D J Barzotelli

The Beeches Residential Home

Inspection report

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Date of inspection visit: 11 and 12 December 2014
Date of publication: 02/03/2015

Ratings

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

Overall summary

The inspection was carried out on 11 and 12 December 2014 and was unannounced. At the previous inspection in December 2013, we found that there were no breaches of legal requirements.

The Beeches Residential Home provides accommodation and personal care for up to eighteen adults with a learning disability. There were sixteen people living at the home at the time of the inspection. The accommodation is over two floors, with some bedrooms on the ground floor and some upstairs. There is a communal lounge and a large dining room/activities room. There is a garden at the side and rear of the home.

The home was run by a registered manager who was present on the day of our visit. 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

Summary of findings

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. Comprehensive checks were not carried out on all staff at the home, to ensure that they were fit and suitable for their role. Applicants were interviewed and criminal record/barring checks were undertaken. However, the reason for gaps in people's employment history were not routinely sought. One member of staff had been employed with two character references of which one was from a close family member and therefore was potentially biased towards the staff member.

Medicines were managed and stored appropriately. However, staff had not received up to date training in how to give medicines safely. Staffs' competency in administering medicines safely had not been checked to ensure that people received their medicines as intended by their doctor.

The home had taken reasonable steps to make sure that people were safeguarded from abuse and protected from risk of harm. Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse. Professionals told us that the manager always contacted the local authority safeguarding team about any safeguarding concerns to ensure people's safety.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. The manager also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Although a general fire evacuation procedure was in place, we have made a recommendation that about ensuring people's individual needs are taken into consideration so that they can leave the building safely in the event of a fire. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Staffing levels had recently been assessed to make sure that there were enough staff on duty during the day and night to meet people's individual needs.

People's health needs were assessed and monitored and professional advice was sought when it was needed. Visiting health care professionals said that the staff worked well with them. They said that the advice they gave was always followed.

People were supported to have a balanced diet. Staff understood people's likes and dislikes and dietary requirements such as if they were diabetic or needed their food cut into small pieces so that they could swallow it more easily. Meal times were relaxed and a positive social experience for people.

New staff received a comprehensive induction, which included specific training about supporting people with a learning disability and shadowing more senior staff. Staff were trained in areas necessary to their roles and also completed a wide variety of additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Care plans contained mental capacity assessments, and DoLS applications were being made for everyone who lived in the home to ensure that people were not deprived of their liberty unnecessarily.

People's care, treatment and support needs were clearly identified in their plans of care. They included people's choices and preferences. Staff knew people well and understood their likes and dislikes. Personalised plans were being developed which included the things that were important to people from their point of view and a better understanding of people's past histories. Staff treated people with kindness, encouraged their independence and responded to their needs. Visitors all commented on the caring nature of the home and the positive relationships between staff, people who lived at the home and their relatives .

People were offered an appropriate range of activities. These included trips out and in-house activities. People also spent their time in their rooms, talking with one another and staff, reading and listening to music and undertaking household tasks. They also enjoyed having visitors to the home.

Summary of findings

The home was well led. Relatives and visiting professionals told us that the manager was approachable, and open to new ideas. Staff understood the aims of the home, were motivated and had confidence in the management of the home. They said that there was good communication in the staff team and that there was a low staff turnover.

Systems were in place to review the quality of the service and included feedback from people who lived in the home, their relatives and staff. The results of these surveys were that the majority of people were satisfied with the care provided at the home. One person commented, “The Beeches continues to be a warm and welcoming place. We are confident that The Beeches is well managed and we have always found the whole team friendly, helpful and approachable”. Improvement plans were developed where any shortfalls were identified to make sure that improvements were made and sustained.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

There were enough staff to meet people's needs, but comprehensive checks were not carried out on all staff before they started to work at the home. Medicines were stored and recorded appropriately, but staff had not received up to date training to ensure that they were competent in administering medicines safely.

The provider had taken reasonable steps to protect people from abuse.

Risks to people's safety and welfare were assessed and managed effectively. However, people's individual needs had not been assessed to ensure that they could evacuate the building in the event of a fire

Requires Improvement

Is the service effective?
The service was effective.

Staff were trained to ensure that they had the skills and additional specialist knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure that people had an enjoyable experience and received the support and attention they needed.

The home liaised with other healthcare professionals to monitor and maintain people's health and well-being.

Good

Is the service caring?
The service was caring.

Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences, in order to provide personalised care.

