

Care Care Care Limited

The Beeches

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 27 April 2015 and was unannounced. This is the fifth inspection that CQC has carried out since July 2013. In July 2013 the provider was found not to be appropriately managing medicines or assessing and monitoring the quality of service provision. In November 2013 the provider had improved systems to assess and monitor the quality of the service but had not improved how they managed medicines so a warning notice was served. An inspection in March 2014 found they had improved their arrangements for managing medicines and they achieved compliance with the Regulations.

At the last comprehensive inspection in July 2014 we found breaches in regulations because people were not protected against the risks associated with unsafe or unsuitable premises, staff were not adequately trained and people were not protected against the risks of unsafe care arising from a lack of proper information about them by means of an accurate record. The provider did not have suitable arrangements for assessing and monitoring the quality of the service or for ensuring people were consenting to their care and support.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to each breach. We also met with the provider

Summary of findings

and discussed our concerns about the continued breaches in regulation. At this inspection we found that the provider had completed their plan and legal requirements had been met. We rated one domain as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

The Beeches is a care home registered to provide personal care and accommodation for up to 23 older people. The home has several communal areas including three lounge areas and a dining room. Accommodation is provided on the ground and first floor. There are four double rooms and 15 single rooms. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found people were happy living at The Beeches. They told us the staff were kind and caring. We saw people received good support and enjoyed the company of staff.

People enjoyed a range of social activities and had good experiences at mealtimes. Health professionals told us people were well cared for and the home contacted other professionals appropriately which ensured people's health needs were met.

The provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe. We found people lived in a safe environment and were protected against the risks associated with medicines.

Staff demonstrated they knew people well and had a good understanding of their support requirements. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. The provider had a programme of training and supervision, and staff felt supported.

The service had good management and leadership. People were involved in the service and helped to drive improvement. Effective systems were in place that ensured people received safe quality care. People told us they would feel comfortable raising concerns or complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People we spoke with told us they felt safe. Systems were in place to identify, manage and monitor risk, and for dealing with emergencies. People lived in a safe environment.

There were enough staff to keep people safe. The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

People had support plans that identified how their medicines should be administered to meet their individual needs. People received their medicines as prescribed. Audits were completed to make sure people were given their medicines safely.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People were asked to give their consent to their care, treatment and support. The service met the requirements of the Deprivation of Liberty safeguards.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy.

Good



Is the service caring?

The service was caring.

People enjoyed the company of staff. Staff knew people well and had a good understanding of their individual needs and preferences.

People looked well cared for and were comfortable in their home.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was responsive to people's needs.

Good



Summary of findings

People received consistent, person centred care and support. People's care and support needs were assessed and plans identified how care should be delivered.

There was opportunity for people to be involved in a range of activities.

People were confident concerns and complains would be responded to appropriately.

Is the service well-led?

The service was well led.

The management team were consistent, approachable and provided guidance and support.

Systems for monitoring quality were effective. The provider asked people to comment on the quality of care and support through surveys and meetings. They were encouraged to help drive improvement.

Good



The Beeches

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 inspection took place on 27 April 2015 and was unannounced. There were 17 people staying at the home when we visited. Two adult social care inspectors and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services.

Before this inspection we reviewed all the information we held about the service. This included any statutory

notifications that had been sent to us. We also contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with five people living at the home, a visiting relative, a visiting professional, eight staff which included care workers, senior care workers, ancillary staff, the deputy manager and registered manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at four people's care plan records. After the inspection we received feedback from two health professionals and two health professional teams who had been involved with the service.

Is the service safe?

Our findings

At the last inspection we rated this domain as inadequate. Safeguarding procedures were not always followed. People's safety was being compromised because the provider did not always make sure people were protected against the risks of unsafe premises. Some décor around the home was damaged and worn. The provider had identified they needed to decorate but there was no plan to show when this would be carried out. At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

At this inspection we found people were protected against potential abuse. When we asked people if they felt safe everyone we spoke with said they did. One person said, "Yes they [the staff] keep bobbing in to see you're all right." Another person said, "I do, I've got a buzzer on the side of my bed and I've got a mat to stop me falling." Another person said, "I do feel safe, I'm a lot better. I couldn't look after myself." Another person said, "Yes, I do. Another resident used to come in to my room some while ago, now there's no problem."

