

Thurlestone Court Limited

Beacon 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

Beacon House provides accommodation and personal care for up to 34 older people who may be living with a dementia. At the time of our inspection there were 24 people living at the home. The home offers both long stay and short stay respite care. Beacon House does not provide nursing care. Where needed this is provided by the community nursing team.

This inspection took place on the 29 September and 3 October 2016, the first day of our inspection was unannounced. One adult social care inspector carried out this inspection. Beacon House was previously inspected in December 2013, when it was found to be compliant with the regulations relevant at that time.

Beacon House did not have a registered manager at time of our inspection. There had not been a registered manager in post since March 2016. Following the inspection the registered provider confirmed a new manager had been appointed and they had started the process to be registered with the Care Quality Commission. 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. The deputy manager, who had worked at the home for a number of years, managed the home on a day-to-day basis. A senior manager who was overall responsible for the management of the home supported the deputy manager.

People said they felt safe and well cared for at Beacon House, their comments included "I do feel safe" and "I'm very happy". Another said the staff were "very kind and looked after me very well". Relatives said they did not have any concerns about people's safety. One relative said "I have no concerns about the care [person's name] receives, they really care about people and it shows". Another said, "you couldn't wish for better care".

People were protected from abuse and harm. Staff had received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm were displayed. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable raising concerns and were confident these would be dealt with. Recruitment procedures were robust and records demonstrated the home had carried out checks to help ensure staff employed were suitable to work with vulnerable people. Everyone we spoke with felt the staff were well trained and able to meet their needs.

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. Some of the people who lived at Beacon House were living with a dementia, which affected their ability to make some decisions. Staff had received training and demonstrated a clear understanding of the principles of the MCA in their practice. Staff sought people's consent and made every effort to help people make choices and decisions. However, not all the records we saw demonstrated that best interest decisions were specific, made in consultation with

appropriate people, such as relatives or were being reviewed. We raised this with a senior manager who agreed the way the home was currently recording best interest decisions was not as clear as it could be and told us they would change the way best interests decisions are recorded in future.

People told us they were happy living at Beacon House, staff treated them with respect and maintained their dignity. Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed and designed to help ensure people received personalised care. Care plans were reviewed regularly and updated as people's needs and wishes changed. Staff consistently used people's preferred names when speaking with them and knew how each person liked to be addressed. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality.

People received their prescribed medicines on time, in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. Staff had received training in the safe administration of medicines.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had detailed risk assessments, which covered a range of issues in relation to their needs. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. The deputy and senior manager carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised.

People told us they enjoyed the meals provided by the home. Comments included, "the food is marvellous", "It's great" and "very nice". One person said, "we even have old fashion egg custard; all you have to do is ask". People were freely able to help themselves to snacks and drinks when they wanted, and we saw people who were not able, being offered snacks and drinks throughout the day.

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. The home had a programme of organised activities that included arts and crafts, music sessions, exercise classes, quizzes, singing, reminiscence and trips out to places of interest in the home's minibus.

People, relatives, and staff spoke highly of the management team and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously.

The home had notified the Care Quality Commission of all significant events that had occurred in line with their legal responsibilities. Records were stored securely, well organised, clear, and up to date.

We have made a recommendation that the provider seek guidance to refresh their understanding of the Mental Capacity Act.

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 safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed and well managed.

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

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, some records relating to the MCA and best interest decisions needed to be completed correctly.

People were cared for by skilled and experienced staff who received regular training and supervision.

People were supported by staff that were knowledgeable about people's care and support needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who promoted their Independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events meaning people were well occupied and stimulated.

Is the service well-led?

Good ●

The service was not always well-led.

There had not been a registered manager in post since March 2016. Following the inspection the registered provider confirmed a new manager had been appointed and they had started the process to be registered with the Care Quality Commission.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the home.

The provider had systems in place to assess and monitor the quality of care.

The home encouraged feedback and used this to drive improvements.

High staff morale led to a happy and vibrant place for people to live.

Records were well maintained and stored securely.

Beacon 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 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.

Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. During the inspection, we met with seven people individually who used the home. We looked at the care of seven people in detail to check they were receiving their care as planned. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for seven people and how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff. We reviewed the quality of the care and support it provided, as well as records relating to the management of the home. We spoke with five members of staff, the chef the deputy manager, two senior managers and the company director. We looked around the home and grounds which included some bedrooms (with people's permission). We also spoke with four relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Is the service safe?

