

Beeches Retirement Hotel Limited

# Beeches Retirement Hotel

## Inspection report

4 De Roos Road  
Eastbourne  
East Sussex  
BN21 2QA

Date of inspection visit:  
29 December 2016

Date of publication:  
02 February 2017

### 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 unannounced inspection took place on 29 December 2016. Beeches Retirement Hotel provides care and accommodation for up to 20 people. 18 people were using the service at the time of the inspection.

The previous inspection of the service took place on 15 April 2014. The service met all the regulations we checked at that time.

There was a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Beeches Retirement Hotel. Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Staff understood the provider's safeguarding policies and procedures in place to protect people from potential harm. Staff had identified and assessed risks to people and had up to date information about how to support them safely. Staff recorded accidents and incidents and put plans in place to prevent a recurrence. There were arrangements in place to deal with foreseeable emergencies.

People's support was provided by staff who were recruited safely. The provider followed a robust recruitment process to ensure staff were suitable to support vulnerable adults. There were sufficient staff to meet people's individual needs safely.

People received the support they required to take their medicines safely. Staff administered and managed people's medicines safely. The registered manager regularly audited the administration of medicines and ensured staff followed the provider's medicines management procedures.

Staff had the relevant skills and experience to undertake their role. Staff received training and felt supported in their work. Staff received regular supervisions and yearly appraisals to monitor their performance and review their development needs.

People received support in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards. The service had received authorisations to deprive some people of their liberty in order to provide necessary care and to keep them safe. People gave consent to care and treatment.

People enjoyed the nutritious food provided at the service. Staff ensured people's dietary needs and preferences were met. People were supported to maintain good health and wellbeing and accessed professional healthcare services when needed. The service was responsive in managing changes to people's health.

People were treated with kindness and respect. Staff upheld and maintained people's dignity, privacy and confidentiality. Staff knew people well and understood their individual needs. Staff took into account people's views and experiences when they supported them. People were supported to maintain relationships important to them.

People's care records contained sufficient information which staff used to plan and meet people's individual needs. People, their relatives and healthcare professionals were involved in making decisions around people's care and the support they received. People's needs were reviewed and their care plans updated on a regular basis to ensure they remained effective. People's care was person centred and provided as planned.

People received the support they required to maintain relationships important to them. People took part in activities they enjoyed and received the support to maintain their interests.

The registered manager asked people and staff for their views about the service and responded to any concerns they raised.

Staff were happy to work at the service and felt supported in their work by their colleagues and by the registered manager. There was a positive and transparent culture where people, their relatives and staff were encouraged to give their ideas to improve the service.

There were robust systems in place to monitor the quality of the service. The registered manager carried out checks on the care and support people received and took action to address any shortfalls.

People were provided with information on how to make a complaint and knew how to raise any concerns about their care. The registered manager had responded to complaints appropriately.

The service had close partnerships with the local community and other healthcare professionals to develop the service and to ensure people's needs were met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe because staff knew how to prevent, identify and report abuse. Staff understood the provider's safeguarding procedures and had received training on how to keep people safe.

Staff identified, reviewed and managed risks to people to protect them from potential harm. Staff had sufficient guidance on how to support people in relation to their identified risks.

There were sufficient numbers of suitable staff to care for people. Staff were recruited safely to meet people's individual needs.

Medicines were administered safely and stored appropriately.

### Is the service effective?

Good ●

The service was effective.

People were cared for effectively as staff received the support they required to undertake their role. Staff received training which enabled them to meet people's needs. Staff received regular supervision to monitor their performance.

People were supported in line with the staff's responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People consented to care and their rights were respected.

People received sufficient food and drink to maintain their well-being. People's nutritional needs and preferences were met.

People were supported to maintain their health and to access appropriate healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and delivered care in a respectful, caring

and compassionate manner. People were supported by staff who treated them with dignity and respected their confidentiality.

