Beech House Carehome Worksop Limited

Beech House Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 25 October 2018; the first day of inspection was unannounced.

The service had previously been inspected in February 2016 and was rated 'Good'.

Beech House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal and nursing care for up to 32 older people, some of whom are living with dementia. The service has a range of communal areas and a garden. There were 27 people using the service at the time of our inspection.

Beech House Care Home took a thorough and carefully planned approach to ensure people received a personalised and responsive service. Staff enjoyed going the extra mile to ensure people enjoyed how they spent their time and understood how this benefitted their well-being. Links between people and the local community were valued and actively promoted and supported, again with staff understanding the value this had on people's well-being.

Activities were carefully planned to be relevant to people, were meaningful to people and matched to people's levels of ability, if for example they were living with dementia or were restricted in how they could participate.

People were supported to maintain their relationships with their relatives who were welcomed to become as involved with the home as they liked, including becoming volunteers if they so wished.

The provider had a clear vision for providing care that was inclusive and centred on people's individual needs. The provider and the registered manager's leadership style was inclusive and inspired and valued their staff team. As such, the staff team were highly motivated, dedicated and passionate about the quality of care they provided to people.

A registered manager was in post. 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. Robust systems were in place to check standards of care met with people's expectations and identify where improvements could be made.

People felt safe living at the service and people were supported by staff whose suitability for the role had been checked.

Risks to people were identified and actions taken to manage and reduce known risks. This included risks associated with people's health conditions as well as risk in the environment and risk from foreseeable emergencies, such as fire.

Medicines were administered as prescribed and well managed. Medicines were stored and disposed of safely.

The premises were clean and hygienic and staff followed infection prevention and control guidelines.

There were sufficient numbers of staff deployed to meet people's needs.

Staff working at the service had been subject to pre-employment checks. Pre-employment checks help the provider decide whether staff are suitable to work at the service.

Systems were in place to identify and review when things went wrong so as to be able to make improvements.

People's needs were assessed, regularly reviewed and robustly monitored; this helped staff provide care to meet their needs and proactively promote good health outcomes for people. This was reinforced as staff had received training in areas relevant to people's needs; for new staff this included a robust period of introductory training and assessment to ensure their competence. Staff had the skills and knowledge to help ensure people were treated equally, were free from discrimination and were supported with any needs relating to their faith.

The provider ensured people received sufficient nutrition and hydration. People received assistance from staff with their nutrition or hydration if this was required and aids were used to promote people's independence wherever possible. People at risk of weight loss were monitored and actions taken to help prevent reduce any risks.

People received support with their healthcare from a variety of other healthcare professionals and referral systems were used to access this support when needed, for example from the falls team.

The premises had been adapted to meet the needs of people living at Beech House Care Home, including for people living with dementia. This included signage and visual prompts to help people orientate as well as different communal areas decorated to aid people's reminiscence. The outside garden area had also been made accessible to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff checked people consented to their care and the principles of the MCA were followed. People and relatives contributed to their care plans and as such care plans were personalised and reflected people's choices and preferences.

People and relatives told us they felt staff were caring and considerate. Staff had formed warm relationships with people and regularly engaged people in conversation and activity. Staff responded if people became anxious or uncomfortable and provided reassurance and comfort. People's privacy and dignity was respected and their independence promoted.

People and relatives were involved in their care planning and staff respected people's known views and preferences. People's views were regularly gathered and responded to so as to improve their experience of

care and of living at Beech House Care Home.

Care was planned and provided to people when they approached the end of their lives. Staff understood how to promote people's comfort during end of life care and had taken steps to ensure this was prepared for.

Processes were in place to manage and respond to complaints in a way that involved the complainant to ensure issues were resolved to their satisfaction.

People, relatives and staff were actively encouraged to give feedback and any feedback given was fully considered and improvements made. People's views were valued and respected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe, checks were made on staffs' suitability for the role and staff were trained in how to keep people safe. Risks associated with people's care needs, infection prevention and control, and medicines were identified and were well managed. People's care was provided by sufficient numbers of staff. Lessons were learnt when things went wrong.

Is the service effective?

Good

The service was effective.

People received effective care, underpinned by good levels of fluid and nutrition that helped to achieve good health outcomes for people. People were treated fairly and the principles of the MCA were followed. Staff received training in areas relevant to people's care needs and had developed their skills in a variety of ways. People had access to other healthcare professionals. The premises were suitable for people and met their needs.

Is the service caring?

Good

The service was caring.

