

Bupa Care Homes (ANS) Limited

# Beacher Hall Care Home

## Inspection report

42 Bath Road  
Reading  
Berkshire  
RG1 6PG

Tel: 01189530600  
Website: [www.bupa.co.uk/care-services/care-homes/beacher-hall-reading](http://www.bupa.co.uk/care-services/care-homes/beacher-hall-reading)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 31 October and 2 November 2016 and was unannounced. Beacher Hall Care Home provides residential nursing care for younger people with brain injuries and some older people. The service can provide accommodation with personal care for up to 70 people. At the time of our inspection there were 69 people living in the home.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager and the deputy manager were present and assisted us during this inspection. They worked closely together to ensure people received appropriate care and the service was operating well.

People told us they felt safe living at the home. Staff understood well their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident any concerns would be addressed appropriately. Risk assessments were carried out to ensure people's safety. Staff recognised and responded to changes in risks to people who use the service. People received effective personal care and support from staff who knew them well and were trained and supervised. There were contingency plans in place to respond to emergencies.

People and relatives told us good things about the service they received. They also felt the staff would ensure people received appropriate care when supporting them. The registered manager and the staff team spoke with a great passion about the care and support they provided to the people and their families. Staff were motivated to provide care with much kindness and consideration. People and their families really felt they mattered to the staff team and the registered manager. They had opportunities to share and discuss their views which were taken into account and actioned. The registered manager and the staff team worked together managing people's complex health and care needs and encouraging people, relatives and staff to report any issues to them so they could address concerns immediately.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted. The registered manager and the staff team were knowledgeable about the Mental Capacity Act 2005 (MCA). Staff were following the principles of the MCA when supporting people to make a decision. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them safe from harm. The registered manager had taken appropriate action with the local authority to determine if anyone was being restricted of their rights and liberties.

The registered manager ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. The service had employed skilled staff and took steps to ensure the care and support was

person-centred to people at all times. Staff were knowledgeable and focused on following best practice at the service making sure people received high quality care and support.

There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to their posts. People told us staff were available when they needed them most of the time and staff knew how they liked things done.

People received their prescribed medicine on time. We noted a few issues with administering and checking the medicine. The management team took swift action to ensure the service followed safe procedures for storing, handling and keeping accurate records of medicines. People had a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed. People who use the service benefitted greatly by using the in-house physiotherapy and occupational therapy support that helped them improve their health and wellbeing.

People were able to engage in a wide range of meaningful activities and maintain links with the community regularly. People really enjoyed keeping busy and it helped them avoid becoming isolated. People could also spend time with their visitors or by themselves if they wished so. Their choices were always respected by attentive and understanding staff. It was important to the management team to ensure people's wellbeing was respected and protected. Interactions observed during our inspection between staff and people living at the service were provided with respect and friendliness. People and relatives confirmed staff always respected their privacy and dignity. People benefitted greatly from living at a service that had an open and welcoming culture.

Staff understood the needs of the people and provided care with kindness and consideration. People were encouraged to do things for themselves and staff supported them to be independent when they could. People received support that was individualised to their personal preferences and needs. The staff monitored people's needs and care plans were reviewed regularly or as changes occurred. People and their families were always involved in the planning of their care.

People felt staff were happy working at the service and had good relationships with the team and the management. Staff agreed the management was open with them and communicated well about what was happening at the service and also with the people living there. People and their relatives felt the service was managed well and that they could approach management and staff with concerns most of the time. The management team encouraged feedback from people, families, staff and other stakeholders, which they used to make improvements to the service where necessary. The registered manager had systems in place to assess and monitor the quality of care consistently with the help of all the staff team within the service. Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and enjoyed living there.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

The staff assessed risks to people's personal safety and plans were in place to minimise those risks.

Robust recruitment processes were in place to make sure people were supported by suitable and appropriate staff.

There were sufficient numbers of staff to support people appropriately. Medicines were stored, recorded and handled correctly.