Staff had received safeguarding training. They could describe the types of abuse people may experience in residential care settings and understood how to report a concern about abuse. Staff knew the principles of whistleblowing and assured us they would make use of whistleblowing procedures if necessary. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. They told us the management team had an open approach and were confident that any concerns would be dealt with promptly and appropriately.

The registered manager demonstrated a good understanding of safeguarding issues and told us they had no on-going safeguarding cases at the time of our inspection. We looked at one person's care records which showed the home had consulted the safeguarding team following an incident. The registered manager explained they were sharing information and checking that no other action was required. This is good practice and helps ensure safeguarding procedures are followed.

A range of systems were in place to help keep people safe. Each person's care file contained a range of assessments such as falls, pressure care and nutrition. These showed that risks to people were identified and managed. For example, one person's risk assessment said they must use a pressure cushion when sitting in a chair; we saw this guidance was followed. Staff knew who used adaptations and equipment to help keep them safe.

We looked at systems for moving and transferring people and found these ensured people were safe. Staff had a good understanding of moving and handling practices. People's care records contained clear guidance so everyone understood how to assist people and meet their individual needs. We observed people being assisted by staff to transfer from their seat to a wheelchair using a stand aid and a hoist. The techniques used matched what was recorded in people's care records. Staff focused on moving them safely, were confident and offered reassurance. They ensured people's dignity was preserved.

The provider had taken action to make sure the premises were safe. A number of areas had been decorated and the provider had a decoration plan that identified when other areas would be done. They had replaced some windows, installed two new showers and ensured premises checks were up to date. There had been testing of the water systems for the presence of legionella bacteria, which was not done at the last inspection. We saw evidence of environmental risk audits and assessments had been undertaken in January 2015 and all the risks had been assessed as low.

The home had a five-star food hygiene rating. We looked around the kitchen and saw this was well maintained and appropriate records and checks were maintained to ensure safe preparation and handling of food.

Although we found the provider had taken action to make sure the premises were safe, we identified some minor issues when we looked around the home. There was a variation in the temperature of the water which ranged between 33 – 42°C and in a number of rooms it took several minutes for the hot water to flow and become available for use. One of the downstairs lounge windows had not been risk assessed even though there was considerable height from the window to the driveway. Some toilet safety arms were loose. Extension leads in the lounge were a potential trip hazard. There was an unprotected wall mounted electric heater in one of the

Is the service safe?

bedrooms. The registered manager wrote to us soon after our visit and told us the environmental problems we identified at the inspection were being or had already been addressed.

The provider had systems in place to deal with emergencies. We saw evidence in the staff records that a number of staff had been trained in first aid and designated first-aiders were identified on shift. People had personal emergency evacuation plans which stated how they should be supported to move in the event of an emergency. We saw evidence of weekly fire alarm testing and staff records showed they had received fire training. We noted one of the rear fire escape's handrails needed replacing; the registered manager wrote to us and said this work was being completed.

There were enough competent staff on duty to keep people safe. We observed that people received appropriate support and did not have to wait for assistance. We heard call bells being attended to promptly. Staff spent time with people and did not have to rush. When asked about staff numbers, generally most people were content. One person said, "It goes in days, some days are busier than others." Another person said, "Yes, definitely there are enough staff." One person said, "No, not on a night. They look absolutely drained. Another one is needed." A visiting relative told us, "There seems to be, there's nearly always someone in here [the lounge]. They talk to patients and all."

Staff we spoke with told us there were enough staff to keep people safe at all times. The registered manager discussed the staffing arrangements and said the staffing ratios and skill mix were appropriate and were confident safe staffing levels were maintained at all times. We looked at four weeks of staff duty rotas; these showed staffing levels were maintained.

We looked at files for three staff that had been employed in the last year, and found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw these included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records.

Senior care staff carried out all aspects of the home's medication management and administration. Staff told us and we saw evidence in the staff files that they had

received medicine management training and their competency was assessed by the registered manager. The medicines were supplied by a local pharmacy and stored in a locked trolley. The trolley was kept in a locked room, which also had a drugs fridge and cabinets used to store medical equipment. The room and drug fridge temperatures were monitored and kept within expected limits.

