Cedarmore Housing Association Limited

Beechmore Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 and 11 January 2015 and was unannounced. At our previous inspection in February 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Beechmore Court is a residential care home providing care and support for up to 36 people. The home is located in the London borough of Bromley in Kent. At the time of our inspection the home was providing care and support to 34 people. The home had a registered manager in post. 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.

There were suitable safeguarding adult's policies and procedures in place to protect people from possible harm. People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify abuse and take appropriate actions to report and escalate concerns.

Assessments were completed regarding the levels of risk to people's physical and mental health which ensured staff had information and guidance they needed to promote people's health, safety and welfare whilst ensuring known risks were reduced or minimised. Care plans contained personalised emergency evacuation plans for individuals. Staff knew what to do in the event of a fire and who to contact.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. There were enough staff to ensure people's needs were met at any given time. Medicines were stored, managed and administered safely.

There were processes in place to ensure staff new to the home had appropriate skills, knowledge and experience to deliver effective care. Staff completed training on a regular basis that was relevant to the needs of people using the service. There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People were supported to maintain good health and had access to a range of health and social care professionals when required.

Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in how they liked to be supported. Staff treated people in a respectful, dignified and caring manner. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

People were assessed prior to moving in to the home to ensure the service was the right environment for them and that the service could meet their individual needs. People received care and treatment in accordance with their identified needs and wishes. People were supported to engage in a range of activities that met their needs and reflected their interests. There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. There were systems and processes in place to monitor and evaluate the quality of the service provided.

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.

There were policies and procedures in place for the safeguarding of adults from the risk of abuse. People were protected from the risk of abuse because staff had received appropriate support and training.

Risk assessments were person centred, up to date and responsive to people's needs and preferences.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staffing levels were appropriate to meet people's needs.

Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

There were processes in place to ensure new staff were inducted into the home appropriately. Staff received regular supervision and annual appraisals of their performance.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met. People were supported to maintain good health and had access to a range of health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in how they liked to be supported.

Staff treated people in a respectful, dignified and caring manner.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to support people.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Care plans documented information about people's personal history, choices and preferences.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. We observed that the registered manager and staff were approachable and knew people well.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis.

There were systems and processes in place to monitor and evaluate the quality of the service provided.

Beechmore Court

Detailed findings

Background to this inspection

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

The inspection was unannounced and consisted of a team of one inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 14 people using the service, 12 visiting relatives, nine members of staff including the registered manager and three visiting professionals. We spent time observing the support provided to people in communal areas, looked at 12 people's care plans and records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; "Oh yes I do feel very safe", "I must feel very safe" and "I do feel safe here. There's no reason not to." Comments from visiting relatives were also positive with relatives stating that they felt their loved ones were safe. One relative said "I have no worries at all. So much so that I feel I don't have to visit as often." Another relative told us "They are safe here and very well looked after." A third relative said "Very safe. We are confident about that."

There were suitable safeguarding adult's policies and procedures in place to protect people from possible harm and we saw there was a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" for staff reference and the local authorities safeguarding procedure. Contact information for the local authority safeguarding teams was displayed in the staff office for reference. There was information displayed within the home for people to access about safeguarding issues and who to contact if people had any concerns. People were also presented with the provider's service user guide upon admission into the home which contained information they needed to understand what keeping safe meant and informed people on how to raise concerns about their personal safety or property. Safeguarding records were well documented, managed and showed that where concerns were raised the registered manager worked closely with other agencies to ensure people were sufficiently protected.

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify abuse and take appropriate actions to report and escalate concerns. Staff demonstrated they were aware of the signs of possible abuse and knew what action to take should they have concerns. Staff told us that they felt confident in reporting any suspicions or concerns and were also aware of the provider's whistle-blowing procedures and how to use it.

Assessments were completed regarding levels of risk to people's physical and mental health which ensured staff had information and guidance they needed to promote people's health, safety and welfare whilst ensuring known risks were reduced or minimised. Care plans demonstrated staff routinely assessed and reviewed risks posed to people. Risk assessments and care plans documented actions staff must take to ensure identified risks were minimised so that people were sufficiently protected. For example, one care plan documented the person was susceptible to falls due to their reduced and unsteady mobility. Their risk assessments instructed staff on the use of mobility aids, support the person required to mobilise safely and how staff ensured the home and their room environment was free from obstructions and other trip hazards. We also saw that appropriate referrals were made to health care professionals when required such as the community falls prevention team. Another care plan contained a detailed risk assessment for the person's nutritional needs as they were diabetic and required a controlled sugar intake which staff monitored.

