

Beech Hill Grange Limited

Beech Hill Grange

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

This inspection took place on 20 and 21 November 2018 and was unannounced. At this inspection, we found improvements had been made and the service is now rated as 'Good'.

Beech Hill Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 74 people can live at Beech Hill Grange and at the time of our visit 73 people were living there.

We last inspected Beech Hill Grange Nursing Home on 20 June 2017 when we rated the service as 'Requires Improvement' in all the key questions. This meant the overall rating of the service was 'Requires Improvement'. We found that the provider was not always meeting the legal requirements set out by the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and were rated as Requires Improvement. The provider was failing to meet regulation 17 of the HSCA which related to the governance systems had not all been effective, and had not ensured that people would receive a consistently safe service that met their needs. After our inspection in June 2017 the provider provided us with an action plan outlining what they would do to meet legal requirements in relation to the breach. At this inspection we found improvements had been made and the service is now rated as 'Good' overall.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to check and improve the quality of the service provided. We saw that where areas required improvement action had been taken in response.

The home was well-led by an experienced management team who were enthusiastic about the service and committed to providing good standards. Staff received appropriate training and support, understood their roles and responsibilities and had confidence in the management team.

People felt safe living at the home and were protected from the risk of abuse. The provider had systems in place to minimise the risk of abuse and staff had a good knowledge and understanding of the signs of abuse and who to report concerns to.

Staff were available to meet people's individual needs and demonstrated good knowledge about people living at the home.

People were protected from environmental risks within the home. People received good healthcare and were referred to external healthcare professionals when a need was identified to maintain their health.

Staff were caring and treated people with respect. People were relaxed around staff. Staff showed us that they knew people's likes, dislikes and interests.

Staff who gave people their prescribed medicines demonstrated a good knowledge and understanding of how to do this safely.

The registered manager was aware of their responsibilities in line with the Mental Capacity Act 2005. Staff offered people choice and respected the decisions they made. Where restrictions on people had been identified, Deprivation of Liberty Safeguards authorisations were in place to lawfully deprive people of their liberty for their own safety.

People were encouraged and supported to eat and drink enough and were positive about the quality of their meals. People were supported to take part in a range of activities in and outside of the home.

People knew how to raise concerns and felt confident they could raise any issues should the need arise and that action would be taken as a result.

The design and decoration of the premises promoted people's wellbeing and supported staff to use equipment safely. The home was clean and tidy and staff followed the provider's policies and procedures to ensure people were protected from the risks of infection.

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 were protected from avoidable harm, abuse and discrimination because staff had been trained and understood the actions required to keep people safe.

Risks to people's health were identified and managed.

There were enough staff to meet people's individual needs and maintain their safety.

People received their medicines as prescribed and people were protected from the risks of infection.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, guidance and support to ensure they had the required skills and experience to meet people's needs effectively.

Staff worked within the principles of the Mental Capacity Act 2005. They offered people choices and sought their consent.

People were offered a nutritionally balanced diet that met their individual preferences.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People did have the opportunity to practice their faith, express their culture and sexuality in the ways they preferred.

People's individuality and diversity were respected by staff who ensured people's views and opinions were heard.

Is the service responsive?

The service was responsive.

People's individual needs were met in a way they preferred

People were offered opportunities to engage in and experience different and stimulating activities both inside and outside the home.

There was a complaints process in place that would ensure concerns were identified, acted upon and rectified. People and their relatives found the staff and management team open to feedback.

Good ●

Is the service well-led?

The service was well led

There was a registered manager in post. The provider's quality assurance checks, together with feedback from people, staff, relatives and visitors to the home, were used to identify where improvements were needed.

Staff received appropriate support, understood their roles and Responsibilities.

Good ●

Beech Hill Grange

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 and 21 November 2018 and was unannounced on the first day. The inspection was undertaken by one inspector, an assistant inspector, and a specialist advisor. A specialist advisor is a qualified health professional.

As part of the inspection process we reviewed the information we held about the service. We looked at information received from, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our inspection we spoke with 12 people who lived at the home and used different methods to gather experiences of what it was like to live in the home. We also spoke with six relatives, and two healthcare professionals. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime. We used our Short Observational Framework for Inspection (SOFI) and spent time in communal areas observing how care was delivered. Using this tool helped us to understand the experience of people who could not talk with us.