People were offered a range of suitable activities in the home and had opportunities to access the local community.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well-led.

The manager was approachable and there was good communication within the staff team. All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service and they were acted on. Staff had a clear understanding of the home's aims and these were put into practice.

Quality assurance and monitoring systems were in place.

The Beeches Residential 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 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 over two days, on 11 and 12 December and was unannounced. One inspector, who had skills and experience in communicating with people with a learning disability, carried out the inspection.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete 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. The provider returned a PIR within the set time scale. We also obtained feedback from a care manager from social services, a community nurse and an occupational therapist. An occupational therapist can help people to learn new skills or regain lost skills, and can arrange for aids and adaptations that people need in their home.

People were able to talk to us, but varied in their ability to tell us about their experience of living in the home. We talked with fourteen people who lived in the home, joined some people for lunch, observed staff helping people with food and drink at mealtimes, supporting people with activities and talking with people during the day. We spoke to the home manager and four staff, including care staff, senior care staff and the deputy manager. We saw the communal areas of the home and three people showed us their bedrooms. We spoke with staff about the care needs of two people who lived at the home, spoke with these people, looked at their care plans and observed how staff supported them. This was to track how people's care was planned and delivered.

During the inspection we viewed a number of records including four care plans, three staff recruitment records, the staff training programme, staff rota, medicine records, environment and health and safety records, risk assessments, menus and quality assurance questionnaires.

Is the service safe?

Our findings

People said that The Beeches was a good place to live. Comments included, “It is nice living here” and, “It’s a nice room, isn’t it”. Health and social care professionals told us that they had no concerns about the welfare of people and that the home provided a “Caring and safe environment”. One professional told us that the manager completed accident and incident forms as appropriate and always raised safeguarding alerts with the local authority if they had any concerns.

Practices to recruit new staff were not robust. Potential staff completed an application form which included information about their skills, experience, qualifications and past employment history. The application form asked people to include any gaps in their employment history together with the reasons for these gaps. However, this information had not been completed and was not checked at the interview stage. On one application form the employment history section was not completed and there was no explanation for this omission. Therefore, the provider did not have a complete account of people’s employment history, in order to make a decision about their suitability for employment.

At the interview applicants were asked a number of standard questions, such as what skills were needed in caring for people with a learning disability. A standard score was used to assess if applicants were suitable and to ensure that each applicant was treated fairly. If the person was successful, the manager undertook identification checks, criminal record/barring and vetting checks, and sent for references. The staff had not followed the recruitment policy in seeking references to check the character of referees. For one applicant, a close relative, who would not be able to give an unbiased view of the applicant, had been used as one of the two character references.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were safely stored and recorded but staff had not received up to date training in how to administer medicines safely. Staff had received training in the past, and had their competency assessed before they were first able to administer medicines. However, there was no system in place to make sure that staff continued to receive regular training and to have their competency assessed on a regular basis. Four staff had not been trained in the safe administration of medicines, nor had their competency to do so checked, for over four years. Therefore the provider could not be assured that staff had the skills and knowledge to administer medicines safely.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored securely in a dedicated medicines room to which only senior staff had admission as they were the key holder on shift. All the medicines that we saw were in date. Medicines with a short shelf life, such as creams, were routinely dated on opening to make sure that they were given before they became unsuitable to administer. Medicines were received into the home from a pharmacy each month. Senior staff checked all medicines to ensure that they matched with the medication administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or “blister packs”. This meant that the name of the medicine and the person for whom it was prescribed was written on each medication. This helped to ensure that people were given the right medicine as prescribed by their doctor. If new medicines were prescribed, the name, dosage and frequency of the medicine was checked for accuracy by two staff before it was written on to the MAR.

The medicines policy was available and included how to administer, store and dispose of medicines. Guidance was also available about what to do if a medication error occurred, what to do if someone refused their medicine and when people left the home to go out for long periods or home to relatives. Medicines that could be brought without a prescription, such as for pain relief and colds, were available and had been checked by each person’s doctor to make sure that they did not affect any medicines that the person was taking. Details were kept of each person’s requirements in relation to their medicines. This included what people’s medicines were for, alternative names for the medicine and any side effects to look out for. Medication administration records (MAR) were clearly and accurately completed and clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN).