Peoples' weight was regularly monitored and risk assessments were conducted where people were considered to be at risk of malnutrition. We saw that appropriate action had been taken where risks had been recorded. For example, if someone was a risk of weight loss and their diet required supplemented fortified drinks, referrals were made to dieticians and speech and language therapy teams for health professional's intervention.

Care plans also contained personalised emergency evacuation plans (PEEP) for individuals, which took account of people's specific circumstances and needs and how they would be evacuated in the event of an emergency such as a fire within the home. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire alarm tests and evacuation drills were conducted and records we looked at confirmed this. There were contingencies to deal with foreseeable emergencies and the provider's continuity plan provided staff with detailed guidance on actions to take in the case of emergency or situations that could close or severely disrupt the service.

The home provided a safe and comfortable environment for people, staff and visitors. One person said, "My room is excellent and clean. It is always clean here." A visiting relative commented, "The fantastic thing is here that I've never known it to smell, ever! It is all cleaned every day." The building was well maintained and we saw records of safety certificates and checks that were carried out at appropriate regular intervals. These included hoists, lifts, gas appliances, electrical appliances, fire alarms and equipment, legionella and food hygiene. Regular service contracts were in place as well as a 24 hour call out service for personal care equipment and other services in the home. The home had general risk assessments in place for the building, fittings, equipment and outside spaces. Significant work on the home environment had been undertaken in respect of updating the electrics within the last year. The provider also had a health and safety committee, as well as a staff health and safety committee who met regularly to discuss any maintenance issues which were communicated by way of detailed maintenance records that were checked daily by the maintenance team.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate people were referred to a community falls service which worked with the home to reduce the risk of recurrent falls.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included job application forms and interview records, photographic evidence to confirm applicants Identity, references and history of experience and or professional qualifications and conditions and contracts of employment which were also retained.

Staff told us that staffing levels were appropriate to meet people's needs. Staffing rotas demonstrated that staffing levels were suitable to ensure people's needs were met at any given time. Observations during our inspection confirmed that there were sufficient numbers of staff on duty and deployed throughout the home to support and meet people's needs in a timely manner.

Medicines were stored, managed and administered safely. We saw trained staff prepared the medicine, checked it and administered it to people using a non-touch technique. Medicines were then signed for by staff once taken. Most medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We looked at the homes medicines folder which was easy to follow and included individual medicine administration records (MAR) for each person using the service. We saw that each MAR was correctly completed and detailed people's names, photographs, date of birth and information about their prescribed medicines including any side effects and allergies to ensure medicines were administered safely. The medicines folder also included the names, signatures and initials of staff trained to administer medicines.

MAR charts we looked at were up to date and accurate and checks confirmed that people were receiving their medicines as prescribed by health care professionals. People who were safe to administer their own medicines and had been assessed to do so safely had a secure medicines cabinet which stored their prescribe medicines. Checks were undertaken by staff on a regular basis to ensure medicines were being taken as prescribed. There were policies and procedures in place to ensure covert administration of medicines was carried out in line with best practice. Records showed that people who received their medicines covertly had involvement from health care professionals and peoples relatives were also involved in the decision making process. We saw mental capacity assessments and best Interest meetings were conducted and care plans documented clearly any decisions made.

Medicines were stored securely and at the correct temperature. Temperature checks were conducted in the medicines room and for medicines refrigerators to ensure medicines were safe and fit for use. Medicines audits were conducted on a regular basis by the provider and an external local pharmacist to ensure safe practice. Medicines were disposed of appropriately and records for the disposal of medicines were signed for by two members of staff ensuring safe practice. There was an up to date medicines policy and procedure in place which provided staff with guidance on the safe management of medicines.

Good

Is the service effective?

Our findings

People told us they felt staff were suitably qualified and well trained to meet their needs. One person said, "They [staff] all seem to be well trained. They know what they are doing and are very good at it." Visiting relatives also commented positively on the effectiveness of staff and how they are trained to support their loved ones. One relative commented that their loved one had a medical condition and said that "They [staff] deal with it really well, changing her clothing frequently." Another relative talked of the useful advice that she had been given by staff about her loved one's clothing. They said, "They [staff] are well trained; she had always worn trousers, but they suggested skirts as it would make the ordeal of changing clothing less stressful for her. They also showed us that wider necked jumpers would help her now and we wondered why no one else (in other care homes) had ever mentioned things like this." They further commented, "It is a pleasure to visit, because they cope with her. I used to dread it before at the other home."