Good 

### Is the service effective?

The service was effective. People were supported and cared for by a staff team that was trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

The registered manager and staff promoted people's rights to consent to care and rights to make their own decisions. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required.

People were supported to eat and drink according to their wishes and choices. Staff took swift actions to ensure people's health and social care needs were met effectively.

Good 

### Is the service caring?

The staff were caring. People, relatives and staff built good relationships with each other. Staff ensured people's views were listened to and people felt they mattered to the service.

People's dignity and privacy were valued and respected. Staff always encouraged people to have a positive lifestyle, maintaining their independence where they could.

People and their families were supported to express their views

Good 

and be involved as far as possible in making decisions about their care, treatment and support.

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

The service was responsive. The staff used various ways to ensure people were able to enjoy a wide range of activities. Activities were based on people's likes and preferences.

The staff team monitored and responded effectively to people's changing health needs so they could enjoy their stay at the service.

People and their relatives knew how to raise concerns. Complaints and concerns were dealt with and resolutions were recorded along with actions taken.

**Good** ●

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

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service. The management team and staff team continuously sought to improve and develop the service.

Staff were happy working at the service and we saw there was a great team spirit. Staff felt supported by the management team. They felt the training and support they received helped them to do their job well.

The registered manager had quality assurance systems in place to review and assess the quality of service and monitor how it was run.

**Good** ●

# Beacher Hall Care Home

## 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 was carried out on 31 October and 2 November 2016 and it was unannounced. One inspector, an expert by experience and a specialist advisor carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the registered manager 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 improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 13 people who use the service and four relatives. We spoke with the registered manager, the deputy manager and three unit managers. We received feedback from six care assistants, two activities coordinators, domestic staff, an occupational therapist and three staff from the physiotherapy department. We observed interactions between people who use the service and staff during our inspection. We spent time observing lunch in the dining room. As part of the inspection we requested feedback from health and social care professionals.

We looked at six people's care plans and associated documentation. We looked at the recruitment files for seven members of staff, staff training and staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service, for example, various audits, the utility service certificates, risk assessments, the complaints and compliments records, and incidents/accidents records.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. If they had any concerns or issues, they spoke to the registered manager, one of the staff or their family to help them. People and relatives felt the staff and the management team were approachable. Staff had the knowledge to identify safeguarding concerns and would act on these to keep people safe. Staff were confident the management would take them seriously if they raised concerns with them. They were aware of the provider's whistleblowing procedure. The registered manager understood their responsibilities in regards to safeguarding people who use the service. When a safeguarding concern was raised, the registered manager took appropriate action in a timely manner. Staff undertook safeguarding awareness training to understand their responsibilities in keeping residents safe. There was a 'Speak up' policy and a dedicated telephone number for staff to report concerns, which was publicised via posters in the service. Staff were aware of this policy and would use it when necessary. People benefited from a safe service where staff understood their safeguarding responsibilities. People said the staff were available when they needed them most of the time.

The maintenance team carried out premises checks regularly, for example, water safety, fire safety and fire equipment checks. Staff reported any maintenance issues and they were dealt with appropriately. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Staff had a good understanding of how to keep people safe and who to report accidents, incidents or concerns to. Detailed actions and observations were carried out to monitor people's wellbeing after an incident or accident. These were discussed in the meetings to look at prevention of recurrence. The registered manager took action to ensure people remained safe and prevent further injury or harm.

The registered manager and the staff team monitored people's wellbeing and safety on a daily basis. They spent time with people and staff observing daily practice. Staff would report any changes and what was going on in the service to the senior person on the shift. Staff and management had different meetings throughout the day and the week that were used to discuss different topics and raise any safety issues. We observed a few meetings during our inspection. We were impressed with the knowledge and detail the staff shared and discussed with the group. When we asked some information about certain people's conditions, the staff showed extensive knowledge about people's conditions, current treatment plans and risks. It was clear the staff were motivated and interested to provide good care using an all-round holistic approach.

