Kristal South Limited

Beaufort House

Inspection report

30 Broadway
Sandown
Isle Of Wight
PO36 9BY

Tel: 01983716731

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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

Beaufort House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beaufort House provides accommodation and support for up to six people, who have a learning disability or an autistic spectrum disorder. At the time of the inspection, there were five people living at the home.

The inspection was conducted on 17 August 2018 and was unannounced.

Accommodation was arranged over three floors which could be accessed by a staircase. There was a large open plan communal area for social interaction and a quiet room for people to use if required. People also had access to an enclosed garden which had seating and tables available.

A registered manager was 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.

At our last inspection in August 2017, we gave the service an overall rating of 'Requires improvement' and identified breaches of regulation 17 'Good Governance' and Regulation 18 'Staffing' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider wrote to us, detailing the action they would take to address the concerns.

At this inspection we found that appropriate actions had been taken and therefore the service was no longer in breach of these regulations.

People felt safe living at Beaufort House. Staff knew how to identify, prevent and report abuse. Safeguarding investigations were thorough and identified learning to help prevent a reoccurrence.

There were sufficient staff employed to meet people's needs; keep them safe and provide them with person-centred support. Appropriate recruitment procedures were in place to ensure only suitable staff were employed.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and staff followed best practice guidance to control the risk and spread of infection.

People's needs were met by staff who were competent, trained and supported appropriately in their role. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

Procedures were in place to help ensure that people received consistent support when they moved between services.

Staff developed caring and positive relationships with people and were sensitive to their individual choices. People were treated with dignity and respect and staff protected people's privacy.

People were provided with individualised, person-centred care. Care plans contained detailed information to enable staff to provide care and support in a personalised way. People were empowered to make choices about all aspects of their lives. They had access to a range of activities suited to their individual interests.

People told us they were happy living at the home and had confidence in the management. People, family members and professionals reported that there had been improvements made in relation to the running of the service since the last inspection.

Staff were organised, motivated and worked well as a team. They felt supported and valued by the registered manager.

The provider was fully engaged in running the service and invited feedback from people, their families and professionals to help drive improvements. There were a clear auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

The service worked in partnership with other agencies to help ensure that there was a team approach to providing effective and appropriate care to people.

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 and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Individual and environmental risks to people were managed effectively.

People received their medicines at the right time and in the right way to meet their needs.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were competent, suitably trained and supported in their roles.

People were supported to have enough to eat and drink.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care.

People had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support if they moved between services.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff.

Staff understood the importance of respecting people's choice and wishes.

People were encouraged to be as independent as possible.

Staff understood the importance of respecting people's privacy.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans contained detailed information to enable staff to provide care and support in a personalised way.

Staff responded promptly when people's needs or preferences changed.

People were empowered to make choices about all aspects of their lives. They had access to a range of activities suited to their individual interests.

People were encouraged and supported to make complaints of they wished.

Is the service well-led?

Good

The service was well-led.

People were happy living at the home and had confidence in the management.

Staff were organised, motivated and worked well as a team. They felt supported and valued by the registered manager.

The provider was fully engaged in running the service and invited feedback from people, their families and professionals to help drive improvements.

There were a clear auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

The service worked in partnership with other agencies to help ensure that there was a team approach to providing effective and appropriate care to people.

Beaufort 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 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 17 August 2018 and was unannounced. The inspection was undertaken by one inspector.

The home was last inspected in August 2017 when it was rated as 'Requires improvement' overall with breaches of Regulation 17 'Good Governance' and Regulation 18 'Staffing' of the Health and Social Care Act 2008.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about.

During the inspection we spoke with two people who use the service. We observed care and support being delivered in communal areas of the home. We also spoke with the registered manager, the deputy manager, four support workers and the cleaner. Following the inspection, we received feedback from three family members, two health care professionals and a visiting professional who had contact with the service.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, three staff recruitment files, records of complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People and their family members felt that the service was safe. One person said, "Yes, I feel safe here" and another person told us, "I'm ok, it's all good."

Staff had the knowledge and confidence to identify safeguarding concerns and took appropriate action to keep people safe. Staff had received training in safeguarding, which helped them to identify, report and prevent abuse. Staff told us how they would safeguard people and actions they would take if they thought someone was experiencing abuse. A staff member said, "If I was concerned I report to the manager, or go higher if I needed to." Another staff member told us, "I would talk to the manager if I had any concerns; I know they would act but if they didn't I would go to the safeguarding team or CQC." Records showed the registered manager had worked effectively with the local safeguarding team to undertake investigations and appropriate action had been taken to protect people from the risk of abuse.