Staff were caring and considerate. Staff respected people's privacy and dignity and promoted their independence. Relatives and friends were free to visit and were involved in people's care. People were involved in decisions about their care and support.

Is the service responsive?

Outstanding

The service was responsive.

People enjoyed activities and these were personally tailored to match people's preferences and the abilities of people living with dementia so that their engagement in activities promoted a sense of well-being and had positive outcomes for them. The involvement of the local community in people's lives was valued and promoted and again the value of these local connections and the positive impact they had on people was understood by

staff. People, relatives and staff were actively involved in the service; volunteers at the service were supported. Systems were in place to manage and respond to complaints. The Accessible Information Standards had been met. Care and support was provided to people when they reached the end of their lives.

Is the service well-led?

Outstanding ☆

The service was well led.

Staff were valued by the registered manager and provider and were highly motivated and dedicated to provide excellent care to people.The service was led with an open and inclusive management style that evaluated its success based on people's experiences of care. Systems and processes to monitor the service were focussed on people's experiences of care and improving outcomes for them. People, their relatives and staff were actively involved in developing the service. Governance arrangements thoroughly checked people received good standards of care. A registered manager was in place and they understood their responsibilities. The service worked in partnership with other agencies.

Beech House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 23 and 25 October 2018; the first day of inspection was unannounced. The inspection was completed by one inspector 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. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection visit we looked at all the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

We checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services. We spoke with one visiting healthcare professional.
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

In addition, we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the deputy manager, a senior carer, a carer, the housekeeper, the cook and the

activities coordinator. We also spoke with both directors.

We looked at the relevant parts of four people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

Good

Is the service safe?

Our findings

People and relatives told us people were safe at Beech House Care Home. One person said, "I feel safe here; staff give me a key and I lock my door at night and in the morning." A relative told us, "Absolutely safe care."

Records showed the service had appropriate systems, processes and practices in place to safeguard people from abuse. When any potential abuse was suspected the registered manager took appropriate action to ensure people were safe and informed the local authority and the CQC. Staff had been trained and were knowledgeable on what steps to take to help safeguard vulnerable adults. One staff member told us, "I feel people get safe care here; I would speak up if I thought they didn't." The provider had taken steps to help ensure people were cared for safely.

Risks to people had been identified and staff were aware of what actions were needed to reduce risks. For example, we saw staff provide timely assistance to a person to help them mobilise when this was needed. When staff used equipment to help people mobilise we saw this was done safely and people were reassured. Environmental risks were assessed and actions taken to reduce risks. Risk assessments were in place for foreseen emergency situations. For example, personal emergency evacuation plans (PEEP's) were in place for each person, which showed what assistance people would require in any event which required their emergency evacuation from the building. Records also showed a fire risk assessment was in place, and systems in place and designed for use in an emergency, such as fire alarms and fire doors, which were regularly tested. In addition, routine safety checks and servicing of equipment, such as lifts and hoists, were regularly completed.

We saw communal areas and people's rooms were clean and tidy. People and relatives all told us they were happy with the cleanliness of the service. One person told us, "Oh yes it's kept clean; the staff have never got the brooms out of their hands." Another person told us, "You can see for yourself; all the floors get washed." We observed staff wore gloves and aprons when helping people with meals and personal care. Other actions were in place to help prevent and control infections. Cleaning staff followed cleaning schedules so that communal areas, people's rooms, mattresses and curtains were regularly cleaned. Cleaning products were stored safely. Staff had been trained in infection prevention and control. Steps had been taken to protect people from the risks of infection.

Records showed lessons were learnt and improvements made when things went wrong. Any accident and incident records were reviewed and analysed by the registered manager. Records showed actions were taken when needed, such as updating any care plans and risk assessments.

Medicines were stored securely, and temperature checks were in place to ensure medicines were kept at the correct temperature. Storing medicines within the recommended temperature ranges helps to ensure the efficacy of medicines. We saw staff with responsibility for administering medicines did so safely and kept accurate records. If, for any reason, people didn't take their medicine the reason why was recorded. Staff asked people if they were in any pain and if so offered suitable pain relief. When people were prescribed medicines to be given only when required, not regularly, guidance was in place to help staff give them

consistently. Staff recorded where on people's bodies creams and ointments were to be applied and records showed that they were being applied as prescribed. Systems were in place and operated effectively to manage the ordering and disposal of medicines. Medicines were managed and administered safely.

People and relatives told us there were enough staff on duty at all times to meet people's needs. One person told us if they had to wait, this was not for long and they understood this would be because staff would be helping another person. The registered manager planned how many staff they needed based on people's care needs. Staff rotas showed this number of staff had been provided. The provider ensured sufficient staff were deployed to meet people's needs.