People were protected from risks associated with their health and care provision. Each person had a risk assessment and plan of care to review and monitor their abilities and the support needed to keep them safe. Plans were in place to minimise any risks and to support people to maintain their freedom, independence and choice. The staff monitored general risks within the service by observing people daily and checking specialised equipment such as hoists and mobility aids, which were up to date with their latest service checks.

The service had plans in place, in case of emergencies such as a business continuity plan. Staff had emergency information folders on each floor. There was also on-call system in place should staff need support and advice when the management team was not in the service. Staff had discussions about

situations and how to support people in an emergency situation. People who use the service had call bells in place and within reach should they need to call staff for assistance. If people could not use it, regular checks were carried out to ensure people were safe and happy. We observed calls were answered in good time.

There were sufficient staff numbers with the right skills and knowledge to meet people's individual needs. The service was using some agency staff support as recruitment was ongoing for the registered nurses. The registered manager aimed to maintain the same agency staff to ensure continuity and reassurance to the people who use the service. The staff were deployed in a way that kept people safe. Staff said they were able to support people with their care needs without rushing most of the time. They felt the staff team worked well and helped each other to support people. Any staff shortages were covered in a timely manner. People and relatives felt there were sufficient staff numbers to provide care and support most of the time.

Peoples' medicines were managed and administered safely most of the time. People received their medicines when required. We observed three medicine rounds and people were supported appropriately to take their medicine. The staff were attentive to each person and explained what the medicine was for. However, we observed on one occasion that the pot with medicine was left with the person while they were having lunch. The staff left the room to attend the medicine trolley. There were three other people sitting opposite the person at the same table. We noted to the manager and the deputy manager this practice increased the risk of people not taking their medicine appropriately. There was a risk that one of the other three people sitting at the same table could take the medicine assuming it was for them. The staff came back with another pot of medicine and gave it to another person to take. They stayed with them until they took it and then went to sign the administration sheet. Without staff attendance, other medicine errors could occur like dropping the tablet on the floor. The registered manager agreed this was not the correct practice. This was reviewed and discussed with staff to ensure safe administration of medicine at all times. The registered manager also changed the way they reported and recorded medicine errors to ensure the risk to people's health was minimal. This was also fed back to the compliance team within the company to ensure consistent practices across the services.

We reviewed one of the rooms where medicine was kept. The stock of medicines was controlled and monitored. Records showed the stock balance was reconciled. However, we found three medicines that had expired. Two other medicines could not be checked to see if they were in date as the pharmacy label was covering the expiry dates. This was noted to the registered nurse, the registered manager and the deputy manager. The registered nurse removed the medicine and ensured it would be returned to pharmacy according to the medicine handling guidance. The registered manager reported the forms of medicine stock checks were amended to reduce the risk of using expired medicine. The medicine room was tidy and clean with staff carrying out regular checks to maintain the order. Staff checked the medicines fridge and room temperatures regularly. We looked at the medication administration record sheets. There were no gaps and medicine was signed for correctly. Appropriate protocols for medicine required as and when needed were used for people. They were detailed and comprehensive, and clearly described when and how to use the medicine to ensure the most effective treatment to people.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. We found some discrepancies with employment histories and evidence of conduct in previous employments. We noted these to the registered manager who took action to rectify them immediately. Otherwise, the provider followed appropriate recruitment practices. Staff files included application forms, records of interview and references. Records showed that criminal record checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