There were processes in place to ensure staff new to the home had appropriate skills, knowledge and experience to deliver effective care. New members of staff completed an induction programme that included familiarisation of the home environment and people who lived there, training, mentoring and competency assessments. Staff inductions into the home met the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of care that are expected of care workers. Staff records showed that new staff were subject to a three month probation period until they became permanent members of staff. A newly appointed member of staff told us they had received the provider's mandatory training which included fire safety, infection control, manual handling, food hygiene and also working alongside an experienced member of staff for a period of two weeks.

Staff were appropriately supported to fulfil their duties through regular supervision and an annual appraisal of their performance. One member of staff told us "I feel very supported to do my job and have supervision on a regular basis. There are good staff here and we all support each other." The providers supervision policy stated supervision should be provided to staff on a quarterly basis or when required. Staff records demonstrated that supervision was conducted in line with the provider's policy and a supervision contract was drawn up with the supervisor and supervisee to ensure supervision was productive and conducted regularly. We also saw that both parties signed the supervision contract to agree the content and duration. Staff also received annual appraisals of their performance and records of these were retained in staff files.

It was evident that staff knowledge and training were given a high priority at the home. Staff completed training on a regular basis that was relevant to the needs of people using the service and included areas such as mental capacity, safeguarding, health and safety, fire safety, dementia, medicines and behaviour that may challenge the service. Staff told us that they received updates on mandatory training topics on an annual basis to ensure they kept up to date with best practice. One member of staff told us that they had learned about why activities were important and showed an understanding of the effect of their post on the people using the service. They told us how they had recently learned to effectively communicate with someone who had difficulty speaking by careful observations and could talk about how they developed this. They had attended training on end of life care at their own request and described how they used the training in their work. Training handbooks and completed assessments were conducted after training to enhance

learning and were retained within staff files as a reference guide for staff to reflect on. Posters throughout the home related to the theme of falls amongst the older population aimed at educating staff and copies of relevant patient safety alerts were also displayed. For example highlighting the risks of asphyxiation from fluid thickeners.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before they offered support and when supporting people who could not verbally communicate, staff looked for signs to confirm they were happy with the support being offered. Records confirmed that staff had received training on the MCA and DoLS. The registered manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made, and authorisations were in place to ensure people's freedom was not unduly restricted.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People spoke positively about the food on offer at the home. One person told us, "The food is good, and there's enough, too." Another person said, "There's plenty of good food and choice. Too much sometimes!" We observed the lunchtime meal experience in two of the dining rooms in the home. Whilst people had selected their choice of meal from the menu the previous day, we saw people were able to change to another option at short notice if they so wished. Adapted cutlery was available for people to help maximise their independence when eating. Some people required support from staff to eat during mealtimes and we saw staff were available and offered appropriate assistance in a relaxed and unhurried manner. Drinks and snacks were offered frequently and were available throughout the day with water dispensers also available in some areas of the home. We visited the kitchen and saw there was a good supply of quality food and fresh fruit and vegetables. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required in a timely manner.

Good

Is the service caring?

Our findings

People and their relatives told us about their experiences of the care and support provided at the home. One person told us, "They [staff] are all very helpful and attentive, particularly the new one. They are great." Another person said, "The staff are all lovely. They are helpful and so kind. I've made friends here." A third person commented, "Lovely people, not only helpful, but ready to help, too. It suits me down to the ground!" Comments from relatives were also positive and they spoke of being able to visit the home at any time. One relative said, "I visit frequently and I am always made welcome. The staff are so friendly and kind." Another relative said, "I'm always welcome here and my dog gets a big welcome as well." A third relative told us, "We have entrusted her to their care and they know this. They are all lovely. I have nothing but praise for them all." A fourth relative said, "It is like a big family. I am more than happy with the care. It's twelve out of ten!"

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. We saw that staff were familiar with people using the service and knew how best to support them and how to approach them respectfully in a kind and caring manner. Staff had good knowledge of people's personalities and behaviour and were able to communicate effectively with them. The atmosphere in all areas of the home was relaxed and friendly and staff took their time and gave people encouragement whilst supporting them with daily living tasks. We observed staff sitting with people engaged in meaningful conversations. We saw staff addressed people by their preferred names and tried to answer people's questions with understanding and patience. A visiting relative commented, "It is lovely having the small units in the home because the staff get to know them all very well."

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences. One relative told us, "They are all caring staff here and all very approachable. They make a point of getting to know us all." People's preferences were documented reflecting the views and needs of people and their relatives. For example one person's care plan contained photographs of the person's family who had recently immigrated. Staff documented that should the person become anxious or distressed then staff were to spend time with the person and show them the pictures to ease their distress. People and their relatives told us that they had been consulted about their care and support needs and felt involved in their care. One relative told us, "They are very good at communicating with us." Another relative said, "If you make suggestions, they are happy! You can talk to anybody here and it gets done."