The provider operated recruitment policies and procedures designed to ensure that all staff working at the home were suitable for the work they were employed to do. We sampled recruitment files for care workers and all had documentation in place to show this, including evidence of satisfactory criminal records checks, references, and previous employment history. We discussed the requirement to retain information on identify checks, including photographic identity checks and the registered manager told us this would be put in place. Checks had been made to ensure staff working at the service were suitable to do so.

Good

Is the service effective?

Our findings

Effective action was taken to prevent the development of pressure ulcers; no one had any pressure ulcers in the home at the time of our inspection. People's pressure ulcer risks were assessed and reviewed using nationally recognised assessment tools. In addition, the registered manager had a pressure ulcer prevention strategy for people. This provided further assessment of people's daily life choices such as how active they were. Where people were usually active, but then had a less active day it instructed staff to provide pressure relieving care after a number of hours of inactivity. Where people were assessed as at higher risk, instructions were given to staff on repositioning sequences and what equipment to check, such as on heel protectors being worn.

The registered manager told us they took steps to ensure people had a good dietary intake as well as monitoring people's fluid intake to ensure their skin remained hydrated. Adequate fluid intake is recognised to prevent skin breakdown. The registered manager had contemporaneous fluid intake records for each person measured against their personalised fluid intake target. We saw staff regularly offered drinks to people, and assisted them to drink. Records we saw showed people's fluid levels were consistently maintained at a healthy level; the registered manager and staff we spoke with told us people were identified if their fluid intake was low and they were gently prompted to take more fluids. In the hotter weather staff told us they had set up 'hydration stations' to be visible reminders for people and staff to keep hydrated.

The registered manager told us staff had been trained on how to check people's skin and how to spot early signs of any potential skin breakdown and this also helped to prevent pressure ulcers. Records showed where people required repositioning to help prevent skin breakdown, this was done at the frequency identified. Where people had been assessed as requiring pressure relieving equipment, such as specialist mattresses and cushions we saw these were in place and regularly checked to ensure they remained effective. Records showed staff received good practice reminders both in their supervision and from information on notice boards for this area of care.

People's needs were assessed in a way that enabled potential risks to be identified and steps taken to prevent further harm. For example, medicines with potential side effects, such as blurred vision, confusion and drowsiness, that may contribute to falls, had been identified and assessed for each person. The details had been reflected in people's risk assessments for falls and staff were instructed to arrange a review with the person's GP should they notice any of the symptoms.

Other effective steps were taken to help prevent falls. We saw staff had discussed with a person and their family a move to a bedroom closer to the nurse station; this ensured staff were always close at hand to assist the person. Records showed staff had received falls prevention training and referrals were made to the falls prevention team to see if any further specialist input could assist people.

People's current care needs were assessed. One person told us how their bed was fitted with rails to prevent them falling from their bed, they also told us staff used equipment to help them safely into and out of the bath. Records showed people's needs were assessed and where people required equipment to help with

their mobility or to help keep them safe this was detailed and up to date. Other assessments were in place for any health associated needs such as dementia, dietary, skin and continence care. Associated risk assessments were in place to help reduce falls, pressure sores and malnutrition.

People told us they felt free from discrimination. One person told us, "Staff treat me as a normal human being." The protected characteristics of the Equality Act were considered when care was planned for people. We saw people's consideration was given to people's cultural and faith needs; this helped ensure people's diverse needs were met. This was supported by the service's equality and diversity policies and procedures that set out the provider's commitment to meeting people's diverse needs. In addition, good practice guides on equality and diversity training were displayed for staff. Staff were aware of which people had faith needs and spoke to us about how they helped to support them. For example, staff told us they would sit and read religious readings together. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination.

People told us they enjoyed their meals. One person told us, "Marvellous food; I've never refused my dinner." Another person said, "There is a choice at breakfast; there is always a choice of meat at lunchtime and you can have whatever vegetables you want." Another person told us, "I'm gluten free, wheat free and dairy free; I'm happy with the food." We saw staff asked people what they would like for lunch in the morning; they used picture menu cards to help people understand the menu options. Staff assisted people with their meals when this was required and offered people the choice of wearing an apron to help protect their clothes over lunch. We saw aids and adaptions, such as plate guards helped people maintain their independence when eating. People received meals modified to specific textures to help prevent the risk of choking; we saw these were presented in an appetising manner. Staff understood people's known preferences and offered people second helpings of meals if they so desired them. One staff member told us about a person they had encouraged to have second helpings; they said their appetite could fluctuate and they tried to get them to eat well when they had a good appetite. Care plans were in place for people's nutritional needs and any risks associated with malnutrition were assessed and identified using nationally recognised assessment tools. People's weight was kept under review and referrals were made for additional food supplements to help people keep at a healthy weight. This helped staff to help people maintain a healthy dietary intake.