The induction programme included the Skills for Care, care certificate. New staff were supported to complete an induction programme before working on their own in the service. Staff felt they had the training and skills they needed. This helped them deliver quality care and support to the people living at the service. We looked at the training information which included safeguarding, medicine awareness, fire safety, and moving & handling and the records showed most of the staff were up to date with the necessary training. Additional training was provided relating to the specific needs of the people living at the service. For example, wheelchair positions, ventilator training, integrated pathways for neurological care, falls awareness, and care and clinical skills. We saw staff had the training updates regularly to ensure they could perform their work and that the care was safe. Where staff were due an update, training was booked to ensure they were up to date with their knowledge and skills. Staff were supported to gain additional qualifications such as National Vocational Qualifications and attend further leadership programmes.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Supervisions were carried out regularly and staff were able to discuss any training needs and share their views or concerns they had. Staff agreed they could ask the management team and their colleagues for support and advice when they needed. Staff felt communication within the service was effective and they discussed any matters regularly.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living in the service were supported to make decisions regarding their life and daily activities. People and their relatives were involved in care planning and decision making. People's consent was sought to confirm they agreed with the care and support provided. If someone lacked capacity to make a specific decision, the registered manager sought professional and family support to ensure decisions were made in the person's best interest. People were able to make their own choices and decisions about their care. People's wishes and preferences had been followed in respect of their care and treatment.

People can only be deprived of their liberty in order 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). The service was meeting the requirements of DoLS. The registered manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty. Seventeen DoLS authorisations were in place at the service.

People told us they liked the food and were able to make choices about what they had to eat. If they did not

like any of it, they were always offered an alternative. They said, "Food is like the Ritz, out of this world" and "They'll cook whatever you want." One visitor reported that his relative was a very "picky eater" but "... always seems to eat well". One person said they had put on much needed weight since they lived at Beacher Hall and that fresh fruit was always available. Another person said they enjoyed the food and staff helped them with meals. People's dietary needs and preferences were documented and known by the kitchen staff and care staff. The menus were displayed every day with choices of meals and puddings. It was Halloween on the first day of our inspection and we saw the menu followed this theme. People had "Rats in blood" for the main meal and "Eye balls" for pudding. This supported the festive atmosphere in the service that day along with various decorations and activities based around Halloween where people got actively involved.

We observed lunch during our inspection. Some people chose to have the meals in their rooms and staff supported them accordingly. People ate their meals at their own pace. Some people needed help with eating. However, we observed staff would not stay continuously with them to ensure people had appropriate support. For example, one person ate slowly and staff would come to help them take a few spoonfuls of food. When they needed to leave this person, they did not inform them about it and just walked off. This practice was observed throughout the lunch. There was one person who was at risk of choking. On two occasions there were no staff in the dining room to ensure people were safe. We noted this to the registered manager and they addressed this with staff immediately to ensure meal time was a safe and enjoyable experience. All staff were friendly, polite, and checking if people needed anything and were happy with their food.

People had access to health and social care professionals including GP, dietitian, neuro-rehabilitation team, community nurses, and the community mental health team. A GP visited the service and reviewed people's health regularly. People's GP would also review their medicine to ensure the information and treatment was effective and up to date. Detailed and comprehensive care plans were in place to meet people's health and care needs and were regularly reviewed. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The registered manager and staff observed and reported any changes in people's health needs effectively.

The service also had a physiotherapy department and occupational therapist support working with people who use the service to improve their health and wellbeing. We received a lot of positive feedback complimenting the work they have done along with the staff team. The sessions were always busy and lively and we saw people really enjoyed them. We received some excellent stories out of many from the physiotherapy team about people who came to the service with very complex needs and conditions only being able to do minimal things. All staff worked together as a team to meet those complex and changing needs of people using the service and improve the quality of their lives. For example, one person came to the service with a severe brain injury. Their needs were very high and they needed full staff support to meet their daily needs. Some of the staff were able to speak the person's first language, which helped staff explain to the person the goals of their support. During four years of care by staff and input from the physiotherapy team, the person became fully independent with their needs. Great physical and cognitive improvements allowed them to move back to the community and enjoy life.

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives told us they were happy with the care they received and felt it was 'excellent'. One relative said, "99% of carers have the patience of Job, they treat my [family member] with utter respect and talk to her like a human being, they try to make her laugh because her sense of humour is the one thing she has not lost." Others said, "It's more like a hotel, a place I'd come if I ever had to" and "There is nothing the carers wouldn't do if you ask them, you couldn't wish for better care." People were well dressed, with clean clothes and appropriate footwear. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person. We saw staff interacted with people in a positive way and people responded to staff with a smile.