People were involved in making decisions about the care and support they needed and staff listened to what they had to say.

### **Is the service responsive?**

The service was responsive.

People's needs were identified and care was provided in a personalised way. Staff reviewed people's needs and responded to any changes appropriately.

People received the support they required to maintain relationships with those close to them. People were supported to remain as independent as possible.

There were regular activities at the service and staff encouraged people to be involved.

There was a clear complaints procedure. People knew how to make a complaint if they were not happy about their care. People were encouraged to give feedback about the service. The registered manager considered their views and acted on them.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Staff and people described the registered manager as approachable and open to ideas to improve the service.

People benefited from a positive and transparent culture at the service. People were supported by staff that were happy in their work and felt valued and well supported.

The audits systems were effectively used to identify and address any concerns to ensure people received a consistently good standard of care.

The service had close partnerships with other healthcare professionals.

**Good** ●

# Beeches Retirement Hotel

## Detailed findings

### Background to this inspection

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

This inspection took place on 29 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with four people using the service and three relatives. We spoke with the registered manager, three care staff, a cook and a care manager. We spoke with a GP and a district nurse who were visiting people at the service.

We reviewed care records of six people and 10 medicines administration records. We looked at records relating to the management of the service including records of complaints and safeguarding incidents. We viewed seven records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service.

We undertook general observations of how staff treated and supported people throughout the service. 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.

After the inspection, we received feedback from two health professionals.

# Is the service safe?

## Our findings

People were safe living at the service. One person told us, "Yes I do feel very safe." Another person said, "I have no worries with my safety at all. Staff look after me well. I feel safe here." A healthcare professional said the service provided safe care and support which protected people from risks to their well-being.

People were safe as staff understood how to protect them from the risk of potential abuse or harm. Staff were able to tell us the different types of abuse and neglect that could occur. They understood their responsibility to recognise signs of abuse and the actions to take to ensure people were safe. A member of staff told us, "A person might get withdrawn, have bruises or fail to eat or sleep properly. Any of this could be a sign of abuse." Staff understood the provider's procedures in relation to safeguarding people and protecting their rights. Staff told us and records confirmed they received safeguarding training to protect people from abuse.

Staff knew how to whistleblow about potentially poor care practices. One member of staff told us, "I would not hesitate to whistleblow if I felt the manager had not addressed concerns of abuse at the service." Staff were aware of the whistleblowing policy and knew the external organisations they could report concerns to for example the police, the Care Quality Commission or the local authority safeguarding team. Safeguarding contact details were available to people and staff and were displayed at the service.

People were protected from avoidable harm because staff managed risks to their health appropriately. Staff knew how to protect people from identified risks. Staff carried out risk assessments on people's health and well-being and had clear guidance on how to manage these. Risk assessments covered concerns about skin integrity, nutrition and hydration, moving and handling and swallowing and choking. Care records showed how staff were required to assist people with each task and what steps they should follow to minimise the risks. Staff followed guidance in place in order to keep people safe. Staff reviewed risk assessments where people's needs had changed and had updated their support plans to respond to their changing needs. One person's record showed they were at risk of malnutrition. Staff had a detailed and clear plan with information about how to monitor the person's weight and health and what to do if their condition deteriorated. A GP and a dietician had been involved to ensure the person received safe and appropriate care.

The premises were safe. The service carried out regular checks on electrical equipment, gas appliances and water temperatures. Checks were made for Legionella which is a bacteria that can grow in water supplies and can cause people to become ill. The registered manager carried out regular risk assessments of the environment and ensured repairs and maintenance work was completed in a safe and timely manner. The service was suitably adapted to meet people needs and included handrails and non-slip floors to reduce the risk of trips and falls.