We looked at the stock control systems which were in order and had been audited by the registered manager. The various times the medicines were to be dispensed was colour coded on the medication administration records (MARs) to correspond with the coloured dispensing boxes. We noted staff had correctly signed the MARs however; some staff signatures for checking the controlled drugs were missing.

The medication administration file contained a photographic record for each person and there was detailed medicine information and a photograph of the tablets to be dispensed. However, staff were unsure when we asked them about the medicines they were administering. Some prescribed medication interacted with food and when we asked, we were told that this information had not been passed on to the catering staff although the food in question was not used in the home.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Some of these were dispensed in small sealed packs making it easy for staff to check the stock. Staff could explain why and how they would administer the medication but there was not enough written information to guide staff. This meant 'when required' medicines might not be administered to meet the individual needs and preferences of the person.

We saw a copy of the home's medication policy which was reviewed in January 2015, and noted that there was no reference to the NICE guidelines of October 2014. NICE (National Institute for Health and Social Care Excellence) provide quality standards on managing medicines in care homes. The registered manager agreed to use these guidelines to inform their policies and procedures.

We spoke with the registered manager about the management of medicines. They agreed to ensure everyone had a detailed care plan for 'when required' medicines and additional information would be provided during staff training.

Is the service safe?

We accompanied staff when they administered medication and saw they followed the medication management policy. However, we noted during the day that a number of people had prescribed ointments left in their rooms on top of the

furniture. The home had bedside cabinets with lockable drawers which the registered manager agreed would be used in future to store the ointments more securely and hygienically.

Is the service effective?

Our findings

At the last inspection we rated this domain as requires improvement. Staff were not always following the requirements of the Mental Capacity Act 2005 which meant people who lacked capacity were not being supported to ensure they received appropriate care. The provider had not completed mental capacity assessments even though people could not make some decisions. Staff did not receive a comprehensive induction when they started work. And although they had a programme of training, supervision and appraisal, staff competency was not checked following completion of 'workbook' training. Following the last inspection the provider sent us a plan that identified how they were going to improve. At this inspection we saw they had followed their plan and appropriate systems were in place to make sure people's rights were protected and staff received appropriate support.

Staff had the knowledge and skills to carry out their job effectively. People we spoke with were positive about the staff and said they knew what they were doing. One person said, "The staff are good and it's the main thing." Another person said, "Yes, the staff know what they're doing." A visiting relative said, "Oh yes, they're on the ball the staff."

Staff we spoke with said they were well supported. They said they received appropriate training supervision and appraisal. Staff said during their supervision sessions the manager always discussed relevant topics and had recently talked about mental capacity and duty of candour. We asked staff about these specific areas and they were confidently able to tell us what they meant. One member of staff said, "We get really good support. I've recently had an appraisal and get regular supervision. [Name of manager] is always available so you don't have to wait if you need anything." Another member of staff said, "We work really well together as a team. Management are really good." One member of staff who had started working at the home after the last inspection told us they had completed a comprehensive induction, which included shadowing staff and mandatory training. They said they felt the induction had given them all the information they needed and ensured they understood their roles and responsibilities.

Staff said they had received enough training so they could do their job well. One member of staff told us they did most of their training through workbooks which gave them the

knowledge but they would prefer to do more face to face training sessions. We looked at the training records and saw staff had received a range of training including fire safety, food safety, moving and handling, care planning, safeguarding adults, dementia and infection control. Staff knowledge was checked after each session to make sure they understood the training.

There was evidence in the staff files of completed induction programmes using the Skills for Care Common Induction Standards and signed by the registered manager. There were copies of training certificates including national qualifications in care. There were records of appraisals and regular supervision in the staff files we reviewed.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

At the time of this inspection eight DoLS authorisations were in place and they were waiting for the outcome of one other. The registered manager and staff demonstrated a good understanding of the legal framework in which the home had to operate to secure a valid DoLS authorisation. They understood where people did not have the capacity to make a specific decision these had to be made in the person's best interests.

We saw care records clearly identified where people lacked capacity and when others needed to make decisions on their behalf. One person's care plan provided good information about supporting the person with their personal care even though at times they resisted. Another person's care records showed they responded very differently at different times of the day and their capacity fluctuated, however, it was not clearly identified in their care plan. The registered manager agreed to add more detail. They had taken appropriate action and sent a request for a DoLS authorisation. A health professional told us the manager and staff had a "sound knowledge of DoLS".

