

Ideal Carehomes (Number One) Limited

Beaumont Hall

Inspection report

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13 June 2018

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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

Beaumont Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beaumont Hall accommodates up to 60 people in one adapted building and provides accommodation over three floors. The service specialises in caring for older people including those with physical disabilities and people living with dementia.

At our previous inspection in July 2017 we rated the service as 'requires improvement'. We found improvements were needed to ensure that risks to people's safety were assessed and managed.

People did not always receive their medicines as prescribed and care provided was not responsive or personalised. The provider was asked to complete an action plan to tell us what they would do to meet legal requirements for the breaches in safe care and treatment, and person-centred care.

You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Beaumont Hall on our website at www.cqc.org.uk.

This inspection took place on 11 June 2018 and was unannounced. We returned on 12 June 2018 announced to complete the inspection. At the time of our inspection visit 51 people were in residence.

At this inspection we found the provider had followed their action plan and made the required improvements to meet the legal requirements.

The service 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.

The registered manager understood their legal responsibilities. They provided good leadership and supported staff and people who used the service. The registered manager and the staff team were committed to providing quality care and welcomed feedback and suggestions to enhance people's quality of life.

People were supported to stay safe. Risks associated with people's needs had been assessed; safety measures were put in place and they were monitored and reviewed regularly. Staff were provided with clear guidance and information to follow to meet people's needs. A new electronic care planning system was in place.

People received their medicines as prescribed. Medicines were stored and managed safely. People's nutritional and cultural dietary needs were met and they had access to a range of specialist health care support that ensured their ongoing health needs were met.

Systems and processes were in place to safeguarding people from abuse; these covered staff recruitment practices and staff training and knowledge on safeguarding procedures. Staff were recruited safely and there were sufficient numbers of staff available to support people. Staffing levels were kept under review to ensure people received sufficient staff support.

People to be involved in decisions made about all aspects of their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed positive trusting relationships with the staff team. People's privacy and dignity was respected and independence was promoted. The design and homely environment ensured people's safety and privacy. People continued to receive good care and support that was responsive to their individual needs.

Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

People took part in a range of social activities and events and were supported to go into the wider community. This type of engagement had enhanced people's physical and mental wellbeing, and their sense of belonging to a community. People maintained contact with family and friends.

People and relatives all spoke positively about the staff team, management and the quality of care. People had a range of methods to express their views about the service. The registered manager used feedback and complaints to bring about changes to the service.

People and relatives knew how to make a complaint and were confident that action would be taken. Records showed that there were effective systems to handle complaints and appropriate action had been taken to improve the quality of care. Where issues had been identified during this inspection visit the management team took prompt and appropriate action.

The provider's governance system had been used effectively. Regular audits and checks were carried out and action taken when shortfalls were identified. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff morale and commitment had improved. Systems were in place to ensure staff were supported and received training and supervision to provide care effectively. Staff training incorporated best practice. Staff worked in partnership with other health care professionals to enhance people's quality of life.

We received positive feedback about the improvements made at Beaumont Hall from health and social care professionals and commissioners. These related to how the partnership working had improved the management of the service, staffing, and quality of care provided to people in residence.

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 improved to good.

People's safety had improved. Risks associated to people's needs were managed safely and monitored. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. Staff understood their responsibilities to keep people safe from harm. Staff were trained in safeguarding; safety procedures and staff consistently followed the infection control procedure.

Systems and checks were in place to ensure people lived in a safe environment. Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service improved to good.

People needs were assessed and they made decisions about all aspects of their care that ensured their needs were effectively met. Staff sought people's consent and their human and legal rights were respected.

People were supported to maintain their nutrition, health and well-being where required. Staff worked in partnership with other health care professionals to meet people's ongoing health needs.

People received support from dedicated staff team who had the necessary skills and knowledge. A system was in place to provide staff with on-going training, support and supervision.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service improved to good.

People's needs were comprehensively assessed; they were involved in the development and review of their plan of care. People received person centred care as their care plans provided staff with clear guidance about how they wished to be supported.