There were sufficient staff to meet people's needs and keep them safe. Staffing levels were based on the needs of the people using the service. Most people living at the service received additional one to one hours with a member of staff throughout the week to keep them safe and support them to participate in activities. The staffing levels in the home provided an opportunity for staff to interact with people and support them in a relaxed and unhurried manner. One staff member said, "There is definitely enough staff to meet people's needs." There was a duty roster system in place which detailed the planned cover for the home. The duty roster showed staff were available as required by people. Short term staff absences were managed through the use of overtime and cover could also be provided where required by staff who predominantly worked at another home owned by the provider.

There were safe recruitment procedures in place, which included seeking references, obtaining a full employment history and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed appropriately before new staff started working with people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed.

Staff understood the risks to people's health and well-being and individual risks to people were managed effectively. Detailed risk assessments had been completed for each person in accordance with their needs. For example, for people who behaved in a way that might present a risk to the person or others, the behaviours, triggers and actions for staff to take were clearly recorded and known by staff. Some of the people living at Beaufort House experienced epileptic seizures. The risk assessments relating to people's seizures were different for each person which helped to ensure that people received safe care that met their specific needs. There were also risk assessments in place relating to people helping in the kitchen, accessing the local community and participating in activities they enjoyed. People were supported in accordance with their risk assessments. Staff were able to describe the risks relating to individual people in detail and the action they would take to help reduce the risks from occurring. The information provided by the staff corresponded with the information in their risk assessments.

People received their medicines safely. People had medicine care plans in place which provided staff with individual guidance as to how people liked to take their medicines. For example, one person's medicine care plan stated, 'I have my medicine in a pot. I might refuse at first.' Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. We looked at four peoples MAR charts over a four-week period; no gaps were identified, this indicated that people received their medicine appropriately. Guidance was in place to help staff know when to administer 'as required' (PRN) medicines, such as medicine to be given to support epileptic seizures and pain relief. Each person who needed PRN medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. Systems were in place to ensure topical creams were used as prescribed and not used beyond their 'use by' date. There was suitable guidance available to staff to explain where, when and why these creams should be applied.

There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. Medicine audits and medicine stock checks were completed weekly to ensure that people had received their medicine as prescribed and to help ensure appropriate medicines were always available to people. A healthcare professional told us, "While I have never witnessed the staff administering medicine, they do an admirable job of keeping medicines they hold for us, never running out or having expired medicines."

The environment was clean and a full-time cleaner was employed by the service. A family member told us, "The home is clean; spotless." The cleaner told us they had enough time to complete all the cleaning tasks that were expected of them. There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as gloves and aprons, were available for staff to use. Staff wore these when appropriate. We looked at infection control audits which were completed regularly by the registered manager. The laundry was clean and organised and measures had been taken to ensure the risk of infection was minimised. For example, a system of colour coded mops and buckets was in place and there was a dirty to clean flow for laundry, which helped to prevent cross contamination. All staff had received infection control training and this was annually updated.

Environmental risk assessments; general audit checks of the building and health and safety audits were completed regularly. The audits showed a clear action trail and where issues had been identified, they were acted upon immediately and the relevant people had been contacted to complete maintenance repairs if required. There was also a system of audits in place to ensure that safety checks were completed in respect of water temperatures, the medicine cupboard temperatures and fire safety.

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Good

Is the service effective?

Our findings

At the previous inspection, in August 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to ensure that staff had received appropriate and up to date training and supervision. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

New staff completed a comprehensive induction into their role. This included working through a detailed induction checklist with the support of a 'buddy' (an experienced staff member). The induction checklist helped to ensure that new staff were shown all of their main responsibilities, and helped to identify if further training or experience in a particular task may be required, before staff could be allowed to work unsupervised. It also required new staff to be observed whilst providing care to people. This helped to ensure that new staff were competent in providing effective and appropriate care to people. Staff who did not have previous experience in care work were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

Staff were appropriately trained and people and their families had confidence in the staff's abilities. One person said, "They look after me well." Another person told us, "The staff are good." A family member told us, "The staff seem to know what they are doing." One staff member said, "We get all the training we need. I'm due for some updates soon but that's all been arranged." Another staff member told us, "The training is good and much more organised now. The manager keeps on top of it."