We spoke with the four nurses', five care staff, the chef, two housekeeping staff. We spoke with the registered manager. We reviewed six people's care plans to see how their care and treatment was planned and delivered and looked at four people's medicines records. We checked whether staff were trained to deliver care and support. We looked at records relating to the management of the service including incident and accident records, three staff recruitment files, minutes of meetings and the provider's quality monitoring system.

Is the service safe?

Our findings

At our last inspection we rated the provider as 'Requires Improvement' in this key question 'Is the service safe'? This was because improvements were required to how people were supported to move safely, staff deployment, the environment and medicine management. At this inspection we found that the required improvements had been made and we rated this key question as 'Good'.

At our last inspection we observed that one person was supported to move in a way that did not follow good practice guidelines. This involved a lifting technique that had been proven to increase the risk of harm to people. Following the inspection, the registered manager told us of the action taken to address this event, and to ensure people are always moved safely and with dignity. During this inspection we saw that people who needed support to move were supported to do so safely. We saw that staff's competency to support people with their moving and handling needs was assessed and spot checks on staff's competency took place to ensure they continued to support people safely.

At our last inspection some people told us that there was not always enough staff available to meet people's needs. At this inspection we found that most people and visitors to the home told us that there was enough staff to meet people's individual needs and maintain their safety. A relative told us, "We are very happy with the care. The staff might be busy but they come as quick as they possibly can. We have no concerns". Most staff told us that there was enough staff to provide safe and effective care. Some staff told that more staff would enable them to spend more time on an individual basis with people. We saw during our inspection that staff were available to provide the support and stimulation people required to promote their wellbeing. We saw staff respond promptly to request for care and support and were not rushed. Some people had an enhanced level of staffing in place to meet their individual needs and this meant they had a staff member allocated to care for them for a specific number of hours throughout the day.

The registered manager talked through the dependency tool which they used to establish staffing levels and records we saw showed that staffing levels were constantly being reviewed and were above the level identified by the dependency tool. The registered manager told us that there was flexibility with staffing so for example if a person was unwell the staffing could be increased to support the person. We saw that regular checks were carried out on people who preferred to stay in their bedrooms or were being cared for in bed. At the last inspection one person waited for 12 minutes in response to them pressing their call bell for assistance. At this inspection we saw that response to call bells were monitored daily and action was taken to address any delays in staff responding to these. The registered manager told us some agency staff were being used to support the rota this included agency night nurses and recruitment was taking place to these posts. They also used some agency care staff to support the people who were receiving one to one staffing.

During our last inspection work was underway to extend the home into the neighbouring property and no assessment of the risks this presented to people had been completed. We saw that some of the furnishing and floor coverings needed replacement. The registered provider told us that this work was necessary to ensure people continued to live in a comfortable, safe and clean home. At this inspection we found that the building work extension had been completed and provided a well maintained, comfortable and spacious

home for people to live in.

At our last inspection we found that some improvements were needed to show that prescribed creams to prevent or treat sore skin had been consistently applied were needed. At this inspection we found at this inspection that these improvements had been made. People told us that they received the help they needed to take their medication. One person told us, "They bring my medication to me wherever I am. If I am in pain they will bring me pain relief". One person told us "I have this PEG and staff know what they are doing with it". We observed staff supporting people to take their medication in a safe way and they explained to people what they were doing. People had a medication administration record (MAR) that documented when they had received their medicines. We found medicines were stored securely and at the correct temperature so that they remained effective. Some people required medicines to be administered on an "as required" basis and protocols (plans) were in place for the administration of these medicines to make sure they were administered safely. We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely. This demonstrated the provider's systems used for storage and management of medicines were safe.

People that we spoke with told us that they felt safe living at the home and with the support they received from staff. Relatives that we spoke with told us that their family member was safe. Some people in the home wore a pendant that they could press to alert staff that they needed assistance. One person told us "I don't feel very secure if I don't have this. It makes me feel safe". Some people had been assessed for specialist equipment such as sensory mats so that. Staff that we spoke with knew the type and level of assistance that people required to meet their individual needs and keep them safe. Records and assessments that we looked at of the risks to people were kept up-to date and reflected people's current support needs. For example, we saw that for people who were at risk of falls. Care plans and risk assessments were in place to minimise these. We saw that in the event of a person falling a 'falls incident' form was completed and a post fall assessment was completed and risk assessments were updated. We saw that information was shared with healthcare professionals and when needed referrals had been made for further assessment.

