in making decisions about their care. One person said, "I have a file with my plans. It's all about me and what I like." Another person told us, "I go to bed and get up when I want and I can have a bath when I want one. I just tell [Staff] and they come with me."

A relative told us, they were happy with the way staff supported their family member. This relative said, "[Name] can be quite difficult but the staff are patient, they know [Name] very well so they know different things to try depending on how [Name] is feeling. The relative went on to describe how staff used their knowledge and understanding of the person's preferences, likes and dislikes to support the person depending on how they were feeling each day. This demonstrated staff responded to people's individual needs and preferences.

Staff consistently demonstrated they had good knowledge of people's individual needs and were able to tell us how people should be supported. Staff told us they sat with people to discuss, and review their care and support needs which helped them to respond to any changes. For example, we saw one person had expressed a desire to go to church. Records showed that whilst the person only expressed this wish infrequently arrangement were in place to support the person to attend church when they wanted to. Another person's records had been updated to show they now needed more support when using the shower. This information meant staff had the necessary knowledge to ensure the person's preferences and needs were at the centre of the care and support they received.

We saw each person had a care and support plan with detailed information and guidance personal to them. People and their relatives told us they were involved in planning their care and support needs. One person said, "[Keyworker] writes down the things I like and I signed my papers." A relative told us they were involved in making decisions about their family member's care and how support was delivered. Another relative said, "I'm involved in [Name] care. The staff ask me if I'm happy with everything or if I've got any worries or want to know anything." Care plans included information on maintaining the person's health, their daily routines and preferences. Plans provided staff with the information they need to support people in the way they chose. One staff member told us, "Care plans are really important. They hold all the information we need to ensure we are doing things the right way how they [People] want us to. They are very important. All the staff read them."

People's care plans were reviewed and updated each month or sooner if a change had occurred. One person told us they sat with their keyworker and talked about any new things they would like to do or any support they needed. "A relative told us, "I recently attended a meeting, with [Name] consent, of course. We talked about the new things that [Name] wanted to do and then agreed what everyone was going to do to help [Name] achieve this." The senior care worker explained they reviewed all care plans each month and made sure any changes were agreed with the person and communicated to staff.

We observed, and records showed, people made daily decisions about where they would like to go and what they would like to do. Staff supported people to take part in a range of activities inside and outside the home which reflected their personal interests and hobbies. One person told us, "I do lots of things that I like, I go to the day centre, I love knitting and shopping." Another person told us they were going on holiday to Spain with the provider. The person said, "I go every year. I like Spain." A relative told us, "They [Staff] are always doing something or arranging something. They [Staff] arrange wonderful birthday parties, which we are invited too, and are always off out and about with people."

Staff told us activities were arranged according to people's personal interests and preferences. For example, one person enjoyed going out with friends to the pub. Other people enjoyed visits to the local café. One person told us, "I love to go out and have a drinking chocolate. That's my favourite drink." Records showed people made weekly trips to the local town for drinks and cakes. One staff member told us, "When people have been to the centre all day they often just want to relax at home in the evening, but at weekends people chose what they want to do and we are here there and everywhere." This showed staff supported people to maintain their interests and hobbies.

Staff told us, and we observed there were systems in place for staff to share information through a communication book. This, along with up to date care records, ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs. One member of staff told us, "We all read the communication book and sign it. This shows we have read and understood the information. This way you know everything you need for your shift." Another staff member explained how in addition to recording in the communication book staff also telephoned each other to share important information.

We looked at how complaints were managed by the provider. We saw people had a copy of the provider complaints procedure and people told us they knew how to make a complaint. All the people we spoke with said they felt able to speak to the manager or a staff member if they had any concerns. One person said, "If I wasn't happy I would tell [Keyworker] and they would help me or I would tell [Manager] when she comes." Relatives told us they had not had any reason to make a complaint, but understood how to if they needed to. One relative said, "The complaints procedure is on the wall in the home." Another relative told us, "I know they [Staff] would deal with anything straight way. I would feel very comfortable raising any concerns."