People were supported to have sufficient to eat and drink and maintain a balanced diet. Everyone we spoke with was complimentary about the food. One person said, "It's good food, I enjoy the dinners. The food is hot enough and there's enough. There's something different every day." Another person said, "The food is beautiful." Another person said, "Yes, I enjoy my food. I don't like a lot, I tell

Is the service effective?

them I don't like a lot. I'm pretty finicky about food. They're two lovely people, the cooks. They ask you about food and I can have a full breakfast. It's Chinese tonight. Sometimes I'm too full for tea." A visiting relative said, "They eat it all, they enjoy it. It's doing my relative good as they get a more varied diet here." A member of staff said, "They always put on weight when they come here." Staff told us there was always a choice for lunch and a choice of hot or cold dishes for tea. The manager explained people were asked to choose their lunch dishes in the morning and their tea in the early afternoon.

We looked at the menus which were detailed and showed people were offered balanced and healthy diet. On the day of the inspection people were given plenty to eat at lunch time; the menu was a choice of cereal, porridge, bacon, eggs and toast for breakfast: Stew and dumplings, mashed potato, two vegetables, and gravy or baked potato with tuna or cheese, and pineapple upside down pudding with custard or fruit and cream for lunch: Chinese meal or assorted sandwiches, cakes or ice cream for tea. A choice of drinks and snacks were available throughout the day.

We observed lunch which was well organised and a pleasant experience for people. They played music from the 1950s and 60s. The dining room was nicely decorated. Tables had fresh flowers, condiments, tablecloths, table mats which matched the floral curtains and other décor. Lunch was served at midday. People first came through 15 minutes before so did not have long to wait. Some people decided to eat their lunch in the lounge; staff kept checking they were enjoying their meal and offered support promptly when they had finished.

People who used the service told us that generally other health professionals are brought in as necessary. One person said, "Yes, the GP comes every week." Another person said, "The GP has been a few times to see me." One

person said, "Nobody comes to see me. No." A relative told us that their relative had been unwell. A GP had visited twice and their relative was admitted to hospital before returning to the care home.

One person told us they had lots of bruises. We looked at their care records and saw this was due to a medical condition. They had received good support from visiting health professionals. Another person said they wanted more support to regain their mobility. We discussed this with the registered manager who explained that the physiotherapy team had been involved in the person's care but had since been discharged. The registered manager agreed to follow up the person's request and informed us soon after the inspection that the person's mobility was being re-assessed.

We received positive feedback from health professionals. A visiting health professional said they regularly visited the home and told us, "They are always well organised here and staff know what we have come for. That is not always the case elsewhere. It's not a bad home." We also contacted some health professionals who were involved with the service after this inspection. One health professional said, "It's a really nice home and has really improved in the last 12 to 18 months. They know the individuals and what is happening with them. When you arrive the staff are always helpful."

We looked at people's care records and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody. Each person had a section that detailed health professional visits. One person had recently seen a GP because they had an eye problem, however, the appointment was not recorded in the health section. The registered manager said this was an oversight and would remind staff that all visits must be clearly recorded so they could monitor people's health appropriately.

Is the service caring?

Our findings

At the last inspection we rated this domain as requires improvement. Staff were getting some people up early. Following the last inspection the provider sent us a plan that identified how they were going to improve. At this inspection we saw they had followed their plan and appropriate systems were in place to make sure staff knew and understood people's preferences.

People we spoke with told us the staff were kind and caring. One person said, "Oh, they're all good to me here. The staff are lovely and kind. I've not had a fall-out with them ever. There are some nice girls here. I'm pleased to be here as I have nobody and they're very kind to me. I'm very lucky as the staff are very nice." Another person said, "It's like being on holiday. It's lovely. Yes, they're very kind and they're like a mother to me." Another person said, "I like it here. They look after you. She looks after me great, this lady." Another person said, "It's friendly, they come and talk to me. [Name of staff] is like an angel, always smiling, does a lot of running about. [Name of another member of staff] is brilliant." A visiting relative said, "Every one that works here is kind."

Everyone we spoke with told us they could get up when they wanted and go to bed when they wanted.