All the staff that we spoke with were able to tell us about their understanding of safeguarding people from the risk of abuse. Staff spoken with were aware of their roles and responsibilities in these areas, including what the reporting procedures were, to keep people safe. Staff told us that safeguarding was part of their induction and they were confident that they could raise any concerns they had with the management team. We reviewed records of incidents and events and found referrals were being made to the local authority and CQC as required by law. Records kept by the management team showed the process followed by the manager to oversee any follow up actions required after each event and discussions with other relevant people including people's relatives.

We checked three recruitment files and we saw that the provider's recruitment procedures minimised risks to people's safety. This included carrying out a DBS (Disclosure and Barring Service) check and obtaining appropriate references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

People were protected from the risks of infection by the provider's policies and by staff's practice. The rooms, fixtures, fittings and equipment at the home were clean. One person told us "they keep the place very clean. They are good at cleaning my bathroom". Another person said, "it is very clean". The provider had

issued daily, weekly and monthly cleaning schedules for laundry, domestic and kitchen staff to ensure every part of the home was regularly cleaned. Laundry equipment ensured people's clothes and bedlinen were cleaned effectively when needed. We were invited to enter some people's bedrooms and these were also observed to be clean and well maintained.

The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence. We found there was an open culture in the home where learning from mistakes, incidents and accidents was encouraged.

Is the service effective?

Our findings

At our last inspection we rated this key question as 'requires improvement' we saw that meal times were not always a pleasant experience for people. The dining room became crowded. The number and close proximity of people meant the dining area was noisy and on the day of our inspection very hot. People did not always have the support of consistent staff throughout their mealtime. At this inspection we found that the required improvements had been made and we rated this key question as 'Good'.

We saw that a second dining area had been created in the conservatory area and the dining experience for people had been greatly improved. People received the support they required with their food and drink. It was unrushed and a pleasant experience for people. People had a choice of meals and could eat in the dining area or their own bedroom if they wished to. We observed staff offer a variety of drinks in a variety of cups and glasses in line with their personal needs and preferences. One person told us, "We sit together every day for lunch. It is lovely". There was a menu displayed in the main hallway and people were verbally asked what they would like before the meals were served. One person told us, "At breakfast there is a choice of everything. We can have whatever we want. At lunch time we always have two options and then at tea time there is a mixture of sandwiches or something with toast or soup". We asked people for their views on the food. One person told us, "The food is lovely and very tasty and I will joke with them and say, 'what on earth is this' but I don't mean it. We get more than enough". Another person told us, "The food tastes nice".

The chef and the staff were aware of how to meet people's individual needs and preferences via a 'register of meals served form' which clearly documented how a person required their food and what dietary requirements they had. It also included people's individual preferences such as 'I don't like chicken'. One person told us, "I am on this soft diet you see. Everything has to be blitzed which it always is".

A detailed food and fluid chart was in place which described how much a person had eaten from a single spoonful to all. Fluids were carefully measured and recorded and communicated to the lead carer. The lead carer had oversight of this and explained, "I could tell you now which people are meeting their fluid targets and which need encouraging to drink a bit more today. We discuss this in our handover so we are constantly keeping track. Having the separate teams really enables us to know important information like that. It can be closely monitored". One person told us, "They fill my glass up with water automatically. I don't have to ask". At lunch time we observed staff continually topping up people's glasses with their preferred drink. A staff member said, "Whatever you want to drink we will get for you". For those people who were losing weight, a 'snack plate at a glance' sheet was updated so the chef knew who required additional calories.

Staff told us that they received the training and support they needed to carry out their role. A senior staff member told us that they were very disappointed with the previous inspection report and they had ensured that a robust induction programme was in place so that staff were only able to support people when they were assessed as competent to do so. They told us that new staff received an induction that was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve. Records demonstrated that all staff had completed this in line with the providers expectations. New staff also worked alongside experienced staff to understand peoples

care needs and how they liked to be supported. A lead carer had devised a 'team demonstration sheet' which evidenced that new staff were required to shadow each part of a person's day such as bathing, assisting with supporting a person to bed, hydration and nutritional needs. Only when they had observed this and then been observed themselves was the staff member assessed as competent and able to complete these tasks independently. The lead carer told us, "Some staff have a week's induction but others can have up to six weeks before they are included in the numbers. It depends on their previous experience". This showed that staff were only able to support people when they really knew people and their routines. Staff supernumerary. Staff told us that they received additional specialist training to carry out their role. Recent training included stoma and dysphasia training.

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. The registered manager had ensured people's ability to make decisions was assessed in line with the MCA. Where people did not have capacity to make a decision, they were made in people's 'best interests' in consultation with health professionals and people's representatives.

