Beenstock Home Management Co. Ltd

Beenstock Home

Inspection report

19-21 Northumberland Street
Salford
Greater Manchester
M7 4RP

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03 May 2017

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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 was an unannounced inspection carried out on 3 May 2017.

Beenstock Home is registered to provide nursing and personal care for up to 26 people. The care home offers residential care on the third floor, nursing care on the second floor and sheltered housing facilities to the ground and third floor. All bedrooms are single occupancy with en-suite facilities. The home offers a culturally specific service for the Orthodox Jewish community.

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

At the last comprehensive inspection on the 20 October 2015 the service was found to be in breach of regulation 17 with regards to Good Governance. We then carried out a focused inspection on 15 February 2016 where we found the service had worked towards rectifying their position. We concluded the service was then meeting all the regulations applicable at that time.

During this inspection, we found the service continued to meet current regulations.

We received positive feedback from people using the service, their families and staff members. Everybody we spoke with told us with confidence that the management and staff team were caring, respectful and understood their needs and requirements well. Relatives voiced their confidence in the service and its ability to support their relatives safely and effectively.

The provider had processes in place to maintain a suitable environment for people living at the service and their visitors. Risk assessments were established to identify any environmental risks associated with areas both internal and external areas such as the use of lifts, stairs and substances hazardous to health (COSHH). The service also employed a full time maintenance person to carry out any repairs to the building.

Suitable training was offered to staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns. Staff were aware of how to notify the relevant authorities when required.

The service had satisfactory staffing levels to support the operation of the service and provide people with safe and personalised care. Comments from people using the service, their relatives and staff supported this. Staff were expected to access a variety of mandatory and additional training which ensured they were skilled and experienced in safely and effectively supporting all people using the service. The registered manager was very supporting of staff development and additional training.

Recruitment procedures were in place to ensure appropriate steps were taken to verify new employee's character and fitness to work. New employee induction processes were robust and staff were required to complete an additional shadowing programme with an experienced member of staff prior to working alone. This process ensured the correct amount of detail was provided to them to ensure they were equipped with the knowledge to carry out their support role effectively. People spoken with and their relatives felt that staff knew their needs well. Staff demonstrated a good understanding of their role and how to support people based on individual need and in a person centred way.

The provider had appropriate processes in place for the safe administration of medicines; this was in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were adequately trained in the administration of medicines and all medicines were stored securely and safely.

Each person had a care file containing documents such as care plans, risk assessments and a personal profile. These records gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with any changes. These were also reviewed monthly by staff and annually by the person and their family member when appropriate.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

People, their relatives and staff spoke positively about the management team referring to them as "Extremely caring" and "Very approachable." People informed us they were happy to approach the management team with any concerns or questions.

We found the ethos of the service was very much about providing a place where people could feel safe, develop, and access services centred on their own cultural and environmental needs and requirements. Staff and management were very much a part of enabling this to happen.

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 said they felt safe. They were cared for by a staff team which had been safely recruited and had received an appropriate service induction.

Staffing levels were appropriate and enabled the service to meet people's individual needs and allow people to gain ownership in their lives and manage any risks knowledgeably and effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective.

People received support that was tailored to meet their needs and promote independence and were supported by staff that were well trained and supervised.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People were supported well with their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People's support files were centred on their wishes, needs and goals and kept under regular review.

Staff were knowledgeable about people's support needs and preferences and the agency offered a flexible way of working which responded to any changes in a positive way.