We met with the cook who was aware of the nutritional needs of all the people using the service and if they had any allergies; the sourcing of the meal provision enabled the cook to know the nutritional and allergy content of all the meals served. In addition, the cook told us how they would add further fortification to meals, for example, by adding butter to vegetables. The cook had met with people and their relatives for a 'food tasting' event. They told us people's feedback helped to inform the menu choices. The service had a food hygiene rating of five; the highest rating. Records showed steps were taken to ensure food was prepared and stored safely. For example, we saw records of food temperatures were taken. This helped to ensure meals were effectively managed.

People told us they felt staff were well-trained. One person told us they felt staff were well trained because, "Everything is so relaxed." Staff told us they completed an 'induction' programme when they first started in their role. One care staff member told us, "I got a good quality of induction." They told us and records confirmed, this included health and safety and fire procedures, introductions to people and their care needs. They also confirmed they worked with an experienced member of staff until they felt confident in their role. Staff told us the quality of on-going training was good; they told us it included practical training for areas of care such as using equipment to help people mobilise.

Records showed the registered manager kept track of what training staff had completed or needed to

complete and prompted them to do so. This covered training relevant to people's needs in such areas as dementia, infection prevention and control and sepsis management. We discussed the training records with the registered manager. They told us staff would also gain experience and knowledge on aspects of care through their further studies in care related qualifications or through discussion and checks on staff knowledge in supervision. For example, some staff were studying for nationally recognised qualifications in health and social care and staff supervisions focussed on different aspects of care, such as continence products and topical medicines. In addition, where staff acted as 'champions' for specific aspects of care they told us they attended meetings with other relevant agencies to ensure they kept up to date with good practice. Staff told us they felt supported in their work and records showed staff had regular supervision meetings. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

People had access to healthcare professionals when they needed them. One person told us about when they had fallen, they said, "Staff sensibly waited for the ambulance; they checked me out, nothing broken and I could go back to bed." Another person showed us a bandage and told us the district nurse came regularly to check on it. A relative told us their family member's walking ability had started to deteriorate and staff had arranged for a physiotherapist to assess them. People received care from other healthcare professionals when needed.

Records showed staff worked closely with a range of healthcare professionals, including GPs, district nurses, opticians and chiropodists, to ensure people's health needs were met. Community nurses visited a person twice a day to assist with their diabetes management. People had care plans and risk assessments in place for their health needs which staff followed, including information from healthcare professionals where necessary. For example, one person's risk assessment for diabetes management included information for staff on how to identify signs of hypoglycaemia and when to seek further medical assistance.

Staff we spoke with were clear on their roles and told us a 'handover' meeting took place whenever staff changed shifts between shift leaders; care staff told us shift leaders had responded to their feedback to improve the information given to staff. One staff member told us, "They have listened and the shift leader will now tell us anything that needs handing over." This helped to ensure continuity of care for people and showed staff worked well together. People were supported with their health care and staff worked effectively together and with other organisations and other professionals to ensure people received effective care.

Actions had been taken to adapt the premises to the needs of people living at Beech House Care Home. One of the directors told us they had planned the colours in the home to help people living with dementia. Orange had been used as a colour theme in the dining area to help stimulate people's appetite, the entrance was yellow to offer people a warm greeting; other corridor areas were painted in calm colours. All the corridors had themes which helped people to orientate, such as transport and sport, and included items of reminiscence. Easy to read signs were in place to further help people orientate to the main areas, such as to the dining area and toilets and bathrooms.