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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

We reviewed people's care records and saw that a full assessment of their needs had taken place prior to them moving in to the home. We saw a comprehensive assessment of people's needs had been completed and recorded. The pre-admission assessment included information about the person's health, medicines, risks and communication needs. A relative told us, "They [staff] did a full assessment of [person's name] needs. It was detailed and we were fully involved. [Person's name] has complex needs but they [staff] are really wonderful here." Staff we spoke with had a good understanding of people's needs.

People told us they received good healthcare and were referred to external services such as dieticians, opticians, chiropodists, audiologists and dentists to maintain their health. The GP visited the home weekly and additional visits were made when required. Relatives told us they were informed about any changes in their family member's health. A healthcare professional told us, "This is a good well-run service. Any issues are dealt with constructively. It is an enjoyable home to visit."

The home environment met the needs of the people who lived at the home. We saw the environment was pleasantly decorated and well maintained. The home and corridors were spacious and enabled people to move easily around the communal areas. Bedrooms were spacious and could accommodate individual specialised supportive equipment. The ground floor had access to a garden with a large patio area that was accessible to people and their visitors.

Is the service caring?

Our findings

At our last inspection we rated the key question of is the service caring? As requires improvement. We found that some people's unsettled condition had a negative and distressing impact on the other people seated near them and staff failed to minimise this impact by offering support, comfort or the opportunity to move elsewhere. We also found that some staff were task focused. At this inspection we found that the required improvements had been made and we rated this key question as 'Good'.

At this inspection we observed that staff supported people around the home and gently prompted, guided and reassured people when they became disorientated or unsettled. We saw staff approached people and offered words of comfort and ensured people were comfortable where they were sitting. One person was confused and repeatedly asked staff where they were. One staff member reassured the person by sitting with them and rubbing their hand. This member of staff said, "You are at Beech Hill Grange in the lounge. You have come here for a rest. You have worked hard all of your life and now it is time for us to look after you. You don't realise how much you did for your family and friends". Staff we spoke with shared with us ways in which they offered people reassurance. Staff demonstrated insight and understanding into what may cause a person to become unsettled.

Staff showed a high level of compassion and empathy towards people. We saw some very caring interactions and people appeared comfortable and relaxed around staff. For example, one person reached out and held the cheek of a member of staff whilst holding their hand. On another occasion we saw a person blowing kisses at a staff member. People referred to the staff as "my carers". One person told us, "Everyone does their job properly but there are some that go above and beyond". Another person told us, "The staff are very good and kind. They are excellent". It was clear that humour and the opportunity to have fun was important to people. We observed people laughing and smiling with staff throughout our inspection. One person told us, "You can have a laugh with the staff". They went on to say, "I am very well looked after".

People were able to make choices about their care. People told us they chose how and where to spend their day and what they would like to do. Staff were heard continually asking people their views and opinions about their care.

We observed staff maintaining people's dignity. They closed curtains and doors when attending to a person's personal hygiene and left the room and waited outside while a person used the toilet. However, one person told us, "Most of the staff treat me with dignity but the other night I was using the bedpan and the staff member sat on the chair which I don't mind but then another staff member came in and they started having a chat while I was trying to use the bed pan. I had to ask them if they minded going out of the room". It isn't very dignifying. They are used to people with dementia who can't say". We shared this information with the registered manager so they would look into this. The staff and registered manager told us about the unannounced spot night time audits that were taking place and the focus was looking at staff practices and where improvements were needed.

Staff supported people to maintain their independence. We saw at lunch time people had adapted cutlery

and dinner plates to help them eat. We saw that staff were gently prompting a person to assist themselves. The staff member told us afterwards how well the person was doing and how they [staff member] looked for any opportunity for a person to maintain their independence and also to regain skills that they may have lost due to a period of being unwell.

Managers and staff valued the people they cared for by respecting their life histories and experiences. One member of staff was talking to a person about doing their makeup as this is something she enjoyed when they were living independently. This person told us, "I feel good about myself when it's done. It makes me feel better". Another staff member was sat talking to a person about their previous job. Staff were clearly interested in talking to people and used every opportunity to generate a conversation with them.

When staff walked past people, they were always acknowledged which created a positive and friendly atmosphere. As one staff member walked past they said, "You look very pretty today. Those colours look lovely on you". The person was clearly very pleased with this compliment.