People were encouraged to raise concerns and had been equipped with relevant information to do so. Their concerns were dealt with effectively.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Beenstock Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 May 2017. The inspection was carried out by one adult social care inspector from the Care Quality Commission. At the time of our inspection there were 19 people receiving nursing and personal care and 13 people receiving domiciliary care at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the service plans to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we looked around the building, spoke with five people who used the service and six of their relatives. We spoke with three staff members and a nurse. In addition to this we spoke with four trustees, the clinical lead nurse, deputy manager and registered manager. We looked at the care records of four people and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beenstock Home.. Comments included, "I feel very safe and they keep an eye on me and care for me very well." A second person said, "Staff know me well and know if I am not quite myself. I am very safe here." People who were unable to communicate also appeared content and happy in staff presence. We observed people being supported in a safe and appropriate way. Relatives spoke about their satisfaction with the care their loved ones received. Comments included, "There is always a family member here and we have never had any concerns with the way [our relative] is cared for. The care is just great, we cannot fault it one bit." A second relative stated, "[Our relative is very safe here, they are receiving better care than anywhere else. We couldn't do any better having them at home." A third family member told us, "[My relative] took a turn for the worst and we really thought that was that, however, we truly believe that because of the care received and the attention to detail [my relative] is now better than they have been for a long time."

We looked at how the provider managed staffing levels and the deployment of its staff. We requested a month's staffing rotas including the week of inspection. We noted sufficient numbers of staff were employed to each floor to deliver safe and effective care to people using the service. This ensured time could be spent sitting conversing with people and engaging them in meaningful tasks. Staff we spoke with confirmed they were able to spend time sitting with people and had the ability to undertake their caring role without feeling rushed or pressured. This was reflected in the comments we acquired from people. One person told us, "I never wait long at all for someone to help me. The staff are very efficient and they take time to chat about things. That's nice I do enjoy that."

The provider had recruitment policies and procedures in place which aimed to protect people using the service and ensured staff had the necessary skills and experience. We looked at six staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. Staff files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The deputy manager stated, "Our recruitment process has been tremendously improved, as we now involve the residents during the process the residents get the opportunity to chat to the prospective candidates, they not only enjoy this, but it also allows them to feel respected and their opinion is listened to."

Contractual arrangements were in place for staff which included disciplinary procedures which aimed to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. The registered manager told us the service had taken no disciplinary action in the past 12 months, therefore, we were unable to determine the providers conduct when dealing with such processes.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date, safeguarding vulnerable adult's procedures and 'whistle blowing' (reporting poor practice)

procedures were in place for staff to refer to. Staff we spoke with were aware of the various signs and indicators of abuse and gave relevant examples of what they would do if they suspected any abusive practice. Staff also confirmed that they had received training and guidance on safeguarding and protecting adults. We saw evidence of this when we looked at training records relating to safeguarding.

The service ensured a record of appropriate safeguarding logs and incident information was held. We did not see any further accident or incidents which would have been reportable to the local authority or to the Commission.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file we looked at contained individual risk assessments. These assessments reflected risks associated with the person's specific needs and preferences. Areas such as eating and drinking, falls, personal hygiene and using height adjustable furniture were considered. In addition to this risks associated with a person's skin integrity, pressure ulcer prevention and malnutrition were also considered.

Each individual risk assessment was split into areas such as, support need, how the need was to be met and the outcome. Each risk assessment we saw had been signed and agreed by the person or family member where appropriate. Individual strategies had been developed to guide staff on how to manage and respond to identified risks. Risk assessments had been reviewed and updated with any necessary additional information.

Staff we spoke with displayed a sound understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of people. Staff also showed robust knowledge and understanding in relation to positive risk taking. Identifying the requirement to enable people to live their lives the way they chose in a safe way.

Environmental risk assessments and audits were in place to maintain a safe environment and ensure the protection of people using the service, their visitors and staff from injury. Risk assessments gave consideration to areas such as the internal and external environment, storage of controlled substances (COSHH), stairs and lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids were also examined by an external agency. A separate smoking shelter was situated to the back of the building.

The service employed a maintenance person on a full time basis who completed jobs around the service within their remit and for larger jobs external agencies were contacted.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist.

We checked medication was given to people safely and noted this was done in line with best practice guidelines. Medicines were stored in a secure place and there were systems in place to monitor aspects of medicine management practices on an on-going basis. Staff had received training in safe administration of

medicines and audits were completed. Nurse's competency was checked and there were processes in place to verify nurse registration status (PIN) validation. We also found matters had been referred to the Nursing and Midwifery council (NMC) when required and recommendations had been followed.