People had personal aid memoires outside their bedroom door that acted as a prompt for them to know they had reached their room. This also helped staff know what was important to each person in how they identified themselves. Further adaptions had been made for some people who were living with dementia. These included having different spaces adapted to suit the different needs of people living with dementia. For example, one room was used as a reminiscence room and had vinyl records and associated memorabilia on display. The registered manager told us the garden was secure and we saw photographs of people enjoying the garden over the summer. Throughout our inspection we saw people enjoyed spending

time in the different areas of the home. The premises had been adapted, designed and decorated to help meet the needs of people using the service.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. Where appropriate, applications for DoLS authorisations had been made and the registered manager had a system in place to oversee the management of them. Care plans showed best interest decision making was specific and reflected any DoLS authorisations. Staff we spoke with understood how the MCA and DoLS applied to people they cared for. We observed staff sought consent from people before they provided care. For example, staff asked people, "Where would you like to sit," when assisting people to the dining room. People's consent to their care and treatment was sought by staff in line with the MCA.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring and considerate. One person said, "Staff are lovely; they always get a laugh out of me." Another person told us when they had sadly lost a loved one, "Staff sat down and talked with me; they stayed with me all night." A relative told us, I do think staff are caring; I can't fault them; [family member] talks more here; they've got more confident."

We saw many examples of staff being caring and kind to people. We sat with people in one of the lounges. Staff and both directors, who had visited the home on our inspection, took time to have conversations with people. We saw one person enjoyed talking about local places of interest with staff. We saw staff notice another person looked uncomfortable; they asked if they could help make the person more comfortable and positioned a pillow to help them. Another person was reassured by staff when they were being assisted to move. We could see staff and the directors had formed warm relationships with people. These were examples of staff providing a caring service.

One relative told us, "I have a lot of faith in the staff; I mentioned that my family member was not looking as smart as they would like and they sorted it." Staff with management responsibility told us they prompted staff to constantly question whether the care they gave was good enough for their family members; and to check people were as well presented as they would want to be; whilst respecting any refusals from people, for example if a person did not want a shave that morning. Staff spoke with warmth for the people they cared for. One care staff told us, "I view people here as my family members; I want to make a difference and that's why I work here."

People's independence was promoted. People told us how they helped themselves and how staff helped them; staff recognised the benefits of people retaining their independence and told us how they helped people achieve this. Care plans supported this approach, for example, one person's care plan stated they could maintain their personal hygiene with prompts and encouragement. Another person's care records showed they had been given the opportunity to manage their own medicines.

Care plans showed how people had been involved in writing them. For example, we could see people had been asked for their preferences. These covered a wide range of topics, and included whether they would prefer a male or female carer, how they would like to be addressed, their preferred times of getting up and going to bed and how they would like to be involved in the running of the service. Relatives said staff involved them in care planning too. One relative said, "I do the care reviews and [another relative] does the day to day; the home write about [the care provided] and we discuss it; nothing is missing so far; I have no concerns from our side." The provider had taken steps to involve people in their care plans and their needs and wishes were met with respect.

People told us staff treated them with dignity and respect. We observed staff knocked on people's bedroom doors, identifying themselves when they entered. People were free to spend time in their own rooms or elsewhere in the home as they pleased and relatives were free to visit when they wished. People's privacy, dignity and independence was respected and relationships with people's families and friends were

supported.

Outstanding ☆

Is the service responsive?

Our findings

The registered manager showed us how information on people's life histories had being turned into a slideshow on the computer. This was then used with the person so they could see their life history illustrated with photographs and memories. One person's slideshow had photographs of where they liked to go on holiday, their family and sports and hobbies. Other uses of technology were employed to help achieve positive outcomes for people. For example, the registered manager showed us how they had recently used a motion detector to help prevent falls for a person who had had an increase in falls. The motion detector detected when a person was attempting to get out of bed unaided and delivered a voice message. They told us this had been programmed with the voice of a family member to encourage their relative to wait in bed until staff arrive. We looked at this person's incidents of falls and could see their falls had increased and had reduced from the point the motion detector had been installed. The registered manager told us of plans to develop the use of technology further. They told us people had used an interactive computer table on a trial basis and had been able to look at photographs of where they had grown up. As people had responded positively to this, the registered manager told us the provider was exploring purchasing this resource for people. The provider had taken steps to use technology in a way that enabled people to interact and have positive outcomes.

In addition, other activities enjoyed by people had been captured with photographs. We saw one person smiling while seated on an old motorbike; the registered manager told us this had been arranged as the person used to be a dispatch driver. Other photographs showed a person enjoying gardening and their comments had been captioned. They had said, "This is thirsty work; what a way to spend the day, it's brilliant." We saw other photographs of people laughing and looking at animals bought in by a visiting company. People's comments had been recorded. They included, "Love it, real boys stuff," and, "Can you come again, I've never seen such a large spider, really entertaining." Other entertainers visited the service, including visits by 'Lost Chord.' Lost Chord are a charity that aim to enhance the lives of people living with dementia through interactive music sessions. We saw people's comments that they really enjoyed these and other visits by external entertainers.

