

HC-One Limited

Beaconsfield Court

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

The inspection took place on 7 October 2015. The inspection was unannounced. This meant the provider or staff did not know about our inspection visit.

Beaconsfield Court is a residential care home for up to 32 people based in Barnard Castle. The home provides care to older people and people with dementia. It is situated on the main street of Barnard Castle, close to local amenities and transport links. On the day of our inspection there were 29 people using the service.

The home 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.

We spoke with care staff who told us they felt supported and that both the registered manager and deputy manager were always available and approachable. Throughout the day we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. Although the atmosphere was busy we saw that staff interacted with each other and the people who used the service in a very friendly, positive and respectful manner.

Summary of findings

From looking at people's care plans we saw they were written in an easy to read and person centred way and made good use of pictures, personal history and used simple language to describe individual's care, treatment and support needs. These were regularly reviewed and updated.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP or Chiropodist.

Our observations during the inspection showed us that people were not always supported by sufficient numbers of staff. We found the number of available staff available didn't always suit the layout of the building and people's needs. We saw staff were responsive to people's needs and wishes, but that there were insufficient numbers of staff deployed to meet people's needs. We spoke to staff, family members and the people who use the service who shared this concern.

Staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face training and online learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

We looked at how the service administered medicines and how they did this safely. We looked at how the records were kept and spoke to the registered manager about how staff were trained to administer medicines and we found the process to be safe.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place. Staff were caring, positive, encouraging and attentive when communicating and supporting people.

We observed people were encouraged to participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis on an activity and we saw evidence that others were being supported to go out and be active in their local community and trips further afield.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices of drinks and snacks. The daily menu that we saw also offered choice.

We found the building and outside garden area that met the needs of the people who used the service and there were plans to improve this further.

We saw a complaints procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services if they needed it.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service; their representatives were regularly asked for their views at meetings and the registered manager's drop in surgeries.

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?

This service was not always safe.

At times there were insufficient staff to cover the layout of the building and the needs of people who used the service safely. People who used the service were at risk of not having their individual needs met in a timely manner.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected.

Medicines were managed and stored safely and appropriately.

Requires improvement



Is the service effective?

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

Good



Is the service caring?

This service was caring.

People were treated with kindness and compassion.

People were aware of, and had access to, advocacy services that could speak up on their behalf.

People were understood and had their individual needs met...

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities/outings that were important and relevant to them and they were protected from social isolation.

Care plans reflected people's current individual needs, choices and preferences.

Is the service well-led?

service was well-led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff we spoke with.

There were effective quality assurance systems in place to continually review aspects of the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

Good



Beaconsfield 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.

This inspection took place on 7 October 2015 and was unannounced. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with nine people who used the service, four relatives, the registered manager, the deputy manager and five members of care staff.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

The provider was asked to complete a provider information return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we also asked the provider to tell us about the improvements they had made or any they had planned. We used this information while planning the inspection.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed staff training records, recruitment files, medicine records, safety certificates, and records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

Without exception, all the people we spoke with told us they felt safe living at Beaconsfield Court. We saw a 2014 survey completed that showed that 100% of people agreed that they felt safe.

The service had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from if they had concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this happened. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; “If I ever had a problem then I would raise it without delay.”

The service had a Health and Safety policy that was up to date. This gave an overview of the service’s approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff and others with information about how they could ensure an individual’s safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperature, safe waste disposal, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing occurred regularly.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people’s needs such as; nutrition, falls, and skin care. This meant staff had clear guidelines to follow to mitigate risks.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service (DBS) check which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

On the day of our inspection there were 29 people using the service. We asked the registered manager about people’s dependency, she told us that just over a third of all residents (10) required two staff to assist them with their personal care. Two of these people were also nursed in bed.

We found the layout of the home was spread over three floors. On each floor there were bedrooms, lounge and dining areas for people to use. We found that the staffing configuration did not take into account the three separate units located on each floor. We were told that the home was staffed overall, depending on the number of people using the service and their dependency needs. We were told by the registered manager that two carers work between the ground and middle floor and two carers work on the second floor plus a Senior carer. This meant there were 5 staff on duty. This meant, if two people were receiving care and support from two staff at the same time that would leave one care staff to oversee three units over

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three floors. Staff told us this did happen. They said by having just one more carer who could float between the second and third floor units would reduce risks and keep people safe.