We looked at a sample number of MARs which were used for regular prescribed medicines and noted these had been completed in full with no missed signatures or errors present.

We carried out a sample stock check of the medicines trolley. We looked at medicines which were not blister packed such as antibiotics, beta blockers and pain relief for six separate people. We did this with a nurse present. We found two medicines which did not match the records. We spoke with the clinical lead about this who informed it was because further stock was stored in a lockable cupboard. This was current practice to ensure surplus stock was not carried around in the active medicines cabinet.

Good

Is the service effective?

Our findings

People told us the care and support experienced was, "Very good and professional." One person told us, "It is an excellent place, I have every faith in the staff and management." Another person said, "My relationship with staff is very good, they know me and take the time to help me." Similarly relatives felt the service they received for their family members was, "Excellent" and "Highly recommended." Comments included, "What is particularly nice is the community atmosphere, it is like a big family." Another relative stated, "The carers are fantastic, they have a true concern for people and are very highly trained."

The provider had processes in place to train and support staff. All staff were required to complete an induction programme before commencing work at the home. This included an initial orientation induction, training in the organisation's policies, procedures and mandatory training. Staff told us they felt the induction had equipped them to effectively and confidently carry out their roles as carers. One staff member said, "I feel the induction was very good. After I had completed all my training I then shadowed another member of staff for about three weeks." We saw evidence of completed induction programmes in the files we looked at.

The service had a training matrix which detailed all training completed. The service offered an appropriate amount of training which was relevant to the people using the service. Training topics covered aspects such as the safe handling of medicines, dementia, record keeping, person centred care and fire awareness. Staff we spoke with confirmed that they received an appropriate amount of training and that they were up to date. The registered manager told us, "We never refuse training and encourage staff to take up as much training as possible to develop their own job role and to increase the service provision." The deputy manager added, "I think that we are fantastic at recognising skills in our staff and helping them to develop in areas that interests them, such as Six Steps, moving and handling. By encouraging staff to have additional responsibilities it enables them to feel empowered, a sense of achievement and boosts staff morale. We are very proud of all of our staff members and honoured that they provide outstanding care to our entire resident's."

Staff told us they received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions and appraisals in each staff file we looked at and noted plans were in place to schedule supervision meetings in line with the services procedural guidance. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This provides care staff with the opportunity to discuss their responsibilities and the care of people who use the service. One staff member stated, "My supervision sessions are excellent. I feel I get a lot from them and am able to discuss any ideas or concerns I may have."

Staff told us they always received a verbal handover before each shift. One staff member said, "We always ensure we arrive at least 15 minutes early for our shift then we can get a good handover." We did not see any evidence to state things were being missed and people we spoke with and their families supported this way of communicating. One relative said, "The staff are always up to date with any information pertaining to [my relative]."

People's care plans contained important information about their medical histories and any health care needs. This meant that support staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. Care plans covering areas such as, mobility, skin integrity, personal hygiene, social isolation were all apparent in people's files. Each file contained care plans appropriate to the person's individual need and were reviewed monthly. The registered manager commented, "We usually involve the person and their relative in an annual review of the care files, however, if something significant changes we look at this with them sooner."

'Food hygiene' was part of the service's training programme, this helped to ensure support staff had the knowledge and skills to prepare food safely. There was full time cook employed who ensured only Kosher food was prepared, Kosher food is a particular diet followed by the Jewish religion which conforms to the Jewish dietary law. We observed a lunch time and noted people conversing with each other and family members were also present. The dining tables were decorated appropriately and contained condiments. People requiring support were assisted by staff in a caring and dignified way. The atmosphere at lunch was that of a homely family feel. The registered manager added, "We do not have restricted meal times this is to allow families to come and visit their relatives at meal times. Culturally this is very important to them."