People also told us they enjoyed going out an about in the local community. One person told us, "I have a nice trip to the pub; I enjoy it, I have a nice drink of wine and dinner." We saw photographs taken of people enjoying these trips. Other links to the local community were supported. We saw photographs of people enjoying a visit from local school children. Feedback from the school stated, "The children had an amazing visit; happy residents, caring and welcoming staff." Steps had been taken to ensure regular contact between the school and people living at Beech House Care Home could continue. Other links had been made with a local college for older children to share activities with people for part of their work experience. Another person who had an interest in literature was supported to book tickets and attend a talk at the local library. Volunteers were welcomed into the service and two volunteers had been contributing their time with activities. Records showed people had enjoyed stories about working lives, and 'life at the pit' stories facilitated by one of the volunteers.

To ensure the activities were meaningful and appropriate for people living with dementia as their abilities

and skills changed, the provider had developed individual dementia and activity and wellbeing support strategies to support them. Records showed how the provider had assessed what the person living with dementia was able to do and how living with dementia could impact on their involvement in activities. In addition, they had considered people's life histories and made links to what they now enjoyed doing. For example, for one person the provider had identified they enjoyed ball games as they had always enjoyed sports. For another person who had previously worked in care, the provider identified they liked to help with the household jobs and they had recognised this, "helps to give them a sense of purpose and self-worth, all of which helps them feel less agitated."

For people who were more restricted in terms of what activities they could participate in, due to being cared for in bed, the provider had individual activity strategies in place to meet their needs. Records showed this covered what people liked to talk with staff about as well as access to audio books and computers. In addition, people's preferences for how they liked their rooms decorated were detailed and records showed people had recently been involved in planning the redecoration of their rooms to suit their own personal tastes.

This approach to activities providing people with good quality outcomes that enhanced their well-being was kept under review by the provider. We saw people's views on activities and their time at Beech House had been recently gathered and used to inform future activities. For example, one person wanted to listen to more piano music as their family member used to play; this wish had been incorporated into regular trips to a cabaret luncheon club that played old time music.

One person told us, "I didn't think anyone could think about me so much; It's lovely here, I don't feel lonely here; I felt lonely before I came here." We saw this person happily talking with other people and staff during our inspection.

Other people were engaged in a variety of activities within the home. For example, we saw people happily talking amongst themselves in the activities lounge while busy sorting clothes together. At other times people were sharing fun and laughter together while making seasonal decorations. Other people enjoyed having their hair done by the visiting hairdresser in the hair salon.

We saw how taking part in these activities had a positive impact on people. For example, we observed one person was unsettled and agitated; a little while later we saw the same person happily engaged with people and helping to make seasonal decorations.

We saw how responsive individual interactions between staff and people had positive benefits on other people. For example, another person had become distressed and anxious and we saw one of the directors walked with the person and talked with them; we saw them return later; the person was calm and was looking at wedding photographs with the director.

Other personalised approaches to reminiscence were in place. Care plans contained detailed information on what was important to people and their life histories. This helped care staff understand people's lives. For example, we heard care staff talking about the places people had grown up, and reminiscing together.

Care staff were observant and quickly helped when this was needed. For example, we saw one person attempt to mobilise on their own and staff quickly went to assist. When a person asked for a snack, staff responded straight away and got the person what they had requested.

Care plans were reviewed monthly or as people's needs changed. Those we sampled had been updated

regularly and ensured staff were kept up to date with people's progress or any changes in the way they were being supported.

The registered manager had assessed how people accessed information in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers of NHS and publicly funded care, to ensure people with a disability or sensory loss can access and understand information they are given. One person's care plan identified they needed information in a visual format as they were deaf. Records showed information had been made available to this person visually so they could give their views on the activities in the home. Staff also told us they made use of visual prompt cards to aid conversations. Information on planned activities was available in a visual format, as were the menu choices for meal times and drinks. Further information from recognised specialist organisations was available on non-verbal forms of communication and communicating with people living with dementia.

People and relatives told us they had no need to complain and felt comfortable to speak out if they had any concerns or complaints. One relative said, "I would feel comfortable enough to complain if there was a need to; all are very approachable." Information was available for people on the provider's complaints process. The registered manager had a system in place to respond and manage any complaints in line with the provider's complaints process. Records showed any complaints received were resolved promptly and included feedback from the complainant on how satisfied they were on the resolution of the complaint. For example, one complaints record stated, "Complainant is happy with the way we have dealt with this matter and actions taken."