Throughout the day there was a very pleasant and calm atmosphere. Staff knew the people they were supporting very well. We observed care in communal areas and saw people received very good support and enjoyed the company of staff. We heard a number of mutual friendly exchanges between the people who lived at the home and staff. One member of staff had returned to work after having some time off and people were genuinely pleased to see the person back at work. Staff were helpful, polite and caring when they provided assistance.

Staff were observed to be unhurried and we saw that they worked well as a team. We saw that people were encouraged to be independent. Peoples' dignity and choices were respected, for example we saw how they

dealt sensitively with a person who needed extra support because of a recent bereavement. Staff were seen knocking on bedroom doors before entering and allowing people time to respond. We saw staff waiting outside a bathroom, the person pressed the call bell when they were ready and staff then went back into the bathroom.

At lunch time we saw people were asked if they wanted to wear protective aprons. One person said, "I'm not bothered." And they were not given one. Everyone was asked what they would like to eat and drink and staff made sure people were well positioned near to the table. One person didn't want either of the menu options and was offered an alternative. People made choices in relation to which lounge they spent time in. Some people's rooms were personalised and people could lock their room if they so wished.

Throughout the day we observed very positive interactions between staff and people who used the service although during lunch, we noted there was not much interaction with staff other than the registered manager who spoke with everyone in a kind manner. On one occasion, we saw that staff had left the bathroom door open whilst they were assisting a person to shave. The registered manager also observed this and closed the bathroom door. Most people had new furniture in their room but we noticed that not everyone could access their bedside table, water or light easily. The registered manager said they were going to review the layout in these rooms.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. All the staff we spoke with were very confident people received very good care. One member of staff said, "Here is exceptional we provide excellent care. Everyone works very similar and I'm very proud to work here." One member of staff told us they "loved" their work and became "attached to the people" who lived at the home. The deputy manager told us that a combination of new staff and retention of more experienced staff had resulted in a group of "brilliant staff now".

Is the service responsive?

Our findings

At the last inspection we rated this domain as requires improvement. People usually received appropriate care that met their identified needs; however, we found some people were not protected against the risks of inappropriate care because there was a lack of proper information about them. Following the last inspection the provider sent us a plan that identified how they were going to improve. At this inspection we saw they had followed their plan and appropriate systems were in place to make sure people were protected against the risks of inappropriate care and accurate records were maintained.

During this inspection we saw good examples of staff responding to people's needs. Staff were visible and kept checking people were ok. People told us they received personalised care and enjoyed a range of activities. One person said, "Yes, they come and play bowls and passing a ball around, it's like being in a holiday camp." Another person who spent time in their room said, "I watch TV, chat to the girls, time flies when you're talking."

The activity programme was displayed in the home and staff were actively engaging with what was going on and involving people. Activities included 'themed teas' - it was a Chinese meal on the day of the inspection, motivation class and exercise, bowling, music, film night, sing-along and sherry morning. The registered manager said they were continuing to develop the activity programme.

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and contained good detail about how to provide care and support. There was information that covered areas such as personal and oral hygiene, mobility, skin integrity, nutrition, continence, sleep, medication and pain management, cognition and behaviour, and family relationships. The care plans were reviewed monthly and altered when people's needs changed. The daily records covered aspects of the person's personal care and the activities they undertook. A health professional told us, "I have been through a number of care plans. They are easy to follow, flow very well, detailed and personalised."

We saw detailed and informative risk assessments were carried out. For example, one person had been assessed as a risk of falls and had an assessment carried out by the

physiotherapist. The physiotherapist had advised that the person should use a walking frame instead of a stick. However, the person concerned did not wish to use the walking frame even though the home had been provided with one. The risk assessment took into account the person's wishes and adapted the support required to enable them to continue using a walking stick. We saw evidence in the care plan that people's nutritional status was assessed. We saw one person was encouraged to eat and had eaten extra food during the day; this followed the guidance that was recorded in the care plan. One person was at risk of developing pressure sores and required specialist equipment to reduce the risk of this happening. We saw the equipment was used throughout the day. Another person's care records stated they were also at risk, however, we discussed this with the registered manager who informed us the information was not accurate. They amended this care plan at the time of the inspection.