Since the last inspection which was completed in August 2017, improvements had been made to monitor staff training, which helped to ensure that staff received new and refresher training in a timely way. This included mandatory training as specified by the provider, such as; safeguarding, first aid, infection control and food hygiene. Some staff had also received other training which focused on the specific needs of people using the service. This included; Makaton, which is a language programme designed to provide a means of communication to people who cannot communicate efficiently by speaking, epilepsy, diabetes, managing challenging behaviour and de-escalation training. Staff understood the training they had received and told us how they applied it to their practice. For example, they explained how they would support people to be independent and manage behaviours that some people could find challenging.

Staff felt well supported in their role and told us that they received regular supervision from the registered manager. A staff member told us, "I get supervision every two to three months; but I can go to [name of manger] anytime." Another staff member said, "I feel 100% supported." Records demonstrated that staff received face to face supervisions on a three-monthly basis and annual appraisals. These supervisions and appraisals provided an opportunity for the registered manager to meet with staff individually, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop.

People were being encouraged to make healthy food choice and part-take in regular exercise. For example,

one person was supported to go to the gym regularly and another had a specific menu plan in place to support them to eat healthier foods.

Staff were aware of people's likes, dislikes and specific dietary requirements; including where people required a low potassium diet and a diet that considered the person's diabetes. Staff considered these dietary needs when planning and providing meals and snacks. When required, staff worked closely with dieticians and healthcare professionals to ensure that people's dietary needs were appropriately met.

There was a pre-arranged menu is place which highlighted the main meal offered for each day. The Registered Manager told us that the daily menu was developed according to people's preferences and choices. When people declined the main meal offered, they were supported by staff to prepare an alternative meal of their choice or this was prepared on their behalf. For example, one person said, "I don't like stir-fry so we get something else."

Staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We found assessments of people's capacity had been completed where needed. Records showed that where people lacked capacity, decisions made on their behalf was done so in their best interest and with the support of people who had the legal authority to make decisions on their behalf.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements and where appropriate, DoLS applications had been made. At the time of the inspection, one person living at the home was subject to a DoLS and the staff were aware of any conditions that were attached to this.

For day to day decisions and personal care, people's consent was considered by staff. For people who were unable to provide verbal consent, staff explained how they would look for facial expressions, body language and changes in the person's behaviour. People's relatives confirmed that staff always asked their loved ones for their consent when they were supporting them. A comment in one person's care file read, '[person] has full capacity so it is important that he consents to every aspect of his care and treatment because he is able to make his own decisions.' Consent forms within people's care plans were adapted in aid understanding, for example they contained pictures which related to what the consent being given is for. Staff were aware of people's rights to refuse care and were able to explain the action they would take if care and support was declined. For example, they told us they would return later or ask another staff member to try and offer care if it was essential.

Information relating to people's health needs and how these should be managed was clearly documented within people's care plans and some contained additional information to aid staff understanding about a certain condition and how this affected the person's abilities. Staff knew people's individual health needs well and were able to describe the signs they looked for when people who were unable to communicate that they were feeling unwell. Staff supported people to access additional healthcare services when required, such as chiropodists, opticians, GPs and dentists.

The staff and registered manager worked closely with health and social care professionals to help ensure that consistent support was provided to people when they moved between services. One person had recently moved to Beaufort House from another home also owned by the provider. Staff from the other home had continued to support this person to allow them to settle with the help of a familiar face.

The registered manager and staff made appropriate use of technology to support people. People were provided with equipment to help keep them safe, including pressure mats to alert staff when people moved to an unsafe position, pressure relieving mattresses to help prevent pressure sores and bed sensors to notify staff if someone was having a seizure. People also had access to WIFI, which allowed them to connect to the internet and contact friends and family.

Beaufort House was set over three floors with bedrooms on all floors. Floors could be accessed via a staircase. The registered manager had considered the risks posed by the staircase when admitting people to the home and an assessment of their needs was completed to ensure the environment was suitable. People's rooms were single occupancy and five of the bedrooms had en-suite toilet and shower facilities. People's bedrooms were individualised and reflected people's interests and preferences and were personalised with photographs, pictures and other possessions of the person's choosing. There is a spacious communal bathroom that could accommodate individuals who required support. There was a large open plan communal area for social interaction and a quiet room for people to use if required. People also accessed an enclosed garden which had seating and tables available to people.

Good

Is the service caring?