Staff promoted equality and diversity, and respected people's values, views and their backgrounds. People took part in a range of activities and social events that enhanced their physical and mental wellbeing, and their sense of belonging to a community.

Policies, procedures and information was available in accessible formats. People knew how to complain and were confident that any concern would be dealt with appropriately.

Is the service well-led?

The service improved to good.

The service had a registered manager. They understood their role and responsibilities, provided good leadership and worked in partnership with other agencies.

The registered manager and the staff team worked in accordance with the provider's visions and values to provide quality care.

The provider's governance system was used effectively to assess, monitor the quality of service and bring about change. Policies, procedures and systems in place enabled staff to provide quality care.

People and staff's views about the service were sought and used to drive improvements. They were all confident that any concerns raised with the registered manager would be listened to and acted on.

Good ●

Beaumont Hall

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 checked 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 12 June 2018 and was unannounced. The inspection team consisted of two inspectors and an expert-by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 13 June 2018, one inspector returned to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. This included the action plan which the provider had sent to us following the last inspection, feedback received about the service and statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted Leicester City Council who commission services from the provider and Leicester Healthwatch; an independent consumer champion for people who use health and social care services. We received no concern about the service.

During the inspection, we spoke with 13 people using the service and six relatives. We made direct observations at meal times and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the hairdresser and with three health care professionals involved in peoples ongoing care. We spoke with 13 staff in total. They included eight care staff, one house-keeping staff, the chef, the lifestyle manager, the deputy manager and the registered manager. We spoke with the trainer providing support to

staff to use the new electronic care planning system and the regional manager.

We looked at the care records for 12 people, the recruitment records for four care staff and staff training information. We looked at a range of documents including meeting minutes, complaints, audits and records related to how the provider monitored the quality of service.

Is the service safe?

Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement'. This was because the provider had not assessed and managed risks associated to people's safety and people's medicines were not managed and administered correctly. The provider sent us an action plan that outlined how they would meet the legal requirements.

At this inspection we found that improvements had been made. Medicines were stored at the correct temperatures in line with best practice, and were managed and administered safely.

Staff trained to administer medicines had their competencies tested regularly. Staff had information to safely support people with their medicines. This included the provider's medicine procedure which reflected the national guidelines and documentation to enable staff to give people their medicines according to their preferences.

People told us they received their medicines as prescribed. One person said, "I don't need to take any medicines. If I had a headache or any pain then I would ask the nurse for a paracetamol." Another person said, "[Medicines] is one thing they do well" and they added, "I get my medicines every time." A relative said, "[My family member] gets her medicines. I've seen them given at lunchtime. A qualified staff member checks she gets her medicines and its recorded on the MAR [medicine administration records] sheet."

We saw a staff member administer medicines safely. They stayed with the person to ensure the medication was taken correctly and signed the records to confirm this. One person checked what the tablet was before they took it. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Protocols were in place for staff to follow where people were prescribed medicines to be administered 'when required' such as pain relief. They described how staff should assess pain where the person was living with dementia and had difficulty to tell staff and described specific behaviours staff should be aware of.

Staff had followed procedures where people who were prescribed medicine via a transdermal patch which is applied on the body. A rotation chart showed where the patch had been applied. By alternating the site, it prevents possible irritations when the patch has been removed. No record was kept showing that daily checks had been carried out to ensure the patch was still in place. We raised this with the registered manager who took immediate action. The staff team were told to check the patch remained in situ daily and the individual's care plans had been updated.

The deputy manager told us that regular checks were carried on the MARs. The staff communication book showed that any discrepancies found were promptly addressed. A sample of the MARs we checked showed that people had received their medicines as prescribed.

We found improvements had been made to ensure risks associated to people's safety had been assessed,

measures were in place to keep them safe and monitored regularly. These covered a variety of subjects including, falls, moving and handling and to reduce the risk of choking.

Care plans gave staff clear instructions about how to keep people safe. For example, a person at risk of falling used a walking frame to move around. A sensor mat was placed near their bed so that staff were alerted when the person was moving. Another care plan included guidance provided by the speech and language therapist about the food texture required where the person had a swallowing difficulty. We saw the person was given a meal that they could eat safely. Risk assessments had been reviewed following a change in people's needs to make sure they were up to date and based on the person's current needs.