Staff knew how to keep people safe in an emergency. The service had a business continuity plan to ensure the business could continue to operate in an emergency. Staff had guidance on what to do if there was a gas leak, power cut or staff shortages. One member of staff told us, "If the weather becomes severe we know

what to do to help people stay safe in the service." Staff knew the layout of the building and understood the evacuation plans. The service had an easily accessible personal emergency evacuation plan (PEEP's) for each person. PEEP's were regularly reviewed and updated in line with people's changing needs.

Staff knew what action to take in the event of a fire to keep people safe. Records showed staff undertook regular fire drills and the fire book contained details of regular tests and checks that were carried out. Staff recorded people's responses to evacuation drills and had talked about how to improve their safety in the event of a fire. The service had appropriate equipment in place to deal with a fire.

Staff took appropriate action to minimise the risk of a recurrence of accidents and incidents to keep people safe. Accidents and incidents were appropriately recorded. The registered manager reviewed the records monthly to identify any trends or patterns. Staff had taken action to reduce the risks identified from accidents by having people's medicines reviewed, referrals to a GP and other healthcare professionals.

There were enough qualified, skilled and experienced staff to meet people's needs safely. One person told us, "There is always staff around to help. Whatever you ask them to do they do." Another said, "They come to check to see if everything is ok." People said staff were always busy but were attentive to their needs. One person required more support than the others. Staff said they were able to provide this support and complete all their other duties safely. They felt confident that there were enough staff to be able to deliver good quality care to people. The registered manager and records confirmed additional staff were used when people wanted to go out or to attend individual health appointments. We saw a number of staff attending to people in a calm and unrushed manner. Rotas confirmed staff absences and sickness were covered appropriately.

People were protected from the risk of receiving support from unsuitable staff. The provider had robust recruitment processes to ensure only staff suitable to work with vulnerable people were employed at the service. Pre-employment checks included and the Disclosure and Barring Service (DBS). The provider had obtained references, staff identification, employment histories, criminal records checks and the applicant's right to work in the United Kingdom. This ensured staff employed were of good character, had appropriate skills, knowledge and qualifications to carry out their role. Staff had only started to work in the service after the return of all satisfactory checks.

People were supported to take their medicines safely by staff assessed as competent to do so. People told us they had no concerns about their medicines. One person told us, "I need my medicines to remain healthy and staff remind me to take them." Another said, "I do get my medicines at just about the same time every day." Medication administration records were accurate and completed. People had received their prescribed medicines at the right time and correct dose. Medicines were stored securely in a lockable trolley to minimise the risk of misuse. The registered manager carried out monthly audits to ensure any errors or missing recording were identified and addressed promptly. The service had suitable arrangements in place for people who required their medicines when they went out.



## Is the service effective?

### Our findings

People told us they received the support and care they needed. Staff were competent in their role of providing care to people. One person told us, "The staff help when asked. I am well looked after." Another said, "If I wanted anything or had a problem I could talk to any [named member of staff] or the manager." A healthcare professional told us staff had the skills and experience to support people effectively with their health needs.

People received effective care and support from suitably qualified staff. New staff undertook induction to ensure they had sufficient knowledge and skills to support people effectively. One member of staff told us, "I had an induction until I knew what I was doing. I didn't start on my own until I was confident." Staff told us and records confirmed the induction programme included meeting people, reading their care records and discussing fire procedures, staff handbook and policies and procedures. New staff shadowed experienced colleagues to understand people's needs and how to provide their care. They had their practice observed by the registered manager to ensure they had the relevant practical skills. Staff told us and records confirmed the registered manager evaluated staff's performance during their probation and confirmed them in post when considered competent to support people independently.

Staff had received appropriate training and knowledge to meet people's needs effectively. Records confirmed staff had attended relevant training such as safeguarding, fire safety, first aid, food hygiene, moving and handling, health and safety, management of medicines mental capacity awareness and Deprivation of Liberty Safeguards (DoLS). The registered manager had ensured staff attended refresher training when due. Staff told us they discussed their training needs during supervisions sessions with their line manager. Staff had received specific training to develop their skills to meet the complex needs of people using the service. For example, staff had training on how to manage situations when people presented behaviours that challenged the service, end of life and dementia to enable them to support people effectively.