People's end of life care needs and wishes were documented and contained within their care plans to ensure people's wishes and choices were respected. For example, one person had recorded that they wished to have a small funeral with classical music playing. Another care plan documented the support staff requested from the palliative care team to assist with the person's end of life care needs whilst ensuring their wishes were respected. A visiting health professional told us of the work that staff did to ensure people's end of life care needs were met. They commented, "Of all the homes that I look after this is the best one, the level of genuine care and concern is wonderful. It is nice to be a part of it."

Staff respected people's dignity and privacy and treated people with respect. People's needs for privacy during personal care were recorded and respected. We observed staff discreetly speaking to people about how they wanted to be supported with their personal care. Staff were able to describe how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with personal care. One member of staff told us, "I always treat people with respect. I treat people how I would like to be treated."

The home had close community links with local churches and the religious ethos of the home was apparent throughout. There were notices displaying dates and times of religious ceremonies that took place on a regular basis and private services were also offered at request. A suggestion box for 'prayers' was placed within the main lounge and weekly activity plans included a 'hymns and service'. A volunteer at the home explained, "The service is an important part here." Another member of staff said, "It is connected to so many churches so there are always volunteers around to help." A visiting relative noted that her loved one, "Helps run a prayer meeting every Friday and arranges a carol concert. She goes to meetings at the local church." A visiting health professional commented, "The ethos makes a difference: there's no undercurrent of racism or anything, no cultural clashes at all." Staff we spoke with were aware of the care and cultural needs of people using the service and that people from different backgrounds were able to reside at the home and their religious practices and needs would be observed and met.

Good

Is the service responsive?

Our findings

People told us they received care and support in accordance with their identified needs and wishes. One person told us, "I try to do things for myself, but the help is there. You can go to bed when you like and do what you like. I like an early night." Another person said, "They [staff] are very good. Nothing is too much trouble and I only have to ask once and it's done." Visiting relatives spoke about how the staff were responsive to their loved ones needs. One relative said, "I have been asked to take part in her care plan review here. This never happened at her other home." Another relative told us, "I like the natural progression through the home and they have all of their priorities right here!" A third relative commended, "Talking about responsiveness, they sort her out straight away if I ask them. There is enough staff and I can always find someone."

Care records and risk assessments were retained in people's care plans that were securely stored on each unit of the home that staff had access to. People were assessed prior to moving in to the home to ensure the service was the right environment for them and that the service could meet their individual needs. Admission assessments were undertaken by senior members of staff and other information such as that from local authorities and health professionals was also used to ensure people's needs could be met. People were provided with pre admission information about the service that was contained in a 'service user's guide'. Information included the care of residents, accommodation and facilities in the home and choice, rights and responsibilities.

Care plans provided clear guidance for staff about people's varied needs and how best to support them, and were kept up to date. For example one care plan contained a detailed dementia assessment which included details of the person's behavioural patterns. It advised staff that the person had a tendency to claim ownership of communal items which could cause disagreements with other people using the service. It offered staff guidance on how to manage the situation and stated that the person did not like to be seated for long but preferred to walk around the home at their own pace. Health and social care professional's advice was recorded and included in care plans to ensure that people's needs were met and contained guidance such as managing pain or diabetes. Care plans also recorded people's progress that was monitored by staff and as advised by health and social care professionals, such as guidance for fluid monitoring or skin integrity. A visiting health professional told us, "Nothing is too much trouble for them [staff]. I tell the carers things and it is always fed back properly and recorded. They are good, responsive staff." The visiting GP told us that staff were very professional and knew the residents well. They said that staff always followed up any concerns and prompted them, if perhaps an investigation was not addressed quickly for example an X ray. They said, "Staff always communicate information from other multi-disciplinary team members well and are quick to relate any concerns or issues. Staff rarely use the out of hour's service and when they do, it is used appropriately."

People's diverse needs, independence and human rights were supported and respected. People had access to specialist equipment enabling greater independence which met physical, emotional and sensory needs. Equipment included hoists, slings, wheelchairs, seating, tables, cutlery and adapted beds. There were computers in communal areas for people's use and they had an adapted, easy grip mouse in situ which

supported people's independence. One person said, "It's very good as the screen has large text so I can do my internet banking."