People told us they felt safe living at Beaumont Hall and with the staff team who supported them. One person said, "I've had no falls. The staff are ok. I saw someone [using the service] shouting at a staff member and they treated [them] gently." Another said, "I feel safe and happy here. I haven't fallen. Nobody ever misbehaves and no one has hurt me."

Systems, processes and practices to safeguard people from situations in which they may experience abuse were in place. Information about how to report concerns and whistleblowing was displayed and accessible to all staff, people who used the service and their visitors.

Staff understood how to identify signs of abuse and preventable harm and knew how to report these; staff knowledge in safeguarding adults had been supported by training in this area. A staff member said, "If one of my colleagues was doing something badly I'd report it. We are here to look after people. I would go straight to the manager. I know she would listen and do something about it. If not, I could contact the local authority or CQC." Safeguarding alerts were raised with the local authority when required and appropriately investigated.

The staff recruitment process ensured staff were suitable for their role. One staff member said, "I had an interview and showed them my training certificates. I had to give contacts for three references, ID and had an enhanced DBS before I started." A DBS checks helps the employer make safe recruitment decisions. Staff files contained evidence that the necessary pre-employment checks had been completed before staff commenced work at the service.

People were positive about the staffing levels. One person said, "They are very busy and work hard but they are always available when I need them. Last night I had an emergency and they were with me straight away." A relative said, "For the staff they have I think they do very well. If they were to provide proper dementia care then they would need more [staff]." People did comment that there were busy times in the day but all felt that their needs were met.

Staff we spoke with felt there were enough staff to support people. Their comments included, "We have enough staff. If we're a bit short because someone's off sick then [management] will get someone from the agency." And "We're ok for staff. The floater [a staff member who works across the home] helps when you need an extra pair of hands. We work well as a team and we pull together."

We saw there was at least one member of staff in the communal lounge on each floor. Staff responded to people's requests for assistance promptly. Staff rotas showed that staffing levels were maintained and arrangements were in place to manage unplanned absences such as staff sickness. The skill mix of staff meant that people's diverse and cultural needs were met by the staff team who knew people well. This contributed to people's safety and assured them their needs would be met.

People lived in a safe environment. All areas of the home were clean and tidy. Staff were trained in infection control and used personal protective equipment such as disposable gloves, aprons and hand gel when appropriate. The home had a five-star food hygiene rating.

Records showed regular safety checks were carried out on the premises and equipment used in the delivery of care such as hoists, were safe to use. The staff team were aware people's individual personal emergency evacuation plans (PEEP). They described the support, equipment and medicines required for each person in the event of emergency.

A business continuity plan provided the management team with a guidance to follow to enable them to continue to deliver a consistent service should such unforeseen emergency occur. These measures supported people's safety.

All staff understood their responsibilities to report, record and investigate any accidents and incidents that may occur. All incidents and accidents were documented and detailed the action taken. These had been reviewed by the registered manager to establish any trends or patterns and monitored if changes to practice needed to be made. A staff member told us that the registered manager made them aware of any lessons learnt from incidents and complaints, for example, use of inappropriate language. This was an example of action taken to ensure similar incidents did not happen again. This promoted people's ongoing safety.

Is the service effective?

Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement' because system to train and support staff were not in place.

At this inspection we found the registered manager had improved the systems to ensure staff were trained for their role, were supported and their work appraised. All new staff undertook a thorough induction programme, which included practical training and shadowing experienced members of the staff team.

The staff team spoke positively about the training. Their comments included "I had moving and handling training when I started. The training was fantastic; very in depth, loads of practical work and role play. It really sunk in." "You learn something new every day no matter how many years of experience you have. For instance, when I did my last dementia training and we talked about the different types of dementia I learnt that it could be caused by alcohol. I didn't know that, it was fascinating." And "We're told when our training is due and someone [training officer] comes in to do it." We saw that the training was based on current legislation and best practice guidance. Staff had also been supported to complete nationally recognised qualifications in social care.