People received care from competent staff. Staff were supported in their role to ensure they had the knowledge and skills to support people effectively. Staff told us and records confirmed they received regular one to supervision and appraisal with their managers. One member of staff told us, "Supervision provides us with the opportunity to reflect on the support we give to people and discuss any ways we can improve." Another member of staff said, "This increases our knowledge and competency on how to support people." A supervision record showed the registered manager's view of the competency of a member of staff and wrote, "[Member of staff] is good at organising and time management. Standard of care very good." Staff told us they used the supervision sessions to reflect on their practice to develop their knowledge about how to meet people's needs effectively. Records showed the sessions were used to test staff knowledge about subjects relevant to their work and to ensure training attended had been effective. The registered manager took action to ensure staff embedded their knowledge into their practice. Staff told us the registered manager was readily available to give advice and this ensured they provided people with appropriate support. In addition to their supervision, staff had their practice observed by the management team and had reflective practice sessions at the service.

People's needs were met effectively as staff understood what support they required. Staff told us they spent time looking at people's care records and plans. Staff received handovers at the start of each shift and were updated about any changes on people's health and well-being. Staff told us communication was good between them and the managers. We observed staff talking with the managers and updating them about people's needs and what they were doing that day. These were detailed conversations to ensure people received effective care. Senior staff kept a record of the communication with staff and the registered manager about people's needs and the support they required. Staff were able to tell us in detail about people's care and support needs. People's care plans confirmed this information.

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. The application procedures for this in care homes and hospitals are called 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.

Staff understood and supported people's rights under the MCA and in relation to depriving people of their liberty. Staff had a good understanding of the MCA and had appropriate knowledge around capacity and consent. Staff told us how important it was to give people choice and respect their wishes. One member of staff said, "It's a balance between someone's safety and allowing them to be as independent as possible and live their life." Staff had guidance around obtaining people's consent and the different ways in which people expressed their consent. Staff gave examples of how they sought people's permission before supporting them such as asking them questions on what they wanted help with. Care records confirmed capacity assessments were undertaken and reviewed regularly. When a person lacked capacity to make a particular decision, a 'best interests' meeting had been undertaken for areas such as personal care, where they lived and administration of medicines. The meeting involved the registered manager, the person, their relatives and healthcare professionals to consider how to support the person.

Some people living at the service did not have the capacity to make some decisions and the registered manager had identified a person who needed to be deprived of their liberty. Appropriate applications had been made to the local authority with regard to DoLS to ensure people's rights were protected and authorisations had been received. The registered manager ensured staff had not restricted this person any more than necessary to keep them safe.

People had a choice of nutritious food at the service which they liked. One person told us, "I enjoy the meals, tasty and good sized portions." Another person said, "Very healthy and freshly cooked. The food is very good, if it's not on the menu, we can get something else." There was a wide variety of meals offered which people said they could order if they wished. The cook confirmed alternative menu options were available if someone did not want a planned meal. People told us staff asked them every day what food they liked to have. Staff had recorded this information in each person's care plan and the chef understood what food they liked. People said the food provided at the service met their individual needs and preferences. Menus showed a variety of foods and seasonal vegetables and fruits. Resident's meetings minutes showed staff talked with people to see what they would like to see on the menu. Staff had made changes to menus to

meet people's choices and preferences. There were set times for meals although people told us they could have their food outside these times. Fruit, snacks and refreshments were available for people if they wished. People told us staff made available drinks and refreshments when they liked.

People accessed health professionals for their health and well-being when needed. One person told us, "The doctor comes to see me here when I'm unwell." Another person told us, "I am feeling chesty and have told staff. They have told me the doctor will come this morning." We observed a health professional visit that person. Staff had supported people to see health professionals such as the dentist, dietician, district nurse, speech and language therapist, chiropodist and optician and to attend hospital appointments. A healthcare professional told us they had an effective partnership with the service to meet people's health needs. Staff monitored changes to people's health and well-being and contacted appropriate healthcare professionals. Records showed staff had involved health professionals to ensure people received timely and appropriate healthcare.