People were supported to engage in a range of activities that met their needs and reflected their interests. We observed a group of people taking part in an exercise class. One person told us, "Exercises are done outside when the weather is nice. They [staff] encourage us to use the garden, for walking and sitting and having tea." We also saw a volunteer to the home playing a piano that was located in a communal area. One person commented, "I love listening to the piano music." During the afternoon we observed there was a cake decorating activity, which many people participated in and enjoyed. Weekly activity schedules were displayed throughout the home and included activities such as, card games, scrabble, crosswords, talks by staff, residents and visitors and the 'trolley shop' which was managed by staff and volunteers and offered people with the opportunity to purchase consumables. Entertainers were also booked regularly to visit the home. The activities coordinator told us that visiting animals were very popular and encouraged participation from people. They also explained that there had been an increase in staff hours to support people to engage in activities and more designated drivers were available to drive people to planned outings and community visits.

There was a complaints policy and procedure in place and information on how to make a compliant was on display and accessible to all. There were also two suggestion boxes, one clearly aimed at visitors which was located in the main reception area. People told us they knew how to make a complaint if they had any concerns. One person said, "I would send a message to the manager if I had a problem, but I don't." Another person explained, "I go down to the office. They get things done, on the whole." A visiting relative told us that their loved one had lost an item and staff had done "everything they could have done" to find it. Records showed complaints were clearly recorded, maintained and responded to in a timely manner and in line with the provider's policy.

Good

Is the service well-led?

Our findings

People told us the staff and home was welcoming and friendly and they thought the service was well managed. One person said "The staff and manager are attentive and very nice. I see the manager every day, they are always around." Another person commented, "It's very nice here, just like home. There is always someone around to help you and I see the manager a lot who is also very nice." Comments about the manager from visiting relatives were also very positive. One relative said, "She is always around and ready to listen." Another relative told us, "She is very nice, very caring and approachable. They [staff] all are. It comes from the top down."

Staff spoke positively about the registered manager and the support they received to enable them to do their jobs well. They told us that the registered manager encouraged an open culture which welcomed feedback from staff to help drive improvements. One member of staff told us that they felt valued and listened to and referred to the manager as 'great' and the staffing team as being 'like a family'. Another member of staff said, "The providers are friendly, with open values and are very keen on creating a family feel. I have no concerns at all and feel very supported." During our inspection we observed a staff handover meeting which took place four times a day in the homes team meeting room. The staff team helped each other to ensure people's needs were met. For example there were discussions regarding people's well-being and how best staff could work with people on any given day, people's daily preferences, planned daily activities and who wished to be supported to attend and a daily discussion on ensuring good hydration for people using the service. Staff handover meeting minutes were documented so staff that were unable to attend could refer to the notes for information on discussions held. General staff team meetings were held on a monthly basis and were well attended by staff and there were monthly meetings for night staff. The registered manager told us they had a theme every month where staff chose a topic of their choice and interest and they focused on that and learnt. They told us that they had recently focused on dementia and learned about dementia validation therapy. We were shown tools and assessments that formed part of the discussion and training exercise.

The registered manager had been in post for some time and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

There were systems and processes in place to regularly monitor and evaluate the service provided. The registered manager showed us audits that were conducted in the home on a regular basis. These included accidents and incidents, daily environment and maintenance safety checks, supervisor checks which involved checking individuals rooms and care plans, managers monthly environmental audit, infection control audit and medicines audits both internally and externally. We saw that audits undertaken were analysed for learning purposes and actions taken to address any highlighted concerns were documented for action and recorded when completed.

As well as internal quality audits that were conducted by the registered manager and staff at the home the

provider and housing association also conducted regular checks and produced reports identifying any action required to improve the service. For example we saw the committee's quarterly hazard reported dated October 2015 which showed no requirements needed. We spoke with a member of the committee who told us their findings were shared with the management team and staff for learning purposes and to help drive improvements.

The provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. Results of the July 2015 surveys were positive and included comments such as, "Absolutely couldn't be better, everyone is very kind", and "Very good, choice is good and the food is lovely." A relatives survey was also conducted at the same time and comments included, "Availability of staff and the happy friendly atmosphere", and "The care is unfailing." Visiting health and social care professionals were also asked to participate in regular surveys and again the result were positive. Comments included, "My patients receive the highest level of care and attention. Beechmore Court management and staff have created and sustained a caring ethos." Action plans were developed to address any actions required or suggested improvements.

Residents meetings were held every two months providing people with the opportunity to be involved in the way the service was run and to enable people to have a voice. A visiting relative told us, "Relatives are very welcome to attend the residents' meetings as well. I have been before." Minutes of the December 2015 meeting showed the Christmas party, winter illnesses, activities and having table clothes at meal times had been discussed. Minutes from residents meetings were displayed in communal areas for reference and we saw minutes of a residents 'food committee' that met on a regular basis to discuss ways in which peoples dining experience could be improved upon.