A fire evacuation plan was in place for staff to follow in the event of a fire. At each fire panel there was a colour coded map to help people understand where they were and an arrow pointing to which way they needed to go to get out

Is the service safe?

of the building safely. Although a general fire evacuation plan was in place for staff to follow, people did not have a personal emergency evacuation plan (PEEP). This sets out the specific physical and communication requirements that each person has to ensure that they are safely evacuated from the home in the event of a fire. In this process any equipment that a person needs is identified so that it can be obtained by the provider. The home had taken reasonable steps to help protect people from abuse. A risk assessment was in place as it had been identified that some people, due to limited communication, may not be as able to express their concerns as easily as other people. All staff had received training in how to recognise and respond to the signs of abuse. Staff knew about the different types of abuse and the signs to look for to indicate that abuse could have taken place. They said that they knew to report any concerns to the senior on duty or the home manager. Staff said that they felt confident that they would be listened to. However, if their concerns were not taken seriously, they said that they would refer them to the local authority, Care Quality Commission, doctor or the police. The telephone numbers for these organisations were available to staff, so that there would be no delay in reporting any serious concerns and so keep people safe.

Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood which member of staff to talk to and that they could speak to the home's owner. They said that the owner was contactable and that they visited the home daily.

Each person's care plan contained individual risk assessments. This was to ensure that risks to people's safety in their every day lives were identified, and that action was taken to minimise these risks. These included risks when people were undertaking household tasks, went out in the community and in relation to their health such as risks of malnutrition and pressure sores. Clear and detailed guidance was in place about any action that staff needed to take to make sure people were protected from harm. One person had been assessed as having the ability to run their own bath. It had been identified that there was a risk of this person scalding themselves. To reduce this risk, the person asked staff to check the water temperature, before they got into the bath. The home also had thermostatically controlled taps which ensured that the water was at a safe temperature. Therefore this person was able to add more water to the bath once they had got into the bath. This guidance ensured the person's safety and also promoted their independence.

The manager carried out regular health and safety checks of the environment and equipment. These were to ensure that people lived in a safe environment and that equipment was safe to use. These included visual checks of rooms to ensure that they did not present any hazards and that they were clean and hygienic; checks on slings and hoists to make sure that they were in good working order; ensuring that electrical and gas appliances at the home were safe; and checks that fire equipment was fit for purpose and that the risk of a potential fire occurring had been minimised. An external company had also assessed the home's fire safety. Improvements that had been recommended had been carried out by the home. The kitchen had been visited by the Environmental Health Officer in 2013, and had been awarded the highest rating of five stars for food hygiene.

Accidents and incidents were reported to the manager. Each month the manager reviewed this information to see how many accidents had occurred, any action that had been taken, and to identify any specific causes. This was so that any trends or patterns could be identified and action could be taken to reduce the occurrence of any of these events. Risk assessments in people's care plans had been carried out and updated in response to accidents and incidents.

Signs with pictures were used throughout the home to assist people with needs associated with living with dementia and a learning disability, to find their way around the home. This included signs or pictures on people's bedroom doors and on bathroom and toilet doors. A visit from Kent Association for the Blind had assessed that the home was well laid out and free from obstruction for those people with limited vision.

The manager had identified that some people's needs had increased and so had recently reassessed the staffing levels at the home. The manager had worked alongside the staff team, supporting people, to get an accurate assessment of how many staff were required to meet the needs of everyone at the home. As a result staffing levels had been increased from three to four staff on duty during the day. People's abilities varied greatly, with some people only requiring prompts to attend to their personal care and one

Is the service safe?

person requiring two staff to attend to their care needs. The deputy manager was actively involved in supporting people and each shift was led by a senior care staff. The pace of the home was relaxed and people were able to get up when they wished. People who required one to one support received it and staff were always around to prompt and support people when it was needed. At night time there was one waking and one sleeping night staff. This ensured that people who needed it were checked every hour.

We recommend that the service seeks advise and guidance from a reputable source, about ensuring people's individual needs are taken into consideration in the event of a fire.

Is the service effective?

Our findings

People told us they enjoyed eating the food at the home. Comments included, "The food is good" and, "The food is nice. We are having shepherd's pie today and sandwiches for tea". One person was helping the cook to sort out the day's menu in picture cards. This was then displayed in the dining room so that everyone could see what was available that day.

People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies, planning the menus and providing a cooked lunch. They also prepared foods for tea time, such as homemade pizzas and soups. The cook based the menu around what foods were available seasonally and people's likes and dislikes. A list of people's likes and dislikes was displayed on the kitchen wall so that it was available to any staff member responsible for preparing food. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces, and people's specific dietary needs such as if they were diabetic or required a gluten free diet. Designated staff prepared the cooked meal on the cook's days off, so that they were not taken away from their care duties.