When we spoke with people who used the service about staffing levels in the home, several people told us they sometimes had to wait for quite a while for staff to respond when they used the call button. This was reiterated when we spoke with three people's relatives. They said that this issue was the only concern they had about their relative's care. Comments included, "Sometimes there are no staff visible on the second floor unit. My relative is highly dependent, I am here all day and every day and I can manage some personal tasks myself, such as assisting with meals and drinks but we have to rely on staff for transfers and sometimes we have to wait because they are busy in other parts of the home. If I wasn't here every day, I don't know how they would cope with my relative. But I must say the manager and all the staff are very caring and very committed; we just need some more staff."

We spoke with some other staff about staffing levels, they told us they were at times "Run off their feet" and had little time to spend quality time with people in their care. One member of staff told us, "There is not enough staff for the number of residents and the layout of the building." Another said, "The dependency of the residents is greater than the staffing levels." They told us they had raised concerns about staffing levels in staff meetings and one to one supervisions. When we checked these records, we found this was the case. One member of staff told us that activities sometimes have to be put off because there's not enough staff to go round and other told us; "There's lots of residents that need two staff and the majority of the time there is not enough staff on. When the buzzers are going off, two staff on each floor would be better, safer."

We found three people who used the service were supported with their meals and some of their personal care by their relatives who visited every day. One relative told us, "Without this level of support, staff would be under even greater stress."

We spoke with the registered manager about increasing staffing levels; she said she would have to speak with her regional manager. Later in the day we also spoke with the regional manager and shared our concerns about the

staffing levels in the home. She reassured us they would consider our findings and she would discuss this with the organisation's Managing Director. She said she would respond to CQC within 48 Hours.

CQC received the following response; "We will take your comments into consideration and as such a full review of staffing levels will be undertaken, identifying specific time periods when additional staff may be required and if an increase is considered necessary this will be actioned."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed all aspects of medicines with the deputy manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general.

We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-8 degrees guidelines. We saw a copy of the latest medication audit, carried out in August 2015. We saw the medication records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked at the handover of each shift.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including homely remedies, and 'as and when required' medication protocols. These were readily available within the MAR (Medication Administration Record) folder so staff could refer to them when required.

Each person receiving medicines had a photograph identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet. All

Is the service safe?

medicines for return to the pharmacy, were disposed of in storage bins, and recorded. This meant people were protected against the risk of unsafe medicines management, storage or administration.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas

including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

Is the service effective?

Our findings

During this inspection, there were 29 people using the service. We found there were skilled and experienced staff to meet people's needs. We observed people throughout the day. When we spoke with people who use the service and their relatives when we asked them if they thought the staff were skilled to carry out their role one person who uses the service told us "The staff are attentive." A visiting relative told us: "The staff are good; they know their job well enough."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. We spoke with five members of staff about their training. One member of staff told us, "There is plenty of training on offer and mine is all up to date."

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included: first aid, nutrition and hydration, infection control, medication, mental capacity and deprivation of liberty, fire safety and person centred care. Other more bespoke training for the service included: open hearts and minds: understanding challenging behaviour, creating therapeutic relationships and person centred approaches to dementia care.

We saw regular monthly staff meetings took place. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager with regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. When we spoke with staff, they said; "Team meetings are good for bringing up your ideas. We also have other regular meeting to arrange activities."

Individual staff supervisions were planned in advance using an alert diary system and took place six times a year. One staff member told us "I find them useful for me to develop." Appraisals were held annually to develop and motivate

staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues and covered the following; building relationships, areas of improvement, good practice and identifying stress.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who use the service to reflect their favourite meals. We saw that residents had tasted the meals before they were selected for the menu and recipes were developed together with them. We saw comments from the people who use the service who had tasted the meals for example comments included; "The sauce needs to be thinner" and "Nothing needs changing its lovely just as it is."

We saw one of the people who used the service enjoying their lunch in one of the lounge areas and having a glass of wine with their meal and chatting with the staff supporting them. This person chose to eat in private and this was respected by the staff present. We saw another person who had chosen to have their lunch in their room while their relative was visiting them. One person who uses the service told us; "There is always enough to eat and drink, there is a choice of two meals and sometimes when I don't like either they can find me something else."

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on undernutrition was in place, completed and up to date, also food intake records where needed. The MUST tool enables carers to measure the risks of malnutrition and monitor people's food and fluid intake.