Our findings

People said they felt safe and well cared for at Beacon House, their comments included "I do feel safe", "I chose to live here with my friends, I'm very happy", "The staff are very kind and look after me very well". Relatives told us they did not have any concerns about people's safety. One relative said "I have no concerns about the care [person's name] receives, they really care about people and it shows". A visiting healthcare professional said people always appear comfortable, relaxed and staff respond to people's needs quickly. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from the risk of abuse and harm. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were displayed in the staff office. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the deputy manager. Staff knew which external agencies should be contacted should they need to do so. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One person said, "I'm on the top floor and I never have to wait if I need some assistance". A relative said, "there is always plenty of staff when I visit". On the day of the inspection, there were four care staff on duty as well as the deputy manager and two senior managers. A chef, kitchen assistant, housekeeper, laundry assistant and an activities co-ordinator supported care staff. Staff were available to support people in a timely manner when they needed assistance or attention and staff had time to spend talking with people. A senior manager told us the home determined staffing levels according to people's needs and adjusted the rota accordingly. Staff confirmed that when people's care needs increased, for example if they were unwell, staffing levels were increased to ensure people's care needs were met safely.

People received their prescribed medicines on time, in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. There were safe systems in place to monitor the receipt and stock of medicines held by the home. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. Medicines that required refrigeration was kept securely at the appropriate temperature. We looked at how the home managed people's topical medicines or creams. We found each person had clear guidance and body maps indicating which creams should be used; when and where; and staff had signed to confirm they had been applied. Medication Administration records (MARs) clearly identified people's, allergies and protocols for 'as required' medicines (PRN). We saw from these records where changes to prescriptions had been made these had been appropriately documented.

Risks to people's health and safety had been assessed and regularly reviewed. People's care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, catheter care, poor nutrition, and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action staff should take in order to minimise these risks.

We saw one person's nutritional assessment identified this person was at risk of choking due to swallowing difficulties. Guidance had been sought from the specialist speech and language team. They had advised this person should have fork mashable food, as this was easier to chew and swallow, as well as thickened liquids. There was clear information within this person's care plan about the consistency of foods and liquids, as well as the action staff should take should this person choke while eating. We looked at the consistency of foods and drinks for this person and found these were prepared in accordance with the advice the home had been given. Staff said it was important to the person they maintained their independence during meal times. We saw staff respected this person's wish and monitored the person discretely during meals times, which allowed the person to maintain their independence and dignity.

Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

People were kept safe as the deputy manager and staff carried out a range of health and safety checks on a weekly, monthly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment and infection control. All accidents and incidents were recorded and reviewed by the deputy and senior manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe.

Is the service effective?

Our findings

People and their relatives spoke positively about the care and support they received at Beacon House. People told us they were well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy here, the staff know just what I like", "the staff are wonderful", "nothing is too much trouble". One person's relative said "The staff are excellent and look after [person's name] very well". Another said "I have complete trust in the staff and that's very important".

People told us staff responded quickly to their needs. People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. Where staff had identified concerns we saw people had been referred to an appropriate health care professional. People's care plans contained details of their appointments. During the inspection, we spoke with one visiting health care professional who told us staff made referrals quickly when people's needs changed. They told us they had no concerns about the care provided by the home.

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. There was a comprehensive staff-training programme in place and the home's training matrix indicated when updates were needed. Records showed staff had undertaken a comprehensive induction and received regular training in a variety of topics. These included dementia care, first aid, pressure area care, infection control, moving handling, and food hygiene. The provider had developed training files, which the staff used to help ensure they kept their skills up to date between training sessions. A staff member said the home was "very hot" on training.

Staff received regular supervision and an annual appraisal. Supervision gave staff the opportunity to discuss all aspects of their role and professional development. The manager assessed staffs' knowledge by observing staff practice and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns. Staff told us they felt supported and valued by the home's management team.