People ate their meals in the dining room and this was encouraged to enable people to socialise. We observed part of breakfast and joined people at lunchtime. Some people went to the kitchen to fetch their meals and other people were served by the cook. The cook explained to people that they had cut up their food and checked that this was to their satisfaction. The majority of people did not require support with their meals, but staff were available to offer this if it was needed. Staff sat next to people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

The home had reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs and medical history. Each person had a "Health Action Plan" which focused on their health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations. People's weights were recorded twice a month so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice. In addition each person had a "Hospital Passport". This provided the hospital with important information about the person and their health if they should need to be admitted to hospital. Ambulance and hospital staff had informed the manager that they were impressed about having been provided with a hospital passport for a person who had only been living at the home for one day.

The home had close, supportive links with health care professionals, including an occupational therapist, community nurse, speech and language therapist, physiotherapist and chiropodist. There was an open referral system so that the manager could refer people to health professionals directly, without going through the person's doctor. All health care professionals gave positive feedback about their involvement in the home and said that they were contacted appropriately. Health professionals said that the manager was keen to work with them, that they were always consulted for advice, any guidelines given were always followed and that they were made aware of any changes in a person's health.

New staff received an in-house induction which was based on Skills for Care's "Common Induction Standards (CIS)".CIS are the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff completed a workbook which included specific training around supporting people with a learning disability and written responses to questions and scenarios. New staff also shadowed senior staff. This was to provide evidence that staff had the skills, knowledge and experience to care for people. Nine care staff had completed Diploma/Qualification and Credit Framework (QCF) levels two, three or four in Health and Social Care. These qualifications build on the Common Induction Standards and are nationally recognised qualifications which demonstrate staff's competence in health and social care.

Support for staff was achieved through individual supervision sessions and an annual appraisal. In annual appraisals staff were encouraged to rate themselves in specific areas and then the manager gave them feedback. Staff said that this feedback was valuable as when the ratings differed, it was because the manager had rated their

Is the service effective?

contribution higher than they had done. Staff told us that their supervision was effective as they had good communication with their supervisor. Supervision sessions were planned in advance so that they were given priority.

Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, epilepsy and food hygiene and person centred care. Specialist training had been provided to most staff in communication, continence management, dementia awareness, diabetes awareness, bereavement and people with swallowing difficulties. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this. People's mental capacity had been assessed and taken into consideration when planning their care needs. One person's care plan stated that the person had capacity to make decisions. However, due to the person living with dementia staff should be mindful that the person might not have capacity at the time a decision needed to be made. It also stated that a mental capacity assessment would be required if they needed any medical treatment. This was so that a decision could be made if the person had the capacity to understand the implications of the decision that was needed.

The home had policies and procedures in place in relation to the Mental Capacity Act 2005 and protocols in place for arranging best interest meetings and advocacy. Best interest meetings were held with relevant professionals and relatives to make a decision on people's behalf. Advocates helped people to express their needs and wishes, and to weigh information and take decisions about the options available to people. Staff and the manager understood the principles of the Mental Capacity Act 2005. They explained that everyone had capacity to make day to day decisions and that they should support people to make decisions in their best interests. One professional commented staff "Advocated positively and passionately" for everyone who lived in the home.

The home had assessed everyone in relation to the Deprivation of Liberty Safeguards. The manager stated that five applications had been submitted to the local authority and that more applications would be made. These applications varied according to people's capacity and included people living with dementia who could not leave the premises without staff to support them to remain safe. These applications ensured that an independent assessment would be made as to whether these people were being deprived of their liberty. The manager had included an explanation about DoLS in the last home's newsletter which was available to people and their relatives.

Is the service caring?

Our findings

Everyone made positive comments about the way that the staff team supported them. One person told us, “Staff are kind to me” and another person pointed to a member of staff and said, “He is a nice man”. The home had received a number of compliments from relatives about the caring nature of the home. These included, “I will never forget the tender way that you fed him. The joy you brought to him”; and, “I have always been very happy with him living at Beeches and know that should anything happen to me he will always be loved and well looked after”.

All visiting health and social care professionals commented on the caring nature that was present at the home. They said that people were “happy and busy” when they visited. Also, staff ensured that “good relationships” were developed between people and their family members. People told us that staff had helped them to write Christmas cards and buy and wrap presents for members of their family and for friends. They were excited that a Christmas party was being held at the weekend and that members of their family were coming to visit them.