Staff showed great concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one relative praised the staff and their efforts to support their family member with their condition. They said, "I feel [family member] is very safe here. The staff have taken time to get to know how he ticks and how he chooses to communicate which is different to others. Staff know what makes him feel at ease." The relative felt the staff provided effective support and managed to maintain this person's active life even though their condition was deteriorating.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, a 'Resident of the day scheme' in place, residents and relatives meetings, and annual surveys. The service had a residents committee that had meetings regularly to discuss the service and share ideas of how to improve or change it. The committee members represented any ideas and shared feedback from the rest of the people who use the service. The service also used a suggestion box on each floor and "You say, we did it" board to help with improvements. For example, people and visitors felt the chairs from the dining room were quite heavy to carry when visiting family members at the service. New light chairs were ordered and used now. The committee helped with ideas for refurbishing the garden, displaying people's artwork throughout the service and celebrating upcoming events like Halloween, Diwali and Christmas. We observed people got actively involved in celebrating Halloween during our inspection.

People received individualised care and support from staff who knew them well. Staff knew, understood and responded to each person's diverse needs in a caring and polite way. Staff supported people, "...by asking questions and looking at their response". They said, "Residents are always listened to, we respect their wishes, likes and dislikes" and "Have a chat with them. You look after them like you would like to be looked after." Staff were positive and courteous about the people and explained how they supported people in a respectful and dignified way. For example, preserving dignity during personal care, speaking to people respectfully, using preferred names, knocking on the doors before entering, using appropriate language and smiling. The service used little switch lights installed by each of the rooms. If the light was on, it meant the person was receiving personal care and should not be disturbed. There was a note by each light describing the purpose of it. This way the service ensured the privacy and dignity of people were respected at all times. There was a dignity and respect champion on each floor supporting the staff team with any questions and

practices regarding dignity, privacy and respect. People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

People's records included information about their personal circumstances and how they wished to be supported. People's abilities were regularly reviewed and any changes investigated. Adjustments were made to the care plan if necessary and the staff team were informed. Staff understood supporting people to stay independent as much as possible was an important aspect of their lives. They said, "Give them time, ask them what they can do and wait for them to do it", "We ask them to do as much as they can when assisting with personal care or meals" and "Give them choice. I let my residents state their needs and preferences."

Staff knew people's individual communication skills, abilities and preferences. They used a range of ways to ensure people were able to say how they felt about the caring approach of the service. Staff understood it was important to communicate with people so they were able to understand each other and express their wishes. For example, looking at the person while speaking, not rushing, observing body language and using a letter board or sign language. We also observed staff using alternative communication to interact with people who were not able to communicate verbally. People's care was not rushed, enabling staff to spend quality time with them. The service and the grounds were spacious and allowed people to spend time on their own if they wished. Staff were knowledgeable about things people liked and disliked. They placed great importance on ensuring everybody was treated as an individual and ensured the care was person centred.

People were able to stay at the service if they wished to receive end of life care there. People's wishes relating to end of life care were recorded in the care plan. For example, choice of treatment, funeral and family arrangements and their choice of place to spend the last days of their life. On the second day of our inspection we were told one person was admitted to the service and they received palliative care. They had initial care plans and risk assessments completed to ensure their wishes and needs were met, and they remained safe. The GP and palliative care team was involved to ensure the person received effective care. The person told us they were "...pleased to be here". They felt the staff were kind and explained everything. They said the staff rearranged the room so that they felt comfortable and could see out of the windows better. The family was visiting the person and felt pleased about the care so far.