A staff member said, "Supervisions and team meetings are happening now. [Registered manager] wants us to speak up to make a difference." Staff were encouraged to discuss their work and identify further training and development. This confirmed the information provided within the PIR and showed that systems were in place to train and support staff in their role.

People's care needs were assessed prior to them moving into Beaumont Hall. This enabled the registered manager to satisfy themselves that the person's needs could be met by the staff team. One person told us they were asked about the support they needed. Care plans were developed from the assessment and guided staff in providing care based on people's needs. Individual assessments and reviews were carried out to ensure that equipment being used in the delivery of care remained appropriate.

People told us they thought staff had the skills and knowledge to support them with their care. One person said, "Yes, the staff seem alright. One staff [member] helps me shower and she is alright. I can feed and dress myself." A relative said, "I think [my family member] is safe. Two carers hoist [them] properly when moving her."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff showed a good understanding of the support people needed to make decisions. A staff member said "If people haven't got capacity we always make sure they are happy for us to continue. You can usually tell by their body language. If we can't show them that what we're doing is in their best interest then we can't do it."

The staff member added that they would tell the registered manager so that appropriate support could be provided.

We saw staff sought people's consent on a day to day basis and offered them choices about meals and activities. One person said, "[They [staff] never do anything without asking me first." Another person said, "I go to bed when I am ready. I can have a lay in if I want to."

Records showed appropriate referrals were made to the local supervisory body. People with DoLS were supported by a 'paid person's representative' (PPR). A PPR's role was to monitor the implementation of the DoLS. Record of their visits had been documented and no concerns had been identified in relation to the support provided by the staff team. This showed the principles of the MCA were followed.

People were supported to maintain a nutritious balanced diet. One person said, "It [the food] is not too bad. I get a choice. The food is warm. I can eat with my friends. I get plenty to drink. The food fills me up and I get weighed. My weight has gone up a bit." A relative said, "[My family member] needs to eat little and often and enjoys small portions. [They] need to be supervised and has thickeners in [their] drinks as they have swallowing problems. [Their] food is minced. Some days [they] can eat independently but if [they] can't staff will help [them] to eat.

Drinks were available and within reach in the lounges and in people's rooms so that they could help themselves. During mid-morning and later afternoon hot and cold drinks were served with choice of sweet and savoury snacks and fresh fruit.

We observed the meal times over the two days took place in a relaxed and comfortable atmosphere that people enjoyed. Staff took meal options to people so that they could see and smell what was on offer, then make a choice. Meals were presented well and portions sizes suited individual appetites. Most people were encouraged to eat, and alternatives meals and second helpings were offered. However, when one person declined to eat their chosen meal, the alternative meal offered had also been declined. This person's care plan stated that they liked soup and ice cream but neither had been offered. When we raised this with the deputy manager they addressed this with the staff team.

We spoke with the chef who had a good knowledge of what people liked to eat and any specific dietary requirements, including Caribbean and Asian diets. They had a passion to make sure people enjoyed the food on offer.

Advice from the dietitian had been incorporated into people's nutritional care plans, which specified the food type and texture required. Food and fluid intake was monitored when required and documented. However, entries made by staff such as 'ate a little bit' meant it was difficult to determine the actual amount that the person had consumed. We spoke with the deputy manager about this. They assured us that the issue of accurate recording would be addressed at the staff meeting that week. Following our inspection visit the registered manager confirmed that record keeping had improved.

People were supported to live healthier lives; had access to healthcare services and received ongoing support. All the people we spoke with and relatives, said they were very happy with the support they received. One person said, "Staff are very attentive and will call the doctor if I'm not well." A relative said, "My [family member] got a serious chest infection and the senior staff picked it up. [Staff name] stayed with [them] after work until I arrived."

Records showed GP and specialist nurses visited regularly to provide treatment and to review people's

health care needs. The registered manager and staff said they had good relationships with the GP, and other healthcare professionals that visited the service. This supported the feedback we received from a visiting healthcare professional.

People's needs were met by the adaptation, design and decoration of premises. Clear signage meant that people could move around independently. People had brought in personal items from their own home when they had moved in which had helped them in feeling settled. Several people proudly showed us their bedroom which had been painted in a colour of their choice. The garden space was accessible for people to use in good weather. We observed several people spent time sitting in the garden under a parasol with their relatives and staff.