Care plans for the provision of care towards the end of a person's life were in place. People's views and those of their relatives had been included; this helped to ensure care plans were personalised, holistic and comprehensive. Where appropriate, any advanced medical decisions had been made with the involvement of the person's GP and were clearly identified. Staff we spoke with were knowledgeable on the type of care people may need to help them be comfortable and mindful of people's wishes. For example, staff understood the need for oral care towards the end of a person's life and we saw equipment was available for staff to use when this would be required. The provider had taken steps to ensure care at the end of a person's life met their needs, promoted their comfort and respected their wishes.

Outstanding ☆

Is the service well-led?

Our findings

One of the directors spoke with us about the values and vision for Beech House Care Home. They told us they had a 'family based philosophy;' they wanted staff and relatives to come to Beech House and feel like it was their second home. They told us they felt their achievements had been to increase the activities available to people and to increase the involvement of the local community in the home and in people's lives. The provider had a 'statement of purpose;' this is a document that tells people about the care provided. This was focussed on ensuring people were at the centre of their care and that care was provided with personal warmth, passion and professionalism where people were safe and lived free from abuse.

We found the provider was following their philosophy of care at Beech House Care Home and achieved good outcomes for people. We found this was recognised by other professionals involved in the service. For example, the local authority commissioning team had given the home the highest rating for all round excellence, the food standards rating was the highest available. In addition, at our inspection the registered manager told us they had entered a local competition (CHASE – Care Home Achievement Success Event) organised by local health care commissioners. Shortly after our inspection the provider contacted us to tell us Beech House Care Home had won an award for actions taken to help prevent pressure ulcers. The provider had used a variety of recognised specialist resources to help them develop the strategies in place for areas such as dementia and the development of meaningful activity that enhanced people's well-being.

In addition, the provider had outlined their expectations for staff roles. This started with their own values and aspirations for people. This said, 'We must do everything reasonably possible to ensure that whenever a resident, a family member or someone else visiting the home is dealing with any of us, it is a real pleasure. We should be positive and vibrant. We should all want to go the extra mile and provide legendary customer service." Role descriptions for other roles, such as the manager were written in ways that encouraged positive and inspiring leadership.

The provider and registered manager were both involved in understanding people's own experiences of care to identify what worked well and what could improve outcomes for people. For example, with people's consent, they spent time with care staff as they cared for people. Their rationale was recorded as being, 'The fact senior management take an interest in the minutiae of how personal care is given, allows people to speak up about how they viewed the level of care provided and give staff the opportunity to ask questions and ask for support, training or more equipment.' This way of checking the quality and safety of care resulted in improvements that were directly related to people's experiences of care. For example, having more time spent on facial washes and ensuring blankets were put on beds properly, with the understanding that this was something people really appreciated. We saw these checks also covered staff practice in infection prevention and control, medicines management and record keeping. These approaches helped to clearly identify and set standards around quality care centred on people's needs.

A registered manager is required and was in post at Beech House Care Home. 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 provider is required to submit statutory notifications to CQC. Notifications are changes, events or incidents that providers must tell us about. All relevant statutory notifications had been submitted by the registered manager.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.

All the people and relatives we spoke with knew the registered manager and throughout our inspection we saw the registered manager knew people well and asked them how they were. People also told us they knew both directors. One person told us, "[Registered manager] is a very nice man." Another person told us, "I like him [pointing to the registered manager] I always deal with him." When we asked a third person if they found the registered manager approachable, they told us, "I do, I do; I can't find anything wrong; we have a bit of a laugh together; I find [the directors] are very good too."

Staff were consistently positive about both directors, registered manager and deputy manager; in addition, staff were consistently positive about the work they did. One care staff member told us, "It's why I am still here; it's kindness [of the management]; I'm praised for my work and they notice if I'm doing a good job; they always say please and thank you and show appreciation for what I do." Another member of staff told us, "They are the best management I have worked for, so approachable. If there are any issues you can go to them; they sort stuff out. It makes you want to go above and beyond; they do anything for us; we are a team to make this home the best it can be."

Staff were clear about their roles and responsibilities. Some staff took the lead in certain areas of care and told us how they kept up to date. For example, one care staff member told us about being a 'champion' for infection prevention and control. They told us they kept up to date with issues and kept in touch with commissioners to participate in sharing good practice. Records showed another member of care staff took the lead for tissue viability and took responsibility for checks on pressure relieving equipment. Staff were motivated and positive, one care staff member told us, "I love it, it's amazing; I couldn't ask to work with better staff or management." Another care staff member told us, "We work well as a team; all our carers give 110%."