People's dietary requirements were considered and people who required alternative diets such as puree were supported safely and the risks considered in the person's care file. We saw evidence appropriate referrals had been made to external agencies such as speech and language therapists and dieticians.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In instances where people were deemed not to have capacity to consent to living at the home, the registered manager had completed standard authorisation forms which had been submitted to the local authority. There was a current policy in place detailing the procedures to follow. Staff we spoke with had an understanding of MCA and DoLS and confirmed they had received training. One staff member said, "It's about ensuring people are not kept here against their will and if they need to be you need to apply." Equally staff we spoke with demonstrated a good understanding around the importance of people being supported in their day to day decision making. One member of staff stated, "I always give choice. I would never dream of just doing something without asking first."

Good

Is the service caring?

Our findings

People told us staff were, "Very caring" in their approach and they were treated with, "Kindness and compassion." One person stated, "Oh the staff are so nice to me. They do take time to make sure I am happy and nothing is ever too much trouble." Throughout the inspection we observed positive staff interaction which was caring and considerate. Similarly people's relatives felt their family members were supported in a caring and empathetic way. Comments included, "This is an excellent place. I have every faith in all the staff and management. It is top class, very caring and considerate." A second family member said, "There is a true homely feel. Staff work very hard to ensure this." A third relative stated, "You should never need such a place but if you do this is definitely the one to be living in. It's wonderful, I cannot praise it enough."

Staff gave examples about how to maintain a person's privacy by knocking and waiting for a response before entering a bedroom and ensuring the door was closed before supporting people with any personal care. The provider had a 'code of conduct' of practice that staff were expected to follow, this would ensure staff were adhering to best practice guidance. Staff we spoke with understood their role in providing people with care, understanding and support. One staff member said, "I cannot tell you how much I like working here. It is definitely better than anywhere else I have worked. It's like my second home."

The ethos of the service respected the diverse needs of the people it supported and promoted people as individuals to ensure life opportunities and requirements were offered at every opportunity. The clinical lead nurse stated, "Beenstock has such a fantastic homely feel and there is such an empowering atmosphere of belonging, which is brimming with welcoming and friendly faces. I feel that the rapport that Beenstock has with the community is exceptional, by the fact that Beenstock listens and responds to the needs and wishes of the community."

People we spoke with including their relatives, felt that staff listened to them and explained things in a way which they could understand. We saw evidence of this during the inspection.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Staff spoke respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice. One staff member said, "I always make sure care is person centred, by that I mean ensuring it is done in a way which is acceptable to the person and meets their needs and expectations."

Compliments received highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families. One stated, "Words and actions cannot portray how grateful we are for all that you do." A second stated, "Just a token of our appreciation for your dedication to [our relative]." A third detailed, "To

all the wonderful staff, week after week I witness and am amazed by the tender loving care you give to [my relative]."

Good

Is the service responsive?

Our findings

People told us their needs were met effectively by the service. People told us they felt listened too and staff were able to spend time conversing and helping with chores. People's relatives also expressed satisfaction with the responsiveness of the service and how it met their relative's individual requirements. One family member told us, "I am always kept informed of any issues. I must say the communication is very good." Another relative stated, "Staff are excellent at documentation and ensuring just the right thing is recorded, of course this is a two way thing between us and the service. That is what makes us believe [our relative] is in the best place receiving the best care they could possibly get which of course they also have a say in."

Relatives told us how welcome they were made to feel when visiting. Comments included, "We can visit whenever we wish and there are no restrictions. We are a very big family and someone is here practically all day every day. This is not a problem and we are able to make our own refreshments if we want to." Another relative said, "We can come very late at night is we so wish, we are always made welcome."

We noted the provider had robust processes in place to ensure thorough evaluations of each person's needs were assessed before the service began to support them. Assessments were also signed by the person wherever possible and contained information about the person's needs, wishes and daily living requirements. In addition to this the assessment included detailed personal history, hobbies and interests.

Support files contained care plans which had been created based on people's individual needs and requirements. They were agreed where possible by the person or a family member, this helped to enable the development of the care planning process and support the delivery of care to the individual. Care plans covered areas such as choice and control, health and well-being, everyday tasks and accessing the community. Care plan's detailed what support was required to enable the person to fulfil their expectations. Staff we spoke displayed an awareness of the content of people's files.

Staff spoken with had a sound knowledge of people's needs and could clearly explain how they provided support which was important to each person in areas such as those relating to health and social care needs, personal preferences and leisure pastimes.