## Is the service responsive?

### Our findings

People and their relatives were involved in developing their care, support and treatment plans. Care plans were detailed and described daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. People had care plans that clearly explained how they would like to receive their care, treatment and support. People were supported to maintain their independence and access the community. People had their needs assessed before they moved to the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People's needs were reviewed regularly and as required. Weekly clinical meetings involving the registered manager, the deputy manager, all unit managers and physiotherapist were held to review each person's using the service progress. They also looked at any concerns, specific activity planning requiring extra resources for example, how to support best the person going on holidays and preparation for the weekly GP visit. Health and social care professionals were involved to support the person where necessary. Handover between staff at the start and the middle of each shift ensured that important information was shared, acted upon where necessary and recorded to monitor people's progress.

People's engagement in activities, maintaining their social skills and emotional wellbeing were recognised and promoted. People could have group activities or individual time alone or with staff. People had a range of activities they could be involved in. Weekly and monthly timetables were displayed on each floor along with ad hoc trips and events. People who use the service enjoyed this and when asked to be included to come along, their wish would be granted. On the day of our inspection, some people went out to a club for Parkinson's and Multiple Sclerosis where other people with similar conditions met and socialised. The registered manager and staff spoke to people to find out their likes and dislikes that could be incorporated into an activity. One person went to the gym a lot and they said, "It's what I need, we're lucky to have it" and that activities are "...amazing, the team are great". One visitor said their family member enjoyed the activities and they chose which one to attend. The visitor said activities happened every day.

People were able to choose what activities they took part in and suggest other activities they would like to complete. People were able to go outside and enjoy the garden. On the day of our inspection we observed an afternoon group activity which was lively and well attended. We also looked at poems written by people after poetry class that they really enjoyed as it helped them express themselves better. The activity coordinator said even if people could not get actively involved, they would still come to listen and show thumbs up. One person said, "I like it here, they are all lovely. I play bingo and I went to the poetry today which I enjoyed." There was also a group held called "Newsgroup" where people could come to have a chat, discuss current affairs and spend time together. There was a computer room and a sensory room that people could use as part of the one to one sessions or as and when to. Other activities included bingo, quizzes, art class and sports games. One person said, "The staff have got time, they talk to you, know your name and are friendly." All these simple but important activities helped people live life as normally as

possible without feeling isolated.

People were able to maintain relationships with people that mattered to them and avoid social isolation. We observed a number of relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms or other areas of the service. The staff team also arranged for one person to attend their family member's wedding as they were not able to travel. On the day of the celebration the person dressed according to the occasion and using a computer programme that provides live video chat and voice call services was able to enjoy the experience and be close to their family. The person felt really happy and grateful for the staff's help. Staff felt pleased they had come up with this solution. It worked so well that the staff planned for another person to attend a wedding next year. The person would use the bigger screen in the dining room, be dressed for the occasion and be able to enjoy the day with their family. This way the staff team ensured people felt they were part of their family, even though far away but yet so close. These opportunities had given people a sense of value and achievement and helped them to build strong positive relationships with other people, staff and local communities. This enabled people to live as full a life as possible.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We looked at the complaints and concerns folder and these had been investigated thoroughly and people and their relatives were satisfied with their responses. People and relatives were encouraged to raise any issues or concerns so it could be sorted out straight away. We raised a few queries regarding responding to concerns raised with the registered manager. They took our comments on board to ensure everyone felt they could approach anyone in the service. The registered manager communicated with people and their relatives regularly on an individual basis. Concerns and complaints were used as an opportunity for learning or improvement and were discussed in great detail. There was a suggestion box available to submit any ideas or suggestions. We saw the service received a lot of compliments regarding the care and support provided to people. The registered manager always thanked the staff and appreciated their work. The staff said, "[The registered manager] is really great. Any issues, you can go and ask. She makes you feel it is ok to ask."

## Is the service well-led?

### Our findings

The service's aims and objectives were to provide people with quality care and support. People and what was important to them was at the centre of staff's attention. The registered manager and the staff team worked hard to ensure people felt respected and involved. We saw people, relatives and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. Staff told us they got on well together and that management worked with them as a team.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events by sending notifications. Notifications are events that the registered person is required by law to inform us of. We used this information to monitor the service and ensure they responded appropriately to keep people safe. All records were up to date, fully completed and kept confidential where required.