The provider had taken steps to ensure people, relatives and staff were involved in the developments at the service. People and relatives told us they felt the home had a relaxed and informal atmosphere. People had completed a survey about living in the home and we saw the provider had used this to continuously learn and improve the service. For example, the provider had made personalised responses to people based on their feedback and this had resulted in improvements for them. For example, one person had commented improvements that could be made to the garden, mealtimes and their involvement in the home. We saw one of the directors met with the person to talk about their comments. As a result, changes were made to their mealtimes, gardening work was planned and a residents' forum was launched to help the person become more involved in the home. Meeting records for the residents' forum showed this person had attended along with other people. People discussed the activities and agreed a list of actions based on their ideas. In addition, people discussed food and how well the kitchen staff responded to their requests and ideas; improvements needed to the garden were discussed and any issues and possible solutions to these. We saw a list of things to try to improve any issues had been agreed; these included reminding staff to talk quietly at night in the corridors and looking at different ways to improve people's meal time experiences.

Other steps were taken to ensure continuous improvements. Records showed the registered manager

continuously reviewed events such as falls and accident and incident reports. This showed they quickly and proactively identified any developing trends and took actions to reduce risks to people. For example, we saw referrals were quickly made to the falls prevention team or where a different type of falls sensor was introduced. Systems and processes were in place to ensure the service could continuously learn and improve.

People were asked how they wanted to be involved in the home as part of their care plan assessments, as detailed elsewhere in this report. Records of a discussion with people confirmed they felt 'very involved' with choosing the colour schemes for their bedroom redecoration.

Relatives were asked for their views at relatives' meetings as were staff at staff meetings. Whenever suggestions had been made we saw the provider and senior management team looked at these objectively with the aim of improving outcomes to people. We saw the survey results from visitors to the home had been analysed and were on display for visitors to see. This included positive comments about the improvements made to the service including new flooring, uniforms and activities. Where visitors had raised concerns, these were published too, along with the actions being taken by the provider and staff to address them. For example, actions taken to ensure the home smelt fresh and how new staff were supported to understand people's needs.

Records of meetings with relatives showed they were regularly involved and informed of any new developments, for example, new management structures and activities. In addition, any feedback from recent audits and visits from commissioners was shared in an open and transparent style. Records showed all relatives were welcomed to attend any activity. In addition, offers of more structured help from relatives to become volunteers were warmly welcomed. The provider had created and inclusive and empowering culture.

Staff told us any contributions and ideas they made were welcomed. One care staff member told us when they first started in post they felt the assistance for people to mobilise could be done better. They told us, "This was addressed as I raised it with the manager and provider; new training was provided and moving and handling has improved 100%." To further encourage an open and safe culture, staff told us they could report any concerns without worry or hesitation to managers and the provider. We saw where any concerns had been raised a 'Cause for concern' form had been completed, and detailed the actions taken in response.

Another care staff member told us, "I'm asked for my views, senior staff ask how I'm getting on and management ask how I'm doing." Records showed staffs' suggestions of places to visit for meals out with people were considered and incorporated. All ideas were considered, and where an idea was not taken up, an explanation was given. For example, a suggestion was made to change part of the cleaning rota. We saw this had been reviewed by the provider, and after consultation with other staff, was not taken forward based on the feedback from most staff as to what would work better. Supervision records with staff showed they were asked what they felt could improve the service.

The registered manager was active in ensuring the service ran well. During our inspection the registered manager undertook regular checks around the home to ensure care was delivered to good standards. We saw the registered manager observed potential risks and ensured staff were aware of them and that they were being managed. In addition, records showed the registered manager completed regular night checks at the service. These reports contained evidence that people's care was provided in line with their choices. For example, when nurse call buzzers or alarm mats triggered staff attended immediately, the environment was clean and well presented, laundry was up to date and equipment needed to prevent pressure ulcers

was being used appropriately. Checks to ensure people received safe care of a good standard were thorough and effective.

Policies and procedures for the governance and operation of the service were in place. In addition, records showed audits were completed on such areas as water safety, medicines, equipment used and health and safety. We saw that equipment used was regularly serviced and a fire risk assessment was in place. Where audits identified repairs were needed we saw these were completed. This helped to ensure the care provided remained safe.

People told us they could access other healthcare as detailed elsewhere in this report. Care plans and daily notes showed the involvement of other professionals, such as GP's, district nurses and speech and language therapists. The service worked in partnership with other agencies to ensure good outcomes for people.