People's care plans contained some information about people's diverse needs. We spoke with staff about how they would support people's individual needs including their faith, religion, culture or sexuality and they showed some insight. One person told us how the service met their religious needs. They said "The chaplain comes to my room twice a week and I can go down to the service. It doesn't matter what religion you are. I enjoy it".

We saw that relatives and friends were welcome to visit the home and we observed staff and the management team greeted people and knew them by name. We saw a relative make themselves a cup of tea another relative did some knitting whilst spending time with their family member. They told us that staff always made them feel welcome. In the recent satisfaction survey to relatives, 'are residents treated with dignity and respect' was scored at 100%.

Is the service responsive?

Our findings

At our last inspection we rated the key question of is the service responsive? As requires improvement. We found that some people had higher support needs and some people were cared for in bed. We found that we could see that some occasional activities had been provided these were far less often for people in their own rooms. At this inspection we found that the required improvements had been made and we rated this key question as 'Good'.

The registered manager told us that some changes had been made to the way that people were offered opportunities to take part in different and stimulating activities. Staff had started to complete individual activity assessments and from these individual activity booklets was being developed. We saw that this work was well under way. A staff member told us that they take a daily newspaper to every room every day called the 'Daily Sparkle' which encouraged people to think about events in history that happened on that day years ago and also provides an opportunity for staff to engage with the person on a one to one. Staff told us about the development of opportunities for people cared for in bed or choosing to stay in their own room. They told us that activities included massage, reading poems and stories. Staff told us that information could be put into different formats to ensure it was accessible to people. For example, information could be put into large print for people with limited eyesight.

People told us that there was a lot to do in the home. One person said, "We have all sorts of things going on". Another person said "there is always something to do. I made bracelets for charity this morning and made cakes on Monday". We observed a 'Move it or Lose it' session which encouraged people to become more active and aimed to promote their physical wellbeing. During the afternoon we observed a singalong in one of the main lounges. It was clear that the people in the room had a lot of pleasure out of this activity. One person told us, "The singing is brilliant. It makes you happy". The home offered people a full range of activities to promote their emotional well-being.

People were also supported to enjoy trips outside of the home to local restaurants, garden centres and shops. One person told us, "I enjoy our trips out, we go to the garden centre and for a pub lunch." Staff told us that the trips out are inclusive and consideration was being given to all people who wanted to take part. A staff member told us, "We ask people and listen to what they tell us and then we plan the trips out. We risk assess where we are going, the support people need and things like access for people who use a wheelchair. We have also planned for people who need a higher level of staff support and if appropriate we have involved a family member". A staff member told us, "We have recently supported a person to go out to the shop's and pick their own nightie. The pleasure they got from just feeling the texture of the material and picking just what they wanted, meant so much to them".

People had a care plan which identified their assessed needs and provided staff with information about how those needs were to be met. People and relatives that we spoke with told us that they had been involved with planning their care. We saw that care records had been reviewed and updated regularly. This ensured that staff had the information they needed to meet and respond to people's changing needs. We saw that there were care plans in place to support people when they became anxious

or agitated. In some of the records we looked at we saw that there was a lack of detail to inform staff how to support the person. Staff that we spoke with were confident in how they would support people and gave us detailed information about this. We discussed this with the registered manager about how more detailed information could assist staff in preventing the behaviour from occurring and ensure a consistent response from all staff. The registered manager told us that they would develop this aspect of the care records.

People and their relatives knew how to complain. The provider's complaints policy and procedure was available within the home. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. During our inspection a few people that we spoke with raised some issues with us about aspects of their care. From talking to staff, the registered manager and looking at complaint records we could see that this issue had been followed up and dealt with. The registered manager maintained a record of complaints and what action they had taken to investigate and resolve any issues raised. The records demonstrated that complaints had been taken seriously and responded to in accordance with the provider's complaints policy.

We saw that care plans were in place to support people at the end of their life to receive the care they wanted. We spoke with the registered manager who told us that they worked closely when needed with the community palliative nursing team. We spoke with one healthcare professional who told us that staff were responsive and sought advice from them appropriately and timely and followed any healthcare guidance given on people's care.

Is the service well-led?

Our findings

At our last inspection we rated the key question of is the service well-led? As requires improvement. We found that the audits in place had not ensured that consistency was achieved across the home. This was a breach of regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and we rated this key question 'Good' and 'Good' overall.