## Is the service caring?

### Our findings

People told us they enjoyed living at the service and they liked the staff. People said staff were kind and caring. One person told us, "I like this place and the staff. It's a lovely atmosphere; it's very relaxed and comfortable. Staff do things with a smile." Another person said, "Staff are particularly good and caring. They are really lovely." We observed the registered manager and staff were polite and friendly with people. Staff greeted each person by name and asking them how they were. Staff showed a calm and caring attitude towards people they were supporting. People told us staff were respectful and provided their support without rushing them. We heard banter and laughter during our inspection.

People received support from staff who knew them well and had formed close relationships with them. Staff talked about the importance of building trust with people as it helped in developing a caring relationship. People told us they were happy to receive support from staff as they had established positive relationships. One person told us, "I feel comfortable around the staff. I know them so well and they know me too." Another person told us, "I get on well with all the staff. They know all about me." Care records showed staff involved people and supported them with their health plans.

People received the support they required to maintain relationships which were important to them. People told us staff encouraged their relatives to visit whenever they could. Staff understood how people valued the relationships and how beneficial these visits were to each person. Relatives were offered a meal when they visited people to ensure they shared enjoyable moments. Records showed people were supported to visit their families and received visitors on a regular basis. People decorated and arranged their bedrooms as they wished. People told us they were happy with the refurbishment of the service.

People received appropriate support for their needs. Staff understood their responsibilities in relation to equality and diversity and explained how they would support people with their diverse needs. One member of staff told us, "It's seeing each person as they are and supporting them as they want." Another said, "It's about treating each person as an individual and accepting the differences there are. We are not the same and appreciate everything is individual to them."

Staff knew people's preferences and interests and supported them in line with them. One person told us how staff supported them to pursue their interests in the community. People were asked what their likes and dislikes were, what was important to them and what made them feel anxious or distressed. Staff kept records on people's choices and preferences. People had choices and were encouraged to make decisions in relation to daily activities such as on how they wanted to spend their day. For example, people told us they could participate in activities offered at the service or go out.

People were involved in making decisions about their care and the support they received. One person told us, "I meet with staff and talk about my health. They listen to what I have to say and we agree to what should happen." Records identified people's communication needs and explained how staff should support people in a way that maximised people's involvement in planning their care and support. Staff told us and records confirmed meetings held between people, their relatives and staff and healthcare professionals in planning

people's care. People told us staff considered their views and respected how they wished their care provided. For example, records confirmed regular meetings where people and staff discussed what was working well and what could be improved upon. People had been involved planning their meals and changes were made as suggested.

Staff upheld people's dignity and privacy. One person told us, "Staff knock on my door and ask if it's alright to come in." Another said, "They always knock, and if I'm busy they come back later." We observed staff knocked on people's doors and waited to be invited in. Staff told us they respected people's choice of how they wanted their support provided. One member of staff told us about a situation when a person wanted support to have a wash but they did not want them present for the shower. The member of staff said, "I respected that and helped them to take off their clothes. I then waited outside whilst they washed."

Staff supported people to be as independent as possible. For example, one person told us, "Staff encourage me to do what I can for myself. I may at times ask for support with routine tasks if I am unwell." Another person said, "Staff help with me the tasks that I find difficult to complete such as washing my back." People agreed to the support they needed and this was reviewed when people's various needs changed. Care records showed staff reminded people about the tasks they needed to do to remain as independent as possible. Care plans had sufficient guidance for staff on how to support people. For example, a person's records explained they could dress themselves but required support from staff with their wash. Care records showed people were supported according to the support they needed in completing tasks.

