Beauchamp House Nursing Home Limited

Beauchamp House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Beauchamp House Nursing Home on 17 and 18 July 2018. When the service was last inspected in May 2017, two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. This was because people were not always fully protected against the risks associated with medicines and there were a lack of sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Responsive and Well led to at least good.

The provider wrote to us in July 2017 and told us how they would achieve compliance with the regulations. At this inspection we found that improvements had been made in all areas and there was a commitment to on-going improvements.

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

Beauchamp House Nursing Home provides residential and nursing care for up to a maximum 54 people. At the time of our inspection, 43 people were living at the service. The service specialises in caring for older people including those with physical disabilities, people living with a mild dementia or those who require end of life care.

Within the grounds of Beauchamp House Nursing Home there are thirteen sheltered housing units where people can live independently or access personal care. At the time of our inspection, nobody living within these houses was receiving personal care from the staff at the service.

There was a manager in post who was going through the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke highly of the manager and the improvements that had been made since they had been in post. One person told us, "The lovely new matron [manager] has made a difference."

Staffing levels and the deployment of staff had improved. There were systems in place to ensure suitable staff were recruited. Improvements had been made to the management of medicines; medicines were stored and administered safely.

People felt safe with the staff supporting them. People were supported by staff who knew how to recognise and report abuse. Risks to people were identified and risk management plans were in place. Measures were in place to prevent the risk of the spread of infection. There were systems in place to record and review any accidents or incidents that occurred.

People were supported to receive a diet that met their needs, and their nutritional needs were met. There were a range of choices and options on the menu and our observations of the dining experience was positive.

People received effective care from staff who had the skills and knowledge to meet their needs. Although some staff had not received supervision in line with the providers policy, staff spoken with felt supported by their managers.

Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People's rights were protected because the correct procedures were followed where people lacked capacity to make specific decisions for themselves.

People were supported by staff who were kind and caring. Staff spoke positively about people; they demonstrated empathy and were able to tell us about people's likes, dislikes and what was important to them.

People received care that was responsive to their needs and personalised to their wishes and preferences. Some of the care plans had not been updated following a change in people's needs; this did not impact on the care people received.

People had access to a range of organised activities and events which provided them with mental and social stimulation. There were links with the local community and the manager was looking at ways to increase these.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained.

There were procedures in place to manage complaints. Where complaints had been raised these were responded to and action was taken where required. The manager and provider treated complaints as an opportunity to learn and improve.

The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

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.

There were adequate numbers of staff to keep people safe and to meet their needs.

People's medicines were safely administered.

The risks of abuse to people were minimised by the providers policies and procedures.

Procedures were in place to protect people from the risk of the spread of infection.

Is the service effective?

Good

The service was effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored and met by registered nurses.

People had access to other healthcare professionals according to their individual needs.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected.

People or their representatives were involved in decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs and preferences.

People had access to a range of organised activities and social stimulation.

People had their complaints and concerns listened to and addressed.

Is the service well-led?

Good

The service was well led.

People benefitted from a manager who put people at the centre of the service and was committed to on-going improvements.

There were effective systems in place to monitor the quality of the service and seek people's views.

People lived in a home where the management team were visible and approachable.

Beauchamp House Nursing Home

Detailed findings

Background to this inspection

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

This inspection was carried out by one inspector, a specialist professional advisor, who was a nurse 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. When the service was last inspected in May 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make.

We spoke with 13 people who used the service and five people's relatives or visitors. We also spoke with 17 members of staff. This included the operations manager, transitional support manager, the manager, the deputy manager, the administrator, nursing staff, care staff maintenance staff and the housekeeping staff.

During the inspection, we looked at 10 people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, four staff recruitment and training records, meeting minutes and audit reports. We requested feedback from three visiting professionals.

Good

Is the service safe?

Our findings

At our last inspection in May 2017, we found people were exposed to risk of not receiving their prescribed medicines as stock balances were not always effectively maintained or monitored.

During this inspection we found improvements had been made. There was an electronic medicines monitoring system (eMAR) in place. This system is operated through mobile hand-held devices used by staff when administering medicines. The system contains pictures of people, and colour codes when their medicines are due, overdue or an 'As Required' (PRN) medicine such as paracetamol. The system is also designed to alert staff to when medicine prescription supplies are low and a product requires re-ordering.

We found the system was effective in ensuring there were suitable amounts of medicines stored in the home. We checked the medicines stock for four people and found the correct amounts were reflected in the medicines records. Staff told us since the last inspection they had received additional training in relation to the medicines systems and they were confident in using them.

People told us they were happy with the way staff supported them with their medicines, one person told us, "I don't have to worry about it."

Medicines were in date and stored securely. Temperatures of storage rooms and fridges were regularly taken to ensure they remained with the correct temperature range. Where the temperature of the medicines room had exceeded the recommended temperature, advice was sought from the pharmacist, who confirmed the medicines stored would not be affected by the rise in temperature.