Is the service caring?

Our findings

At our previous inspection, this key question was rated as 'good'. It continues to be good.

All people and relatives spoken with were complimentary of the care they received from the service. People felt they were treated with kindness, respect and compassion, and given emotional support when needed. People said, "The staff are polite and respectful. They call me by my first name." "[Staff] are alright. They are not perfect; they do their best." "The staff behave in the right manner towards us." And, "Staff are kind and care for everyone – caring is not learnt but it's a quality that staff here possess."

There was a warm, friendly atmosphere around the home. People looked happy and relaxed. One person said, "My son and daughter visit on weekends as they are both working in the week. They take me out [for the day]. We have ice creams and go for meals." A relative spoke about the warm welcome they received from the staff when their family member was discharged from hospital back to the home.

A staff member told us, "I love coming to work. It's a much nicer place to work and we all love our residents." Although there were busy times in the day, we saw staff did spend meaningful time with people. We saw staff stopped to talk with people as they were passing by and made sure they acted on requests. We saw a staff member compliment a person who had had their hair done. When another person seated outside was cold, a staff member fetched a cardigan for them to wear, which complimented their outfit.

A relative felt staff went the 'extra mile and always made a point at the start of their shift to see each individual person, asking how they were feeling. We observed staff greeted people using the service and visitors with a positive caring attitude. That showed people had developed positive relationships with the staff team.

People were involved in making decisions about how they wanted their care and support to be provided. Some people chose to sit outside as it was a warm day. One person said, "I prefer to sit outside [my room] simply because I can retire to my room if I want to."

Decisions made about their care was documented and reviewed regularly. One person said, "I made the decision to move here. I told [registered manager] what [care and support] I wanted. I felt very much in control and involved in my care." They told us that staff used an electronic handheld device to record the support provided. A relative said, "I'm involved in meetings about [my family member]'s care and whenever there's a change in [their] health I'm told about it."

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

A new electronic care planning system was in place. Each staff member had an electronic handheld device to access people's information; their care plans and guidance for staff to follow to meet people's needs. A

staff member said, "It's great [electronic care planning devices]. Information about what help people need is at our finger tips and we get reminders about when checks must be done and we still must write what care has been given."

People's views were sought through residents' meetings, care reviews and surveys sent out by the provider. People could use the suggestion box at the service and make comment on the provider's website. Changes had been made in response to feedback received from people using the service and relatives. For example, changes to menus and ideas for different activities.

People were encouraged to maintain as much independence as possible. One person said, "A staff member will come with me when I need to use my [walking] frame. I can feed myself and choose what I want to wear." A staff member said, "I usually give [person's name] the flannel to wash their front and I will offer to help wash areas that they can't reach."

The privacy and dignity of each person was respected by all staff. People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. One person said, "Staff knock on my door. No one can see when they wash me. I choose the clothes I want to wear." The staff team gave examples of how they promoted and respected people's dignity and privacy.

People's files were stored securely. Staff had access to relevant information to support people as needed and understood how to keep people's information confidential and only shared on a need to know basis. A confidentiality policy was in place. The registered manager had ensured that they complied with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider is managed. This had been certified.

Is the service responsive?

Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement'. This was because people did not always receive personalised care and care plans did not accurately reflect people's needs, preferences and wishes about how they wanted to be supported. The provider sent us an action plan that outlined how they would meet the legal requirements.

At this inspection we found the improvements had been made. The provider had invested in a new electronic care planning. Staff had been trained to use the handheld device. Comprehensive information was kept about each person which included their background, medical history, interests and the support they needed.

People were involved in the development of their care plan. This enabled people to understand how risks would be managed and express their preferences about how they wished to be supported. Care plans were comprehensive and people's decisions about their care had been documented. People had access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices.