The kitchen staff that we spoke with were knowledgeable and very involved with the people who use the service and had taken time to get to know the people who use the service to find out what they like and what they don't like. We could see that people who required special diets were catered for individually this was recorded clearly and the staff told us, "I've worked here over ten years, I've got to know what people like and I've been on training to learn about fortified food. At the moment we have some people who are diabetic and others who need their food smooth

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and others that need fortified. There is no one with food allergies at the moment. I also liaise with the staff to monitor people's weights." This showed us that the kitchen staff had good knowledge of individual needs.

We saw people's weight was managed and recorded regularly and there was a close monitoring system and an action plan for individuals where needed. Where supplements or other changes to diet were required this was also recorded individually. Furthermore we saw completed meal service checklists that were carried out by the kitchen staff to ensure a positive dining experience this checklist included; good presentation, atmosphere, drinks, greetings, food choices and choice of seat.

The registered manager told us about the building work planned to improve the outdoor area and to make the dining and lounge areas into open plan. We could see the new furniture had been purchased ready to be installed. The registered manager told us "The people have chosen the furniture and colour schemes themselves; once it is opened up it will be easier to access with wheelchairs and better for everyone." We could also see that work had started in the hall ways as they had been painted. When we spoke with the family members they also confirmed that their relatives had been involved in choosing the colour schemes for the home. One person who used the service told us "It is going to be rosy red, it's very nice."

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so.

There was one person who had a DoLS that had expired and was no longer needed and seven applications had gone to the local authority for processing at the time of our inspection. We also saw in the staff training matrix that staff had received training on DoLS and the MCA. When we spoke to the deputy manager they told us: "We are able to make best interest decisions and we know when to apply for a DoLS and it's all recorded in people's care plans." This meant that the staff were confident to apply for DoLS when required.

Is the service caring?

Our findings

When we spoke to people who used the service they told us staff were caring and supportive and helped them with day to day living. One person who uses the service told us; “The staff are caring, they come after a while when I press the buzzer.” Another told us “The staff are more than just obliging; they’re very attentive and good.”

We spoke with people visiting their relatives at the service and asked them about staff and they told us; “Staff make me welcome, this is definitely a nice place, the staff know about my wife, they do all that they can to help and care for her.”

During the inspection we saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. When we spoke with relatives we asked them how the staff treated them and their relatives. One relative visiting the service told us; “The staff are lovely here, friendly and yes they respect our privacy. They always knock on the bedroom door before they come in.” Another relative we spoke with told us; “I visit here every day and my sister gets on really well with the staff, it’s been learning curve for us all.”

Staff knew people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One visiting relative commented; “The staff always make me feel welcome and they knock first before coming into my wife’s room.” A member of staff told us that they always respect people’s privacy by; “closing curtains and if someone needs help with a personal matter, I wouldn’t shout it out, I would respect their privacy.”

Throughout the inspection there was a positive atmosphere in the home although it was very busy. We found the staff were caring and people were treated with dignity and respect and privacy was important to everyone.

We spent time observing people in the lounge and dining area. One relative visiting the service commented “The staff are very caring and there’s a nice warm atmosphere here.” One senior member of staff told us; “The level of care here is good, all of the staff here care. When I first came here to work I quickly realised this would be a good place to work.”

We could see during our inspection that people who use the service were helped by the staff team to maintain their independence where they could. One member of staff told us; “I let people do as much as they can for themselves and always give people options so they can choose - for example; what to eat, what to wear or even where to sit.”

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. We saw that there were posters on display for visitors and people who used the service regarding advocacy services and contacts. One staff member told us; “None of our people have an advocate at the moment but if someone needed one we would arrange it, we have the contact numbers on display.”

We saw records showed that a wide range of community professionals were involved in the care and treatment of the people who used the service, such as community nursing teams, dieticians, chiropodists and medical practitioners. Evidence was also available to show people were supported to attend medical appointments. This helped to ensure people’s health care needs were being met. Several people told us medical advice was sought immediately if someone was unwell. This showed us that the service offered a holistic approach to health, care and wellbeing.

During our inspection, we saw in some people’s care plans that people were given support when making decisions about their preferences for end of life care. In two people’s care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. This meant people’s physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected.

Is the service responsive?

Our findings

During the inspection several people who used the service invited us in and showed us their bedrooms. One person was keen to tell us about the refurbishment going on downstairs and the colours being used. They told us about trips they had recently been on and how they had enjoyed themselves and were looking forward to the next. They told us; “I went out on a trip to Saltburn, but I’m not going out this week, I’m waiting for the hairdresser to come.” And “the rooms downstairs are going to be pink.” This showed us that people using the service were involved in making choices and had a say in what went on in the service.