People received their medicines safely from registered nurses or senior care staff who all received specific training and had their competency assessed to make sure their practice was safe. Medicines audits had identified some staff required refresher training in medicines, and we saw there were plans in place to address this.

We looked at medicines practice around the home and found there were systems in place to make sure people received the correct medicines at the correct time.

Some people were prescribed medicines on an 'as required' basis' for pain relief for example. We observed staff asking people if they were in pain and required any pain relief during the inspection.
To make sure people received these medicines in a consistent way there were individual protocols in place which gave staff information about when to administer these. This helped to make sure people received appropriate medicines to maintain their comfort.

At our last inspection we found there were not enough suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. During this inspection although we received mixed comments from people relating to staffing, we found improvements had been made.

Comments from people included; "Generally enough staff. It has improved since new manager came", "Staffing levels have improved", "Sometimes I have to wait", "Quite often short staffed", "Sometimes rushed in the mornings" and "Not rushed, give me as long as I need." A relative told us, "There had been falls in the lounge. I noticed now that a member of staff sits in the lounge with the people."

Staff also us they were still busy at times, however since the last inspection improvements had been made to the staffing arrangements in the home. One staff member said, "Some days it can be hard if someone goes sick, it can be busy but we get our breaks." Other comments included, "Staffing is ok, it has absolutely improved since the last inspection" and "Staffing is generally pretty good, sometimes staff go sick but there are enough staff to meet people's needs and we float around other floors to help out if needed."

The manager told us since our last inspection they had reviewed staffing arrangements within the home. This involved reviewing the layout of the home, with the people who required nursing support being moved to one area of the home. The manager explained this had enabled them to deploy staff more effectively to meet the needs of the people they supported. The manager confirmed this had been completed with the involvement and agreement of people and their representatives.

People were supported by a consistent staff team because the manager had recruited a number of new staff which had greatly reduced the number of agency staff working in the home. The manager told us they occasionally used agency staff to cover shift, whereas before they were using over 300 hours agency per week. This helped to make sure people were supported by staff who knew them well and were familiar to them.

The manager used a tool to assess the dependency needs of each person living in the home and staffing levels were reviewed and adjusted to meet the staffing levels identified by the tool. The manager also told us they used their direct observations and feedback to ensure there were enough staff available to meet people's needs. We reviewed the staffing rotas and noted there were times when staff called in sick for example, where the staffing levels were reduced these did not fall to unsafe levels. The manager confirmed at these times they would help out, as would the deputy manager.

We observed people were supported by adequate numbers of staff who were effectively deployed to keep them safe and meet their needs. Staff were attentive to people and responded to requests for support promptly.

People felt safe with the staff who supported them. One person told us, "I am carefully looked after 24/7." Other comments included; "There is always someone around. I just ring the bell", "I feel safe and secure. I wouldn't want to move" and "I have a call bell and an alarm fob which I wear round my neck, so someone always comes." A relative told us, "I feel mum is much safer here. She was always falling at home. Since she has deteriorated she is in a wheelchair and is much safer. Staff really look after her."

Risks of abuse to people were minimised because staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One staff member said, "I've never come across anything here, if I did I would report it straight to the manager and I'm absolutely confident they would take the right action. I know I could go to CQC, they do promote the whistleblowing policy here and I would definitely use it if I needed to." Another commented, "I would report anything to the deputy manager, she would take the right action, and the manager, you can go to either. They promote the whistleblowing policy here."

People were protected from abuse through the providers' processes and practices. These included a recruitment process which made sure only people suitable to work with vulnerable people were employed. This included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Registered nurses were employed at the home and employment checks included making sure they were appropriately registered with their professional body. Staff told us they had not been able to commence work in the home until all checks had been carried out. Records seen confirmed this.

People received their care safely because staff carried out risk assessments to minimise risks. For example, some people were assessed as being at high risk of pressure damage to their skin and appropriate pressure relieving equipment was in place to minimise these risks. Checks were carried out to make sure any equipment, such as air flow mattresses, were correctly set to make sure people received maximum benefit. Other areas that had been assessed included, risk of falls, the use of bedrails, risk of choking and risks associated with receiving hot drinks. The staff we spoke with were aware of the risks relating to people and the measures in place to reduce the risks.

The manager analysed all accidents and incidents to look at where lessons could be learned and improvements made to people's care. Records demonstrated where action was required to reduce the likelihood of an incident occurring, the manager had taken appropriate action. For example, where people had fallen referrals were made to the falls team and other professional input was requested where needed.