People's information was kept secure. Staff understood the requirements of data protection and ensured that information about people, their health and their support needs was kept confidential and securely stored. Staff were reminded of the importance of protecting people's information at team meetings. Staff understood the need to respect people's confidentiality and shared relevant information with healthcare professionals involved in their care. The service held updated policies on confidentiality, privacy and dignity and data protection.

## Is the service responsive?

### Our findings

People were happy with the care and support they received. People told us staff supported them with their personal hygiene, reminded them to take medicines and encouraged them to eat.

People received care and support that was person centred and responsive to their needs. Staff had assessed people's care and support needs before they moved into the service. People and their relatives had been involved in planning people's care. People's care records contained a section with 'this is me' which stated people's needs, life history and background and what was important to each person, their interests as well as their preferences. Support plans provided guidance for staff, so they understood a person's daily routine in detail and their preferred ways of communicating. Staff knew how to support each person in the way they wanted.

People received care that was responsive to their needs. Staff reviewed and updated regularly each person's care plan to reflect their needs and preferences. Staff told us they read care plans and used them to understand how to provide support to people. One person told us staff had discussed with them how they wished to spend their time and were supporting them to find activities to do. Records showed staff were not task driven and supported people to wake up when they wanted and went to bed when they wanted. Staff explained to us how they supported a person in relation to their personal hygiene. Records showed staff how appropriately supported the person to maintain their hygiene in line with the changes to their health.

People's support was delivered as planned. People's support was planned taking into account their preferences and what was important to them. Care plans had information in relation to people's needs in regard to their social life, spirituality, culture, hobbies and interests. People stated in their support plans the things that were important to them and their likes and dislikes. Care plans contained guidance about how to support people to reduce the risk of people suffering from loneliness and isolation. Staff had information about how to encourage conversations with people and their participation in activities. People who did not want to leave the service or their rooms received one to one support with staff who engaged them in discussions, watching television or reading a newspaper. One person said "I am not lonely here and there's always [staff] around to talk to."

People followed their hobbies and pursued activities suited to their individual needs. People's hobbies and interests included going out for walks, shopping, church services and socialising with friends. Staff encouraged people to try out different activities if they showed any interest such as board games, gentle exercises, word search, puzzles, cheese and wine tasting, watching a movie, sing- alongs and reminiscences. Staff told us, "The activities are individualised; we ensure people do as much as they wish to and live their lives to the full, socialising with friends and family, going out and taking part in group activities." There was an activity planner at the service and records showed people enjoyed taking part in different activities.

People's views were sought and acted on. People told us they felt very comfortable sharing their feedback with the staff. Staff had regular meetings with people and obtained their views of the service. People had made suggestions about the menu. A record of the meeting quoted one person having said, "I really like the

all day breakfast, stews and mince with dumplings. I would like to still have salad sometimes." Staff had taken action in response and made changes to the menu. People said they would raise any concerns they had with the registered manager. Staff enquired about people's satisfaction about their support at each review of their support plan. People said they would raise any concerns they had with the registered manager. The last satisfaction survey showed people and their relatives were satisfied and positive about all aspects of their support and no concerns had been raised.

The complaints procedure was effectively used to resolve complaints. People knew how to make a complaint if they needed to and were comfortable speaking to the registered manager or staff. One person told us, "I feel I could speak to the manager about my concerns." Another said, "The manager would deal with any complaints. I feel able to raise any issues and know how to do so." People felt confident the registered manager would listen to them and act on their complaint. The registered manager had responded appropriately in writing to a complaint made by a person and resolved the issue. The provider had an up to date complaints policy and procedure. People and their relatives were made aware of the complaint procedures to follow.

People and their relatives had positive comments about the care provided at the service. One comment written to the registered manager read, "I commend the care home for the outstanding care and help they gave to my [relative]. I can't fault the care given." Another read, "I cannot even thank you enough for all the loving care, respect and dignity you give to [relative]."