Our findings

Staff showed care, compassion and respect to the people living at Beaufort House. People, family members and healthcare professional's spoke positively about the attitude and approach of staff. People's comments included, "I'm very happy here" and "On the whole I love it here, the staff are very nice to me." A family member said, "The staff are excellent." Another family member told us, "Staff do a wonderful job and I am very happy with the care [name of relative] gets." Healthcare professional's comments included, "They [people] certainly seem to be treated with kindness, respect and compassion" and "Staff speak of the residents to me in a respectful manner and they also advocate well for the service users they have in their care."

People were cared for with dignity and respect and all interactions we observed between people and staff were positive and supportive. Staff spoke with people in a kind and polite manner and took time to engage with people on a personal level. For example, we heard one staff member say to a person, "Your hair looks lovely today with those hair clips in; would you like some glittery nail varnish on to match?" This person seemed pleased with the staff member's comments. On another occasion, a staff member said to a person, "If you want to, tonight we can sit down and start your business plan." The person went on to explain to us how they were looking at starting a business and staff were going to support them with this.

Staff understood the importance of respecting people's choices and wishes. We observed that where people expressed a wish to do something, this was respected by staff who supported people to fulfil their wish. People were regularly offered choice, such as where they wanted to spend their time and what they wanted to eat. Choices were offered in line with people's care plans and preferred communication style. Where people verbally declined or indicated through behaviours or body language that they did not want to do something, this was respected by staff. A staff member said, "We all [staff] know that it is up to the residents what they want to do, it's not about the staff. We need to respect people's choices and we do." A healthcare professional told us that, "Individuals right to choice is always promoted."

Staff respected people's independence and encouraged people to do things for themselves where they were able to. Comments in care plans highlighted to staff what people could do for themselves and when support may be needed. Comments included, 'I am able to complete my dental hygiene independently', 'I will call for staff when I need help to wash my back' and 'I can do most cleaning (of bedroom) myself but require staff to prompt me.'

People's privacy was respected when they were supported with personal care. During the inspection we observed staff asking people's permission before entering their bedrooms. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed and making sure people were covered when providing personal care. Information regarding confidentiality, dignity and respect formed a key part of the induction training for staff. Confidential information, such as care records, were kept in the staff and manager's office and only accessed by staff authorised to view it.

The registered manager told us they explored people's cultural and diversity needs by talking to them, their families and by getting to know them and their backgrounds. This information was then documented within the person's care file and a support plan was developed. The registered manager said that if a person followed a particular faith that they or staff had a limited knowledge of, they would research this and arrange training for staff to ensure that people could be effectively supported.

Good

Is the service responsive?

Our findings

People experienced care that was personalised and staff demonstrated a good awareness and understanding of people's individual needs. A person said, "They know how I like things." One professional said, "Staff are always keen to discuss people's needs and respond in an effective manner. They demonstrate they know people well in regard to their day to day needs through discussions I have with them on a regular basis." Another professional told us, "Staff have a person-centred approach to people."

Everyone living at Beaufort House had a care plan in place which was centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Care plans also included specific information to ensure medical and psychological needs were responded to in a timely way. For example, for one person, who demonstrated behaviours that some people may find challenging, there was clear and informative guidance to staff. This included behavioural signs to look for, individualised distraction techniques to try and actions to take. Care plans and related risk assessments were reviewed regularly to ensure they reflected people's changing needs. People's care plans were written in an 'easy read' format and written information was supported by pictorial representations suitable for the needs of the person they related to. This helped to encourage people to become involved in developing their care plan.

The people living at the home who were able to verbally communicate told us they felt fully involved in their care. However, some family members felt that they were not always involved, kept up to date or included in discussions about their loved ones on going care. One family member said, "I am really happy with everything; except the communication. I don't always feel that I am kept informed and I'm not always included in decisions." Another family member told us, "The communication was good for a while but when [name of persons] key worker left we don't always get updated on things." This was discussed with the registered manager who advised that the issues around family's views on communication had been highlighted in the recent completed quality assurance questionnaires sent to people's families. The registered manager was currently taking action to address this.