A visiting relative told us that staff were good at liaising with them. They said, "The manager rang me when the GP came and when she went to hospital." They also told us they were made to feel welcome and said, "They always offer tea. I could stop for my dinner; the invitation is there." People who used the service told us visitors were welcome at any time.

People told us they could talk to the staff or manager if they had any concerns. Most said they had not had cause to raise any complaints. One person said they had raised some concerns and didn't feel they had been dealt with. We shared these concerns with the registered manager who agreed to discuss these further with the person concerned. Another person told us, "I've nothing to grumble at. I can't grumble about anything. If I had a complaint I'd tell the leader; you can make arrangements to see her and talk to her." Another person said, "They're all very nice, I couldn't run any of them down." A visiting relative told us the manager and deputy manager, "Ask if there are any complaints. If I had a complaint I would speak to any of the carers. If it was a big issue I would go to the manager."

The staff we spoke with told us they had not dealt with any complaints but would report any concerns or complaints made by people who lived at the home to the manager.

Is the service responsive?

They all felt confident that the manager would deal with any issues appropriately. The registered manager told us they had not received any formal complaints in the last 12 months.

Is the service well-led?

Our findings

At the last inspection we rated this domain as requires improvement. Although the management team had some systems in place to monitor and assess quality and safety of the service these were not always effective. Following the last inspection the provider sent us a plan that identified how they were going to improve. At this inspection we saw they had followed their plan and appropriate systems were in place to make sure quality and safety was assessed and monitored. The management team had taken appropriate action to address the breaches that were identified at the last inspection and continued to look at how they could further improve the service.

We received positive feedback about the management team. People told us management and leadership was good. One member of staff said, "They have worked hard to get the right team and now things work really smoothly. It's great coming to work." Another member of staff told us, "Things in the home have improved and it would be good if more could be done on the décor." Another member of staff said, "We're a good team. It has a homely feel. I love my job and a chance to chat to the residents." A person who used the service said, "It's changed since I've been in." Another person said, "The manager comes and sits with us." A visiting relative said, "The manager will work with the care worker if they're short. She's hands on is the manager. They keep improving and updating. Everybody seems happy."

We received the following feedback from health and social care professionals. One team said, "They seem well organised and caring, we've never had a problem with them. No major concerns. Staff at The Beeches have always been very pleasant and helpful. Probably one of the best in this area." Another team said, "Our clinical staff have no concerns regarding The Beeches."

During the day we observed the registered manager taking an active role. People who used the service were familiar with the management team. There was open communication between the manager and deputy manager during our visit. They had a positive attitude and were effective in supporting their staff. They demonstrated the ability to work together well and strived to ensure everyone benefitted from a well led service.

The provider had systems in place for monitoring the quality and safety of the service. Staff and the management team said regular checks were carried out to make sure the service was running smoothly. We looked at records which confirmed this. Checklists included cleaning schedules and temperature records. The management team carried out a range of audits including first impressions, complaints, care plans, falls and medication. We looked at the falls audit. This contained good detail and identified actions to help reduce repeat events. Accidents and incidents were monitored by the registered manager to ensure any trends were identified. The audits were then checked and signed by the registered provider who visited the home on a regular basis.

The provider asked the views of people who used the service and others to help drive improvement. We looked at recent survey results completed by family and friends. These showed people were made to feel welcome when they visited and were offered privacy. They were kept informed about their relative/friend and were invited to attend social events. They were happy with the care and thought people were given choice. They said management were approachable.

Resident meetings were held. We saw minutes which showed a range of topics were discussed which included activities, menus and decoration. At a recent meeting everyone had decided that people would benefit from a gazebo so they could sit outside more in the summer. We saw this was being built at the front of the home. A notice board also contained details to show the management team had responded to suggestions for improvement. People had suggested more choice at mealtimes and they had revised the menus, offered a choice of hot and cold main dishes and more puddings. People said they wanted a summer fayre and this was being arranged.

Staff were asked to comment on the service and contribute to the running of the home. Staff said they attended handovers which were a good form of communication. Regular staff meetings were held where they discussed quality and safety. For example, they had recently covered infection control, keyworking, roles and responsibilities, meal times and times for getting people up on a morning. The registered manager said a recent staff survey was completed but the results were not yet available because the provider was in the process of analysing these.