Staff understood their responsibilities to support people to share concerns and make complaints. One staff member said, "If I could address things then I would deal with it. Otherwise I would contact the manager. Either way I would make sure it was recorded and the manager was informed." The manager said there was an 'open door' policy at the home which meant there was always a member of the team available should anyone want to make a complaint or raise their concern which would be taken seriously.

Is the service well-led?

Our findings

People told us they were satisfied with the quality of the service and spoke positively about the way Beaman House was managed. One person told us, "[Manager] is a lovely, lovely, person. They are my friend." Another person told us "I see [Manager] nearly every day. We sit and chat." Relatives described the manager as friendly and approachable. One relative said, "[Manager] is very good. [Manager] makes sure I am kept informed about [Name]. I have no worries because I know the manager will let me I know if there is anything wrong." Another relative told us, "I know I can talk to [Manager] if I need to."

The service had a registered manager in post. The two staff members we spoke with told us the manager was approachable and they felt well supported. One staff member said, "[Manager] is really nice. [Name] will address issues and tell you what you are doing wrong, but will support you at the same time." Another staff member said, "[Manager] is fantastic. You can go to them with anything and they are there to help. They have a good heart and will do anything for the people who live here." During our visit the manager was visible and available to people, and staff. We saw people and staff were comfortable approaching the manager. We observed the manager took time to chat with people and provided advice and support to staff when required.

There was a clear management structure within Beaman House to support staff. The manager was part of a management team which included a senior care worker. The manager was registered with us to manage one of the provider's other services, so was not present at Beaman House on a daily basis. However, the senior care worker told us the manager was always available if there were any concerns or issues they required support with. The senior care worker said, "I am definitely supported by the manager and the provider. I couldn't ask for better. I only have to make a call and they are there if I need them." The management team operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

There were systems in place so people who lived in the home, their relatives, and staff could share their views about how the home was managed. People took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like. Staff were involved in meetings where their feedback was sought.

The provider conducted yearly satisfaction surveys with people, relatives and staff. We saw people and staff had provided feedback about the need to update the décor at the home. The manager told us the provider had approved the redecoration and was in the process of getting quotes. Since our visit the provider has confirmed redecoration is due to begin in March 2016. This meant the provider acted on the feedback they received about the service to make improvements.

Staff told us they had regular team and individual meetings with the management team. Staff said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service-development. One staff member said, "Meetings are really positive. We all get on so well and have a really good relationship, so you feel you can talk about anything. We had some work done in the shower room and

we [Staff] thought the work was poor. We told [Manager] and now it's being sorted out."

All staff we spoke with told us Beaman House was a good place to work. One staff member said, "This is the first time I have really enjoyed working in a care home. I love it because the people here really do come first." Another staff member told us they would not want to work anywhere else because the management and staff team worked together and supported each other.

There was a system of internal checks completed within the home to ensure the safety and quality of service was maintained. For example, regular checks of health and safety, medicines management and care records. We saw where the need for improvement had been identified actions had been taken. For example a check had identified the need for chopping boards to be replaced. The provider had approved the request and new boards had been purchased. However, we observed a new boiler had been fitted in a person's lounge area. We saw the hot water pipes were exposed and presented a possible risk to the person's health and safety. The issue had not been identified by the home. We raised this with the manager who told us they would arrange for the pipes to be covered to make them safe. The manager said they would also meet with staff to discuss how to correctly complete internal checks. Since our visit the provider has confirmed the boiler pipes have been covered and made safe.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and with their professional development. The manager said they had daily contact with the provider at the head office to discuss any area of concern or areas for development. The manager also attended a weekly meeting with registered manager's from the providers other homes. The manager said, "These meeting are really good. You can bounce ideas off each other or share concerns. We share ideas about good practice and things that have worked well, or not so well. This helps us to make improvements to our services."

We asked the manager if they felt Beaman House provide a good quality service. The manager told us they thought the service provided was good. They said, "People are happy, they like living here, which is the main thing. Families are all very happy with the service provided and staff are very good." The manager went on to explain their main priority, at present, was to focus upon upgrading the environment. The manager, with the support of the provider was planning to meet the landlord of the property to discuss where improvements could be made. The manager said, I would like to think I can bring the inside of the home up to a standard where the people who live here say "wow" when they walk in."