We looked at the governance systems within the home to see how regular checks and audits led to improvements in the home. We found that there were comprehensive systems in place. These included regular checks to review areas including infection control, health and safety, equipment, medication and the environment. We saw that where issues were identified prompt action was taken to resolve the issue. For example, we saw that a bed required repair and this was dealt with on the same day. In addition to this we saw comprehensive monitoring of day to day care practice took place and people's wellbeing care and safety was central to this. For example, we saw that observed practice took place of staff competency to support people to move safely. These focused on the staff members safe moving and handling technique and focused on how the staff member respected the person during this task ensuring their dignity and privacy was respected throughout. We also saw that a number of night audits had taken place. The registered manager told us that the management team identified that this was an area that needed closer monitoring. They told us that a lot of people were up during the night and if this was what people wanted they were supported to do so. We saw that when issues were identified through these audits action was taken to make the improvements. This showed that the systems and processes in place to assess, monitor and improve the quality and safety of the service were operated effectively and also included the quality of the experience of people who lived at Beech Hill Grange.

The registered manager demonstrated a culture of continuous improvement. Following our last inspection visit when the home was rated 'Requires Improvement' they had engaged the services of a management systems consultant and provided us with an action plan and kept us informed of the progress they had made in the service. During this inspection we identified some areas that needed some attention or further exploration by the registered manager. For example, in one area of the home bath water temperatures had been recorded as 'warm' or 'hot hand' and specific temperatures had not been recorded. This was not consistent throughout the rest of the recordings throughout the home and the Registered Manager took immediate action to ensure this was dealt with. We observed in the laundry area a large pile of dirty laundry had accumulated that due to the size of the room, was spilling over to where the clean laundry was being stored. We discussed this with the Registered Manager who told us that this had already been identified and they were in the process of reviewing the hours that the house keepers work to ensure this issue would be resolved. A similar issue was observed in the kitchen where staff had limited space to put the dirty items after meal service. The registered manager told us that she would explore this further and take any appropriate action. We also discussed that although staff worked within the principles of the mental capacity act following our discussion with staff they would benefit from some further awareness training in relation to the deprivation of liberty safeguards. The registered manager told us that additional training sessions would be provided to the staff team. During our inspection the registered manager updated the

staff allocation sheet with DoLS information so staff could refer to this as a quick guide and reference point.

Accidents and incidents were logged and reviewed by the provider and registered manager to identify trends and manage actions appropriately to reduce the risk of repeated incidents. This also ensured the initial cause of the accident or incident had been appropriately addressed. Some relative's that we spoke with particularly mentioned the registered manager's openness in sharing information. A relative told us, "They are really open with you, that's what I really like."

There was an experienced registered manager at the home at the time of our inspection. The management team consisted of a registered manager, a clinical lead nurse, two heads of care and a team of nursing and care staff. We saw regular meetings, supervisions and appraisals were held with staff to communicate key messages, discuss areas for improvement and training needs.

People told us that they liked living at the home. One person told us, "I am happy with everything and the staff are very kind." A relative told us, "I can't really fault the home. It's not perfect but I think it is as perfect as you are going to get. It's a lovely atmosphere. They really care about people and what I like is I feel they [staff and management] are very open and transparent with you. There is trust. We looked at several homes. We are very happy with Beech Hill Grange." The only issue raised with us by relatives that we spoke with was that a relatively new carpet in the one area of the home was stained. We saw that the registered manager had carpet samples so a choice of a more suitable and hard-wearing replacement carpet could be made.

We could see a very committed and open culture within the staff team. There was evidence that the staff were motivated and worked well together. Staff were confident to approach us and tell us about their work and how they wanted to continue to improve the service for the benefit of the people. A staff member told us, "I really enjoy working here, it is so rewarding when you see people happy, well cared for and content and doing things they enjoy." Another staff member told us, "The manager is so approachable and supportive they want this to be the best home that it can be. We get really good support and we are encouraged and supported to make improvements where we can."

The Registered Manager sought feedback from people who used the service at monthly resident meetings. One person told us, "Every month we have a meeting. We take our worries to the meeting. Sometimes we repeat ourselves and things don't change but lots of things do." Another person told us, "We have a resident meeting which is very useful. Last time it was very busy." They also sent out satisfaction questionnaires to relatives to seek their views on the service that was provided. This showed a high level of satisfaction and the 'how favourable is the overall opinion of the home' was scored at 97.5%.

The provider had complied with the conditions imposed on their registration and had notified us of incidents and events as required by law. The registered manager had submitted notifications of events required be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary. The registered manager demonstrated a clear understanding of the responsibilities of their role and registration with us. All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on their website.