The home had been lovingly and beautifully decorated for Christmas by the staff team. “Look, one, two, three Christmas trees!” one person told us. These included decorations made by people who lived in the home, lots of tinsel, lights and an inflatable polar bear and igloo. The decorations started in the entrance hall, went through to the dining room and lounge and continued along the downstairs corridor with handmade decorations. When people walked through the door at The Beeches, they definitely knew that Christmas had arrived and was being celebrated.

Throughout the day we saw staff communicating with people in a kind and attentive manner. Staff chatted easily with people and we heard a lot of joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day.

People were supported to be as independent as possible and to take responsibility for aspects of the household routine. At lunch time, people who had the ability, cleared away their own plates and cutlery and put them on a trolley to be taken into the kitchen. We saw that some people laid the table before lunchtime and that another person folded away the clean napkins after they had been washed. One person told us that they were responsible for putting the bins out and we saw them undertaking this task. This person also told us that they helped in the garden by raking the leaves.

People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views and opinions these, together with their past history, were recorded in people’s care plans. Detailed life histories were being developed for each person with information and pictures of each person’s childhood and undertaking activities that they enjoyed. This enabled staff to understand people’s character, interests and abilities if they were not able to verbalise them and so help to support people to make decisions in their best interests, on a day to day basis.

Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff described to us how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. Staff were respectful to people at all times during our visits. Some staff had undertaken a short training programme in dignity and respect by the Department of Health about how to provide people with dignity in residential care setting. The manager told us that they planned that all staff would undertake a more in-depth version of this course within the next year.

Care plans were discussed with people and their relatives. People were involved in their plans of care according to their understanding and abilities. One person had written short parts of their care plan. Another person had written in their care plan by copying the writing of a member of staff.

Is the service responsive?

Our findings

People knew that they had a keyworker who they could talk to at any time if they had any worries or concerns about their care. One person told us, "He is my key worker. I like him. He is the best keyworker". Health and social care professionals told us that the service was responsive to people's individual and changing needs.

Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the manager. Staff said that other people could not verbalise their concerns and that changes in their mood and/or body language would identify to them that something was not right and needed to be investigated further. The complaints procedure was displayed in picture format on the lounge wall in a way that people could understand it. A complaints procedure for visitors and relatives was displayed in the hall. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the advocacy service. The complaints log showed that there had not been any complaints about the home during the last year. Feedback from relatives in the home's quality assurance survey confirmed that relatives did not have any complaints about the home. Relatives were reminded that they could contact the manager about any concerns in the most recent newsletter.

People's needs were assessed before they moved into the home and an assessment was obtained from the local authority so that a joint decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care.

Care plans contained detailed information and clear directions of all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Each person had a one page profile so staff could see at a glance, what was important to the person, what people admired about them and how best to support the person. Pictures of what was important surrounded this central profile. For one person this was football pictures and chocolate, and for another person this was old singers and film stars. These plans were reviewed each month so that an accurate plan was maintained for each person.

Personalised care plans were being developed for each person living in the home. They were written from the person's point of view and contained pictures and information about the person's life story. They included pictures of what the person was doing now and their hopes and dreams for the future.

The home was responsive to people's individual needs and ensured that people received personalised care. One person told us that they had been supported to buy new furniture for their bedroom and that they liked tigers. They showed us their room which contained new, matching furniture and colour coordinated bedspread, lightshade and curtains with pictures of tigers. They were very proud of how good their bedroom looked.

The occupational therapist told us that they had set up and facilitated swimming and football sports groups. The football group took place in the evenings and at weekends. The home had responded to this and had "proactively encouraged" people to attend and participate fully in both of these activities.

An activities programme was displayed on the lounge wall. It showed that a variety of activities were taking place over December, including a number of trips to the pantomime, a Christmas meal, Christmas party, and an entertainer with instruments, a quiz and carols. During our visit people went out to buy food for the Christmas party and a number of people told us that they had gone to see the pantomime and that it was very good. Photographs on the walls showed that people had been on holiday and had enjoyed day trips to London.

We saw that people were contently occupied. One person went to the shop to buy a magazine and showed us that they liked to do puzzles. One person's care plan stated that they liked listening to old music and they were doing this in the lounge during our visit. Before and after lunch, people sat in the lounge talking to one another. Organised activities were also arranged in the afternoon. For example, on one day this was table top activities and another day it was a DVD music quiz. Some people went to day centres were there further opportunities for different activities. The home ensured that if people passed away, that other

Is the service responsive?

people in the home were able to attend the funeral. Some people did not want to attend the funeral or were unable to, so the staff arranged an in-house service from the local church so that everyone was able to say goodbye to the person if they wished to do so.