## Is the service well-led?

### Our findings

People told us they enjoyed living at the service and they liked the staff. People said staff were kind and caring. One person told us, "I like this place and the staff. It's a lovely atmosphere; it's very relaxed and comfortable. Staff do things with a smile." Another person said, "Staff are particularly good and caring. They are really lovely." We observed the registered manager and staff were polite and friendly with people. Staff greeted each person by name and asking them how they were. Staff showed a calm and caring attitude towards people they were supporting. People told us staff were respectful and provided their support without rushing them. We heard banter and laughter during our inspection.

People received support from staff who knew them well and had formed close relationships with them. Staff talked about the importance of building trust with people as it helped in developing a caring relationship. People told us they were happy to receive support from staff as they had established positive relationships. One person told us, "I feel comfortable around the staff. I know them so well and they know me too." Another person told us, "I get on well with all the staff. They know all about me." Care records showed staff involved people and supported them with their health plans.

People received the support they required to maintain relationships which were important to them. People told us staff encouraged their relatives to visit whenever they could. Staff understood how people valued the relationships and how beneficial these visits were to each person. Relatives were offered a meal when they visited people to ensure they shared enjoyable moments. Records showed people were supported to visit their families and received visitors on a regular basis. People decorated and arranged their bedrooms as they wished. People told us they were happy with the refurbishment of the service.

People received appropriate support for their needs. Staff understood their responsibilities in relation to equality and diversity and explained how they would support people with their diverse needs. One member of staff told us, "It's seeing each person as they are and supporting them as they want." Another said, "It's about treating each person as an individual and accepting the differences there are. We are not the same and appreciate everything is individual to them."

Staff knew people's preferences and interests and supported them in line with them. One person told us how staff supported them to pursue their interests in the community. People were asked what their likes and dislikes were, what was important to them and what made them feel anxious or distressed. Staff kept records on people's choices and preferences. People had choices and were encouraged to make decisions in relation to daily activities such as on how they wanted to spend their day. For example, people told us they could participate in activities offered at the service or go out.

People were involved in making decisions about their care and the support they received. One person told us, "I meet with staff and talk about my health. They listen to what I have to say and we agree to what should happen." Records identified people's communication needs and explained how staff should support people in a way that maximised people's involvement in planning their care and support. Staff told us and records confirmed meetings held between people, their relatives and staff and healthcare professionals in planning



people's care. People told us staff considered their views and respected how they wished their care provided. For example, records confirmed regular meetings where people and staff discussed what was working well and what could be improved upon. People had been involved planning their meals and changes were made as suggested.

Staff upheld people's dignity and privacy. One person told us, "Staff knock on my door and ask if it's alright to come in." Another said, "They always knock, and if I'm busy they come back later." We observed staff knocked on people's doors and waited to be invited in. Staff told us they respected people's choice of how they wanted their support provided. One member of staff told us about a situation when a person wanted support to have a wash but they did not want them present for the shower. The member of staff said, "I respected that and helped them to take off their clothes. I then waited outside whilst they washed."

Staff supported people to be as independent as possible. For example, one person told us, "Staff encourage me to do what I can for myself. I may at times ask for support with routine tasks if I am unwell." Another person said, "Staff help with me the tasks that I find difficult to complete such as washing my back." People agreed to the support they needed and this was reviewed when people's various needs changed. Care records showed staff reminded people about the tasks they needed to do to remain as independent as possible. Care plans had sufficient guidance for staff on how to support people. For example, a person's records explained they could dress themselves but required support from staff with their wash. Care records showed people were supported according to the support they needed in completing tasks.

People's information was kept secure. Staff understood the requirements of data protection and ensured that information about people, their health and their support needs was kept confidential and securely stored. Staff were reminded of the importance of protecting people's information at team meetings. Staff understood the need to respect people's confidentiality and shared relevant information with healthcare professionals involved in their care. The service held updated policies on confidentiality, privacy and dignity and data protection.