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. Some of the people who lived at Beacon House were living with dementia, which affected their ability to make some decisions. Staff had received training and demonstrated a clear understanding of the principles of the MCA in their practice. People told us they were involved in their care, attended regular reviews and had access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

However, not all records we saw demonstrated that decisions were specific, made in consultation with appropriate people, such as relatives or were being reviewed. We raised this with a senior manager who

agreed the way the home was recording best interest decisions was not as clear as it could be. Following the inspection, the senior manager confirmed they had changed the way best interest decisions were recorded and reviewed to ensure they worked within the principles of the Act. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

We recommend that the provider seek advice and guidance from a reputable source, to refresh their understanding of the MCA Code of Practice.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. A senior manager told us they had identified a number of people who they believed were potentially being deprived of their liberty as they were subject to continuous supervision and would be at risk if they left the home unsupervised. Where appropriate DoLS applications had been made to the local authority. Due to the large number of applications being processed by the local authority, no authorisations had been approved.

People told us they enjoyed the meals provided by the home. Comments included, "the food is marvellous", "It's great" and "very nice". One person said "we even have old fashion egg custard; all you have to do is ask". A relative said, "I'm told the food is very good here, home cooked and plenty of it". Staff told us that people were able to choose what they wanted to eat and where they had their meals. We saw people were able to have their meals in the dining room, the lounge or in their own rooms if they wished. Meals looked appetising and were served in dishes on each table, which allowed people to choose the vegetables they wanted to accompany their meal. People, who did not wish to have the main meal, could choose an alternative.

Where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. We spoke with the chef who told us they were provided with detailed guidance on people's preferences, nutritional needs and allergies. In addition, we saw there was a list of people's dietary requirements in the kitchen. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.

Is the service caring?

Our findings

People told they were happy living at Beacon House. One person said "I choose to live here with my friends; it's a lovely place to live". Another person said the staff are "wonderful here, you can't fault them".

There was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, we saw staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff and there was much fun and laughter between staff and the people they supported.

People told us they were happy with the care and support they received and said staff were kind, caring and dedicated. One person said "I cannot praise them enough; they are all lovely and will do anything for you". Relatives spoke very highly of the staff and the care and support they provided. One relative told us the staff were kind, thoughtful and attentive to people's needs. Staff told us they enjoyed working at the home and had developed close relationships with the people they cared for. Staff comments included, "it's a really good place to work", "we have a really strong team", and "it's the best home I've worked in".

People's care plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed. We saw staff gently encouraging people to be as independent as possible, were patient and allowed people time to complete care tasks themselves. People told us staff supported them in a kind and considerate manner, which did not make them feel rushed.

People were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected. We saw from people's care records their views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For example, we heard staff asking people where they would like to have their lunch as well as offering choice with food and drinks.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. When staff discussed people's care needs with us, they did so in a respectful and compassionate way. People's bedrooms were personalised, decorated to their taste and furnished with things, which were meaningful to them. For example, family photographs, ornaments and furniture. Beacon House was homely, warm and inviting with plenty of space, which allowed people to spend time on their own if they wished. Relatives told us they were able to visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

People and relatives were involved in identifying their needs and developing the care provided. Before each person moved into Beacon House, the home carried out an initial assessment of his or her needs. This formed the basis of a care plan, which was further developed with the person and their relatives, after the person moved in.

People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Staff spoke affectionately about people and demonstrated a detailed understanding of people's needs and preferences. For instance, staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. One person said "They have become more like friends but they are always professional."

Where people's care plans identified they needed support to manage long-term health conditions, staff had sought professional advice and guidance, which had been incorporated into the person's plan of care. For example, one person's care plan provided guidance for staff on how to help the person manage recurrent infections. Their care plan provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take.

People told us they were involved in developing their care and support and asked how they felt about the care they received. One person told us they were involved in writing their care plan and afterwards, the deputy manager discussed what they had written to ensure they were happy with it. Each person's care plan included information on the level of support the person normally required and had been regularly reviewed to ensure they accurately reflected the person's current care needs. Where a person's needs had changed, this was documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs. For example, one person had recently been referred to their GP and prescribed a nutritional supplement to promote weight gain. Records showed changes had been passed on to staff through handovers and used to update the person's plan of care. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

People spoke positively about activities at the home and said they had the opportunity to join in if they wanted. The home had a programme of organised activities that included arts and crafts, music sessions, exercise classes, quizzes, singing, reminiscence and trips out to places of interest. People told us they enjoyed going out in the home's mini bus and were keen to tell us about recent trips to Slapton Sands and Plymouth Hoe, which they enjoyed. Lists of planned activities were displayed around the home to let people know in advance what was happening.