Is the service well-led?

Our findings

People knew who the manager was and said that they talked with them regularly. One person described the manager as "beautiful". Relatives and health and social care professionals reported that the home was well led. Professionals described the manager as "proactive", "honest", "open" and "keen to support new ideas". Compliments from relatives included, "You really are a wonderful manger of The Beeches and should be SO proud of the huge part that you play in the residents' lives"; "Seeing the close relationship and the trust that he had in you on the last day when you were speaking with him was deeply moving"; and "He (the person who lives at the home) exasperates me at times and it's good to know I can ring and talk to you".

Professionals told us that they had confidence in the staff team providing a good standard of care. One professional told us that they had recommended to people to live at the home on "numerous" occasions.

The aims, objectives and philosophy of the home were set out in document called, "The Statement of Purpose". The manager and staff were clear about the aims of the home. Relatives were asked if the home met its aims and objectives as part of the home's annual quality survey. Everyone had responded that the home met its aims. One person commented, "We feel that you certainly have achieved your aim in providing a happy, loving and safe environment for your clients".

The manager led by example and was very clear about putting people first and giving individual and compassionate care. He knew people well, talked to them in an easy manner about their activities, past events and interests. He laughed and joked with people showing that he knew them well. The staff followed his lead and interacted with people in the same caring manner.

Staff said that there was good communication in the staff team. They demonstrated that they enjoyed their jobs and supporting the people in their care. There was a low turnover of staff at the home which meant that staff had known people for a long time. Staff said that the manager was available and accessible. This benefited people as staff knew people's past histories and likes and dislikes and were able to promote these, when people had limited ability to communicate them verbally.

Staff were supported through individual supervision and staff meetings. At one staff meeting the manager read a poem that related to caring and how people being cared for feel. This was to reach out to all staff as a gentle encouragement to always think about how people being cared for felt, from their point of view. Staff had handovers between shifts which highlighted any changes in people's health and care needs. Staff feedback from the home's quality survey was that everyone agreed that the manager was available to discuss problems at any time, everyone felt valued and that the manager and deputy manager were both approachable.

The views of people, their relatives and staff were sought through annual survey questionnaires. The last time this had been done was in April 2014. The results had been summarised in a written report, with pictorial bar charts to represent people's views. The majority of people were positive about the support that they or their relative received at the home. People said that staff were kind and one person commented that, "They are king to me". One person had stated that they felt bullied. Immediate action had been taken to investigate this further and the allegation was unfounded. People said that they went out, but that they would like to go out more and this formed part of the home's improvement plan. Relatives were pleased with the personal care that people received and agreed that staff were friendly and helpful. The report concluded with the action that had been taken since the last survey and a list of improvements to be made as a result of this survey. This showed that the home had systems in place for continuous improvement.

Relatives were kept informed about what was happening at the home through newsletters. These were written in pictorial format, so that they were accessible to people who lived in the home. The last newsletter contained information about the summer fete and how much money it had raised; there was a memory page for people who had passed away; an invite to the Christmas party; a copy of the social calendar and thank you to staff and people who had helped the home in different ways.

Newsletters were also sent to the relatives of people who no longer lived at the home. One person commented, "Thank you for another lovely newsletter, you do write super ones. We so appreciate you sending the newsletters to us and we will always feel a part of The Beeches family". The home had received a number of compliments,

Is the service well-led?

including one from the family of a person whose placement at the home had not been successful. This showed that people found the staff were supportive and caring towards everyone who came to live at the home.

The service had effective systems in place to ensure that it regularly monitored the quality of service that it provided. The manager audited aspects of care such as medication, care plans, health and safety, infection control, maintenance and potential hazards. If any shortfalls were identified, action was taken to address them. The home's owner visited the home daily, so that he was always available and approachable. We saw that he stopped and spoke to people. The owner and manager met formally once a month to discuss the quality of care. A written record was made of the meeting so that any actions that were agreed could be followed up to ensure that they had been carried out.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People could not be assured that staff were of good character and had the necessary skills and experience. A full employment history, with a written explanation of any gaps in employment had not been obtained before staff worked independently. Regulation 21(a) (i) (ii) (ii) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe administration of medicines. Staff had not received up to date training, nor had their competency been checked to ensure that they could admister medicines safely. Regulation 13

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.