The service was responsive to people's changing needs. Records showed that when people's physical or emotional needs changed, the service referred people to appropriate healthcare professionals. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. One healthcare professional said, "In my experience, they always do (contact appropriately). I often have contact from the home, from the manager and other staff members and they work well with me and my team to take on advice given." Another healthcare professional told us, "I don't recollect any issues with the staff not following advice given or contacting inappropriately." Staff were also kept up to date on people's changing needs through handover meetings which were held in between day shifts. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Each person had a personalised activity timetable in place which included activities such as visiting outside

organisations, spending time with family members, completing sporting activities such as going to the gym or swimming and visiting the shops. Daily records demonstrated that activities had been provided or offered as per the activities timetable and where these activities had not taken place, a clear reason why and any alternative activity provided was recorded. A staff member told us, "We do offer the activities but at times people don't always want to do these and want to do something else." A healthcare professional told us, I always see residents coming and going out on activities with staff when I visit. I have also seen them be offered activities to do in the home such as using sensory equipment/toys and games." During the inspection we saw that people were given the opportunity to choose what they wanted to do. For example, one person had chosen to go to a local event in a neighbouring town and staff supported them with this. Another person had chosen to watch a film of their choice and a third person had elected to visit the local shops independently.

The provider had a policy and arrangements in place to deal with complaints and there was a notice about this in the front entrance of the home. This provided detailed information on the action people could take if they were not satisfied with the service being provided. Easy read complaint forms had been developed to help people living at the home complete these independently if they wish. People were also supported to access independent advocacy services if they needed them. Advocates are people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want. Family members said if they had any complaints, they would discuss these with the registered manager. One family member said, "I would go straight to [name of registered manager]; I am confident that something will be done. Two formal complaint had been received since the last inspection and we saw that these had been fully investigated and a face to face meeting with the complainant offered.

At the time of the inspection, no one living at Beaufort House was receiving end of life care. None of the staff had received training in end of life care, however, the registered manager told us that they were in the process of liaising with the local hospice to arrange 'Advance care planning training' to help ensure that people's end of life wishes could be respected and followed in the event that they would be needed. Additionally, the registered manager was also able to provide us with assurances that people would be supported to receive good end of life care if the need arose.

Good

Is the service well-led?

Our findings

At the previous inspection, in August 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to ensure that there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service. At this inspection, we found sufficient action had been taken and the provider was no longer in breach of this regulation.

There was a registered manager in place at Beaufort House. The management structure consisted of the provider, the registered manager, the deputy manager and team leaders. Each had clear roles and responsibilities which were understood by all staff.

People, their families and professionals all felt that there had been improvements in the running of the service over the last year. A visiting professional said, "There is good management now and there has been a huge improvement made in the running of the service." A healthcare professional told us, "The homes manager has provided consistency and good leadership." A family member said, "Things have improved a lot in the last year."

Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was run in their one to one sessions or during staff meetings. A staff member said that any ideas they had were listened to and respected by the registered manager. Staff members talked about the improvements in the management of the service and an increase in staff morale. One staff member said, "I love working here, the manager is excellent and the service is definitely well led." A second staff member told us, "There is much more structure now (than at the time of the last inspection); it's much better than it was, it's better organised; everything is in place and everyone is happy." A third staff member said, "The manager is really helpful and will always listen."

The provider was fully engaged in running the service and completed quality monitoring visits regularly. Clear records of these visits were kept which demonstrated that actions were taken when required. The registered manager also told us that they sent a monthly report to the provider's representative to keep them updated on any changes in the home. The service had a programme of audits and quality checks in place and these were shared out between members of staff. Regular audits had been completed of the environment, medicines, care records, health and safety and infection control. Where concerns were identified, action plans were produced and actions were taken in a timely manner.

The provider engaged people in the running of the service and invited feedback through residents' and relative meetings and the use of questionnaires which were sent to people, their families and professionals. The last questionnaire was sent two weeks prior to the inspection and the registered manager was awaiting feedback from these. People and their families felt able to approach the registered manager and staff at any time. In the foyer, we saw a board entitled: "You said, we did." This was used to publish comments from people, their families or professionals together with action staff had taken in response. For example, following feedback from a family member about an area of the garden that needed maintenance, action

had been taken to address their concern. Another comment from a family member said, 'We would like to see more colour on the walls'; records showed this was discussed with the people living at the home and colours had been chosen jointly.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety. On reviewing documentation in relation to accidents, incidents and near misses, the registered manager and staff had taken appropriate action to mitigate risks to the people living at the home. The registered manager kept up to date with best practice through training and reading relevant circulations, publications and updates provided by trade and regulatory bodies.

The service worked with health and social care professionals in line with people's specific needs. This also enabled staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other professionals was good and enabled people's needs to be met. Care files contained evidence of professionals working with the service, such as GPs, psychiatrists, social workers and community nurses. A healthcare professional told us, "There is a good relationship between us and the staff, we do a lot of partnership working."

Beaufort House had up to date and appropriate policies in place to aid with the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed prominently in the home.