Beacon house was in the process of implementing the Butterfly Approach. The Butterfly Approach is an approach devised and implemented by Dementia Care Matters (an organisation specialising in dementia care), which embraces person-centred care for people living with dementia. Communal spaces were

arranged into small seating areas with lots of items of interest to stimulate and interest people. For example, a Fly fishing rod, dinky cars, 1950's scrapbook, jigsaws and books. Staff told us a part of the Butterfly philosophy was to have "lots of clutter that people can fiddle with. They can pick it up, take it with them and gain some enjoyment from it". The home was full of items, such as art materials, buttons, fabrics, books and ornaments. Throughout the inspection people looked at the items dotted around the home and engaged in different ways with the objects and items around them.

The home had recently employed an 'activity lead' who was affectionately known as the home's "Butterfly". Part of their role was to interact with people regularly for short periods of time, maintaining and developing social interactions. This person was responsible for the home's activity programme. They were very keen to share with us their plans to introduce life storybooks and memory boxes. They planned to develop the home's own resources and activity programme, which would enable them to be more focused on people's needs and abilities. There were also plans to develop individual activity plans based on people's past interest and hobbies. The activities coordinator encouraged community and local business involvement with the home and recently organised a coffee morning and raffle to raise money for a local charity. Future plans included various Christmas activities and entertainers performing at the home. We saw that people who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People we spoke with were confident their concerns would be taken seriously. One person said they would speak to the manager or staff if they were unhappy. Another said, "I have no complaints, they are all very good to me here". One relative said "I'm confident that if I ever had to raise any concerns they would be dealt with". The home's complaint procedure was displayed in the main hallway. This clearly informed people how and who to make a complaint and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw that where people had raised concerns these had been investigated in line with the home's policy and procedures and concluded satisfactorily.

Is the service well-led?

Our findings

We have been unable to rate this key question as good as Beacon House did not have a registered manager at time of our inspection. There had not been a registered manager in post since March 2016. The deputy manager, who had worked at the home for a number of years, managed the home on a day-to-day basis. The deputy manager was supported by a senior manager who was responsible overall for the management of the home. Following the inspection the provider told us they had appointed a new manager for Beacon House, and they had started the process to be registered with Care Quality Commission.

People and staff told us the home was well managed and described the management team as open, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued. Many of staff had worked at the home for several years; they identified good teamwork and strong management support as a major factor. Staff had a real sense of pride in their work and spoke passionately about providing good quality care.

The management team had a clear vision for the home, which they told us was to maintain a happy, stimulating and stable environment for the people who lived at the home. They also wanted to support people to be as independent as possible and live their life as they chose. Staff had a clear understanding of the values and vision for the home and told us how they strongly believed in people's right to make their own decisions and choices.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the home. Staff told us they felt able to make suggestions and request training. The management team used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. We saw copies of the minutes from these meeting were freely available to staff who were unable to attend.

People told us they were encouraged to share their views and were able to speak to the deputy or senior manager when they needed to. A senior manager told us they encouraged people and their relatives to provide feedback about the care and support they received in order to continuously improve the quality of care provided. We saw that the home employed the services of an external company to seek the views of people and their relatives about their experience of the care and support they received. A random sample was completed on a monthly basis, the results collated and returned to the provider and management team for review. We reviewed the most recent report and found that the responses of the people surveyed were positive. For example, one person who had recently stayed at the home said "If I ever need to go back into a care home, I would go to Beacon House in a shot. The staff were wonderful and I was so well looked after".

The provider used a variety of quality management systems to monitor the services provided at Beacon House, which included a range of audits and spot checks. These included checks of; medicines management, care records, incidents, weights, pressure care and people's wellbeing. These checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided. Where areas of improvement had been identified, an action plan with timescales was produced. For example, people's weights were regularly monitored by the management team who checked that prompt action was taken to manage the risks of malnutrition. There was a clear system in place to ensure the maintenance of the home was maintained and any issues identified were put right immediately.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the deputy manager was able to locate them promptly. The home had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.