We could hear people who used the service enjoying music in the lounge area and playing percussion instruments of their choice and this was encouraged by the staff. The staff that we saw were encouraging everyone to take part as best as they could; singing along, having a dance or playing an instrument. The staff member told us; “We try to get everyone involved in the activities, but not everyone will. Sometimes their families will get involved and join in and they like that.” One person who uses the service told us “I go and see what’s going on, I don’t always join in the activities but I like to see what’s on.”

We saw that there was a range of activities planned for people to choose from including: nail care, outings, baking, crafts, theme days, hairdressing, gardening, singalongs, and visiting entertainers. We saw photographs from when a local school had visited as part of national care home day and staff told us that this was a successful event and more would be planned.

The care plans that we looked at were person centred and included a good use of pictures and were in an easy read format. The care plans gave in depth details of the person’s personality, likes and dislikes, risk assessments and daily routines.

One relative told us that their family member had a ‘This is me’ hospital passport and a ‘one promise plan’ that they had completed together with the staff that. These documents give an oversight of a person’s likes and dislikes at a glance. When we asked staff how they would get historical information on the people they support they told us “I would read it in the care plans and from just getting to know people.”

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key worker’s played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. We saw that people’s care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact. The service enabled people to carry out activities within the service and in the wider community and encouraged people to maintain their interests. We saw people had a variety of options to choose from if they wanted to take part including planned days out to Saltburn or Redcar for ice cream. We saw that activities were planned in advance and included the people who use the service. The activity co-ordinator told us “We adapt the sessions to suit what people want to do, most people like a sing song.”

One of the relatives visiting the service told us about the activities on offer, they said “They won’t go out in a car, and is not that interested in the activities, but I have brought ideas and other activities to the staff and they have made use of them and taken them on board.”

When we asked the staff if they knew how to manage complaints they told us; “Yes I know how to react if someone wanted to complain. I would reassure them first and I know what channels to go down.” A visitor at the service also told us that they knew how to raise issues if they needed to. One relative told us; “I know how to complain if I need to and I’ve only had to complain once and it was dealt within the timescale. I was happy with the outcome.” This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed.

We could see from the meeting minutes that there were regular resident meetings that were attended by family members too and we could see in the records the type of discussions and requests made. At one meeting held earlier in the year, residents had requested a drinks trolley

Is the service responsive?

to offer alcohol. We saw evidence that this was now in place and enjoyed by the people who use the service. Within the residents meeting minutes was an action plan to record actions and outcomes from the meeting and they were signed and dated when completed.

We saw a completed handover record that staff use at the end of their shift. Staff said that communication was good

within the service. They told us they had a communication sheet that was used during staff handovers. They said this ensured everyone was kept up to date with any persons' changing needs and what activities and appointments were happening that day.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place who was new in post and registered on 2 September 2015. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post for just over a year but had many years' experience of managing nursing and social care settings.

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, "She's great" and "She leads by example, she has very high standards." Staff told us that one of the positives about working at Beaconsfield was team work and peer support.

One member of staff told us, "We support each other in every aspect. This is important because we want to make sure that people get the best possible care that they deserve." Another said, "We discuss all issues thoroughly to make sure we find the right way of doing things for people." Staff told us the morale was generally good, but commented that it would be better if they had more staff.

They said they were kept informed about matters that affected the service. They told us that staff meetings took place on a regular basis and that were encouraged by the registered manager to share their views. We saw records to confirm that this was the case.

People who used the service and their family members told us the home was well-led. They told us, "It definitely is, the management team are great." People commented on how approachable the registered manager and deputy manager were.

We also saw that the registered manager held a regular open door surgery to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how she adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or

had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. We looked at the survey results for 2014. Overall 100% of people who use the service agreed that they were treated with dignity, kindness and respect. However, 20% said staff did not always have time to talk.

In addition, we saw there was an annual development plan, based on a systematic cycle of planning, action and review that reflected the outcomes for people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. We saw there was emphasis on consulting people about their health, personal care, interests and preferences.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and people's human rights and put these into practice.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager told us they strived for excellence through consultation and reflective practice.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service

Is the service well-led?

development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations such as Department of Health, Local Authorities and other social and health care professionals were understood and met. This showed us how the service had sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the

registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>There were insufficient numbers of staff deployed to meet people's care, treatment and support needs appropriately. Regulation 18 (1).</p>