The registered manager was overseeing the service and staff practice working under the ethos to provide a high quality care and support. They were committed to maintaining a good team working in the service. They encouraged good relationships and support for each other among the staff team. This had a positive impact on the people and the support they received. The registered manager was motivated to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The registered manager spent some time working alongside the staff to observe how they interacted and supported people. Staff considered people's views and were motivated to provide high quality care.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The staff team had a well-developed understanding of people's individuality and diversity and put this into practice. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge. We contacted the commissioners and they had no issues or concerns with the service.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example, the registered manager followed updates from the quality and compliance team in the company and sent staff on training to keep their skills updated and to share learning with other staff. The registered manager received an annual clinical update from the local foundation trust. Tissue viability nurses visited and updated the staff team on wound care as many people were not so mobile. The mental health team advised on medicine and approaches for managing people with mental health needs. The service worked closely with the local safeguarding team and communicated with them regarding any safeguarding concerns.

People who use the service and relatives had regular house meetings to get together and discuss any matters or issues like house and garden decorations, weekly menus, staffing, activities and any other

matters. Staff discussed different topics and actions to take at each handover daily. We observed a few meetings during our inspection. Staff shared information about people, their wellbeing and health, support, daily work and any issues or tasks to be completed. The team also discussed various topics in the team and management meetings to ensure tasks and actions were completed. Staff felt there were opportunities to share ideas and keep up to date with good practice within the team. The registered manager and staff were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to. Staff said, "The home is well run and organised", "We try our best to make sure that the residents are given a high standard care" and "Our home is family friendly and we like to make people feel happy."

The registered manager carried out various audits to monitor the quality of care and support. Different teams such as maintenance, kitchen, housekeeping and care staff had a responsibility to contribute to the process of ensuring quality assurance tasks were achieved effectively. The registered manager and staff team spoke to people, relatives and staff about the daily support received and carried out regular checks. They also analysed information recorded through audits to identify any trends and patterns that could improve the service and prevent future incidents from occurring. Feedback from the last annual survey was incorporated into the action plan to ensure any issues or comments made were acted upon.

The registered manager had plans to improve the quality of the service they provided. For example, they wanted to explore more links with the local community as people who use the service had an increasing diversity of cultural backgrounds. The registered manager wanted to provide more opportunities for them to participate in activities outside the service. To support this, the registered manager was recruiting to increase the establishment of activity coordinators. They would like to build a team of volunteers, as well. The registered manager also planned to introduce the Wessex Head Injury Matrix (WHIM) to help them better assess the cognitive and behavioural needs of people who use the service. This was being supported by the neuro-rehabilitation consultant and led by the service's occupational therapist. The registered manager and the staff team showed they worked in a proactive way that would support effective treatment and improve the quality of life for people.

The registered manager always shared information with staff so they were aware of what was going on and improvements they needed to action. We shared a few queries raised with us and the registered manager discussed it with staff and ensured appropriate action was taken to address it. The registered manager highlighted good practice with staff to ensure they understood how important it was to support each person as an individual. The registered manager felt they were supported by the staff team to ensure people received appropriate care and support. The registered manager said, "I am very lucky, I have a fantastic team." The registered manager praised each department for their contribution to the care of people and the running of the service. They felt grateful and supported to being able to meet people's needs that often were quite complex and could be challenging.

Staff felt the management team were good leaders and available if support was needed. Staff felt there were opportunities to discuss issues or ask advice and support. They felt the registered manager was available when they needed guidance. The registered manager and the staff team carried out a lot of work to constantly ensure people who use the service were happy and comfortable, relatives were welcomed and staff felt supported and appreciated for the work they did. The management team promoted open and transparent communication and a working attitude among the staff team that people who use the service were the most important. It was important to them that people who use the service and their relatives were supported and cared for to a high standard.