Staff confidently showed us how they used the handheld devices and the range of information available to them about people. For instance, information about people's health such as food allergies and how to manage risks. In addition, a 'must do' prompt alerted staff to provide support and wellbeing checks. This included prompts to staff to offer a drink or snack, support with personal care or encourage a person at risk of developing a pressure sore to move or be re-positioned in bed. Staff updated people's records to confirm that the support had been provided. We found care plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs. That meant people were assured that the staff team were responsive and provided the care and support they needed.

The management team regularly checked that people received care and support they needed. They were alerted when any 'must do' tasks were not completed. This meant the management team could act promptly to ensure staff supported people in a timely way.

People and their relatives told us that they had been involved in the review of their care plan. One person said, "[Staff] often ask me if I am happy with the help I get. If I needed more I would tell them." A relative said, "We have had several meetings about [my family member] care plan to discuss it. It has been reviewed."

People told us that staff responded well to how and when they wanted to be supported. Staff were knowledgeable about the needs of people and how they liked to spend their time. A staff member described one person's early life as a dancer, their family life and what they enjoyed doing more recently. This was consistent with the information in the person's care records and showed that people received person centred care.

We received positive feedback from health and social care professionals. They told us the staff team were

responsive, sought advice and followed instructions to promote people's wellbeing.

Staff promoted people's equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People's lives, spiritual needs, hobbies, interests and what was most important to them had been documented and known to staff. This enabled staff to interact with people in a meaningful way.

The lifestyle manager told us they listened to people's activity preferences and planned them for staff to deliver. We saw individual and group activities taking place daily and social events had been organised. A staff member was seen reading articles from the daily newspaper with two people which was followed with a discussion. Several people were sat outside as it was a warm day. A few people played floor skittles and reacted positively; they were laughing and encouraging each other to do better. A group of people were taking part in a gardening club meeting with the lifestyle manager. People gave ideas and suggestions about the range of plants to grow and products needed such as pots and compost.

People spoke positively about the range of activities provided. Their comments included, "I like the pop up restaurants (Turkish and Caribbean meals). I get wine with a meal. I have gone on trips; to a concert, bird sanctuary and the Richard III exhibits. We have a cinema downstairs." "I watch the TV and read story books." And "The children from the church come and sing to us. Their Sunday School raises money for charities. If there are any activities [at the home] then I join in." One person said I go to Church. The church is next door." Another person said, "I am a Methodist. A Methodist minister comes here from my church." A local faith minister visited regularly and people were supported to practice their religious beliefs. That showed that people's spiritual needs were met. This type of engagement had enhanced people's physical and mental wellbeing, and their sense of belonging to a community.

We saw photographs of different social events that had been organised. People and their family and friends were invited to join in to celebrate special occasions and seasonal events. One relative said, "The entertainment is great. They put on a marvellous day for the royal wedding. They watched in the cinema room and they had a buffet. People really enjoyed it. My parents celebrated their 70th wedding anniversary. [Staff] made it special for them and us. It was lovely."

People's communication needs and what type of support required had been documented in their care plans. For example, a care plan directed staff to use short clear sentences and allow the person time to respond and we observed this during the inspection visit. That showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported at the end of their life to remain dignified and comfortable. One person said, "I'm on my last journey. They are making it very comfortable for me." Records showed people had the opportunity to express their wishes and decisions made about their end of life care.

The registered manager and staff team had received training on end of life care and they worked with health care professionals. A policy and information about how to support people at the end of their lives, bereavement and counselling was available to staff, people who used the service and their relatives.

People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person said, "Nothing to complain about now. Things have definitely improved." A relative said, "I know I can speak to [registered manager] or [deputy manager]; they have made such a

difference here."

The provider's complaints policy was used to drive improvements. Information about people's rights and the local advocacy service was available if people needed support to complain or felt they were being discriminated against under the Equality Act, when making care choices.

Records showed the number of complaints since the last inspection had reduced. These related to quality of care, medicines management and staffing levels. All had been appropriately investigated and action had been taken, which supported our findings. This showed us the service was open and transparent in handling complaints, which was used to improve the quality of care and service people received.

Is the service well-led?

Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement'. This was because improvements were needed to embed fully the provider's quality assurance system. The provider had appointed a manager who had begun the process to become the registered manager.