Daily reports provided evidence to show people had received care and support in line with their care plans. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance to staff on how to make a complaint and what to expect including relevant time scales. We saw the registered manager tracked complaints and responded appropriately as per procedural guidance. One relative stated, "If there has ever been anything we are not sure about we only need to ask and we have always received a good response. It never gets to a complaint as things are always dealt with before it gets to that stage."

Comments we received from people using the service and their families confirmed that any concerns and queries were dealt with professionally and all felt able to approach the registered manager with any issues they may have. Similarly staff felt that any issues raised were dealt with in professional and satisfactory manner.

As part of the inspection we looked at the activity programme provided by the home. People who used the service were able to utilise a range of activities available on a daily basis. We noted the service employed an activities co coordinator to schedule activities and each day a member of staff was scheduled the responsibility to carry them out. Activities consisted of arts and craft, music, external artists, flower arranging and baking. We noted an activities board displaying the week's activities. People we spoke with told us they felt they had a good range of activities which suited all people's needs.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since January 2015.

People we spoke with were very complimentary about the management structure. People told us the registered manager was always present around the building and even worked alongside the carers from time to time. We noted the registered manager's name was present on the rota to cover care duties. One person said, "[Managers name] pops in to see me, she is very caring and I feel I can approach her with anything." Another person told us, "We couldn't ask for a better manager. She is just great, very responsive." Similarly relatives spoke very highly of the registered manager, one relative said, "The registered manager is unbelievable, extremely caring." A second relative stated, "The manager is excellent, very approachable. She is good with all paperwork, in fact all the staff are."

Staff spoke to us about their experience of working at Beenstock. Each staff member we spoke with stated they were, "Happy" and "Content" working for the service. One member of staff said, "I feel it is a good team environment this starts at my level and goes right up to the top. Management help us out as part of the rota and this is nice." A second member of staff stated, "Both the deputy manager and manager are always around if I need them, they are both very helpful." A third member of staff stated, "Staff definitely have a voice. Our thoughts and feelings are definitely considered."

There was a clear management structure and it was evident that staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The provider ensured effective governance audit systems were in place which monitored areas such as, medicines, falls, staffing, infection control, people's weight management and room temperatures. People using the service were also included in assisting with audits where appropriate such as, hand washing and infection control. The registered manager also conducted a weekly 'walk around' audit. In addition to internal audits the service employed an external agency to carry out further audits on areas such as care plans, infection control, and safeguarding and fire safety. The clinical nurse told us that a detailed report with areas of review is produced following the findings of the audit which is then communicated to the people living at the service and staff via means of resident and staff meetings.

The service used an additional range of systems to gather people's feedback in order to monitor the

effectiveness and quality of the service provided to people. This included feedback via quality assurance questionnaires, residents meetings and ensuring time was allocated to speak with people when requested. 13 completed quality questionnaire's had been received back at time of inspection. All 13 scored excellent on each question area such as the environment, caring nature of staff and complaints. In addition to this questionnaire an additional activity questionnaire was also completed. This looks at various activities and what people's preferences are, it also gives people the opportunity to add any additional suggestions.

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns. One staff member commented, "We are definitely a part of the meetings. We do have a voice and any suggestions we have are listened to." The registered manager added, "Staff are encouraged to give feedback, either at staff meetings or in supervisions. I have a strictly open door policy and staff can come and speak to me at any time. They all also have my mobile number and email address."

Throughout the inspection we found the registered manager, deputy manager and clinical nurse lead very approachable. They provided us with the documentation we requested without delay. The registered manager told us, "We strongly believe in never saying no. We always try and accommodate residents and their family's needs and wishes. We offer alternatives where requests are not feasible. We try very hard to replicate the resident's home life within The Beenstock home." she also added, "As all the residents we serve are religious orthodox Jewish people, we make every effort to maintain their religious practises within the home, regardless of the resident's level of need. For example all religious ceremonies are available within the home, residents can go home to families if they wish and we even provide a service to send carers out to bring them home."