At this inspection we found improvements had been made. Beaumont Hall had a registered manager. They provided good clear leadership and managed the service well. They understood their legal responsibilities and had displayed the latest CQC inspection report and rating at the service and on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The registered manager was supported by a deputy manager. There was a management and staff structure in place, and everyone understood their roles and responsibilities. They worked well and provided consistent clear guidance and support to the staff team.

People, their relatives, visiting professionals and the staff team all agreed that the home was well-led. Comments received were all positive, which included, "[Registered manager] is lovely; she's always in and out of here [lounge] and makes time to talk to me" "It's so much better now; good level of staffing, really good atmosphere in the home and people and staff are much happier." "[Registered manager] is up to date with everything. She's very professional and deals with everything really well." "[Registered] manager has been absolutely fantastic with me, brilliant" and "{Registered manager} is approachable, willing to listen to what we [staff team] say and wants us to be involved to make things better for our residents. I love coming to work now."

A relative highly praised the registered manager for the difference made to Beaumont Hall. They said, "The [registered] manager has made a huge improvement; she has dealt with issues quickly and leads by example. Staff are more caring and approachable. Keep up the good work."

The provider has sent us appropriate notifications about significant events at the service which they must legally do and included the actions taken to maintain people's safety. That meant the provider was meeting their regulatory responsibilities.

The registered manager and the staff team understood the provider's vision and values to provide quality care. We saw the service had received cards, compliments and letters of thanks from people and relatives about the quality of care people received and staff team's approach. One compliment said, 'Since your [registered manager] arrival in May 2017, your management style is having a profound effect' and made specific references to staff working as a team, improved quality of care provided, the increased social and recreational activities, and listening to feedback to bring about change. This showed people felt Beaumont Hall continued to provide a quality service for people.

The provider's quality assurance systems were used effectively to monitor quality and drive improvements.

These included a range of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. For example, the improvements made to ensure people received their medicines as prescribed. The new electronic care planning system meant that information about people was kept up to date and ensured that people received the care they needed in a timely manner. Other records relating maintenance and the day-to-day management of the service were kept up-to-date. Good record keeping helped to assure people the service was well managed.

Systems were in place to monitor incidents, accidents and feedback such as complaints and concerns. The internal quality visits carried out by regional manager showed that systems and processes were being used effectively to monitor the quality of care provided. The regional manager acknowledged that the improvements made were driven by the commitment and determination of the registered manager. The management and staff team demonstrated the provider's visions and values of providing good quality care. Our findings were consistent the improvement plans described within the PIR.

There was a culture of openness and involvement to enhance people's quality of life and develop the service. People's views about their care were sought individually, through meetings and surveys. Resident meeting minutes showed that people were informed about changes such as new staff and the new care planning systems. Any suggestions made about different activities had been acted on.

A sample of the surveys completed by people who use the service and staff were all positive about the quality of care provided and notable attitude and caring approach of staff. Comments in the surveys included, "Huge improvements made over the last 6 months" and "Staff are more motivated; [staff] have more training and are more efficient and attentive." The registered manager had shared the survey results with people and the staff team through meetings. Examples of the improvements made included more variety of sandwich fillings and name badges for all staff. This showed that people's views were listened to and acted upon, ensuring people had a voice.

People told us and we saw staff were organised and worked well together as a team. The staff team felt they were well supported to look after people. Staff meeting minutes confirmed that staff received updates; had the opportunity to raise concerns, share ideas around good practice and learnt together from any outcomes to investigations or complaints. A system was in place that ensured staff accessed regular training and supervision and appraisals where they could discuss their work and identify training needs. The registered manager told us that they provided person centred support to staff and adapted training to meet learning needs. This supported the information provided within the PIR.

The provider continued to work in partnership with other agencies in an open honest and transparent way to ensure people received joined up care. We spoke with social workers who had visited the service to review a person's care. They told us that the deputy manager had addressed the issues raised and the improvements made had had a positive impact on the person's quality of life.

Feedback we received from health care professionals and commissioners who monitored and evaluated the service was positive. All acknowledge the significant improvements had been made to the quality of care people received, stability of staff and management that showed the service was well managed.