People were protected as far as possible from the risk of the spread of infection because staff had received training in infection control and there were systems in place to minimise this risk. The home was kept clean by a dedicated team of domestic staff and all staff had access to personal protective equipment such as disposable gloves and aprons which we saw being used appropriately. Sanitising hand gel and hand washing facilities were available throughout the home.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had access to support and training which made sure they had the up to date knowledge and skills to care for people effectively. Staff received an induction when they commenced employment. This provided them with the basic skills and training needed to support people who lived in the home. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "The induction was enough, I have worked in care before so I knew what they were talking about, and if I didn't I could ask." Another commented, "I had a really good induction, I shadowed another staff member and got to know the residents and what they like. It was enough and I think if I had asked for more they would have offered it."

The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were also positive about the training they received. Comments included; "We receive on-going training online, I think it is enough to do the job and we receive regular refresher training" and "The training is good, it keeps us up to date."

Staff training records demonstrated staff received training in subjects such as; basic life support, moving and handling people, fire safety, equality and diversity and safeguarding. Some people living at the home could become anxious and distressed, and at these times hit out at staff. Training in understanding and supporting people at these times had been identified as a training need, and was being arranged for all staff in the near future.

Training records identified some staff required refresher training in some subjects. The manager confirmed they had sent letters to staff to remind them when their training and there were arrangements in place to ensure this was completed.

Staff had supervisions (one to one meetings) with their line manager to review their wellbeing, look at what was working well and what wasn't working, receive feedback on their work and agree action points. The manager told us they introduced a new supervision format this year which incorporated the providers 'HEART' values; Honesty, Excellence, Approach, Respect and Teamwork. Staff commented positively about these meetings. Comments included, "Supervision is regular, we receive feedback and can raise any concerns" and "Supervisions are ok, they are supportive, you can talk about any issues or concerns about staff, residents, training, areas of improvement and the next steps."

Although records demonstrated not all staff had received supervision in line with the provider's policy, staff spoke positively about the support they had access to and received. We discussed this with the manager who demonstrated they had plans in place to address this.

People's rights were protected because the correct procedures were being followed where people lacked capacity to make decisions for themselves. The service was supporting people in line with the Mental Capacity Act 2005 (MCA).

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the MCA.

Where people lacked the capacity to make specific decisions we saw capacity assessments and best interest decisions had been carried out with the relevant people involved. Areas covered included; the use of bedrails and people receiving their medicines from staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had an understanding of the Mental Capacity Act and worked in partnership with relevant authorities to make sure people's rights were protected. The manager had made three applications to the local authority and was waiting for the outcome of these.

People's needs were assessed and care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people effectively.

People had their nutritional needs assessed and met. When people had specific dietary needs, specialist advice had been sought from a speech and language therapist [SALT]. Recommended advice had been incorporated into people's care plans. This included information for staff on how to support people who needed assistance, any special cutlery that should be used and the positions people should be when eating or drinking. People were offered choices of food according to their needs. One person told us, "Food is fine. I have allergy's and they always accommodate me." People's preferences for what they liked to eat and drink had been recorded.

We received some mixed feedback from people relating to the meals provided. One person told us, "Good choice every day. Always alternatives." Other comments included, "Usually very good indeed", "Sometimes mundane and bland" and "Variable don't like modern dishes like pasta." We reviewed the menus and observed there were a range of choices and alternatives available if people did not want what was on the menu.

We discussed the feedback with the manager who told us the menus had been created with input from the people living at the home, they said they would request the chef revisits the menu plans with people to ensure their current preferences were reflected.

Our observations of the mealtime experience was positive. We observed lunch being served in one of the dining rooms. There was a pleasant atmosphere with music playing softly in the background. Tables were dressed with tablecloths, napkins, and flowers and the menu was displayed on the table. There were enough staff available to support people and people who needed assistance had one to one attention in a timely manner. We observed staff interacting with people throughout the meal. People were asked what they would like to drink, water, juice or an alcoholic drink. People were asked if they wanted help with

anything (cutting up meat, salt and pepper).

Throughout the inspection we saw people regularly being offered drinks. When staff supported people with food or drink this was done sensitively. Staff sat beside people and we heard them having conversations with people as they helped them.

People were able to access healthcare services when required. Care files contained a record of when healthcare professionals had been involved in people's heath and care needs.

People we spoke with told us they could speak with their GP if they wished and were confident that staff at the service would make contact with the relevant healthcare professionals when required. These included where people had been seen by a GP, occupational therapist, optician and Speech and Language Therapist. People told us the nurses contacted the GP for them if required.

Beauchamp House nursing home is a large country manor house and people benefitted from having access to a wide range of areas within the home to spend their time. These included lounges, a games room, a coffee lounge, a library and space outdoors in the gardens. The premises and gardens were well maintained and safe.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included; "They are nice to me and I am nice to them", "The staff care. They speak nicely to me but don't intrude", "The staff are exceptionally good", "They are very caring and pleasant" and "Staff are kind, caring and friendly."

Throughout the inspection we observed staff speaking kindly with people and engaging in positive conversations. For example we observed staff commenting, "Is there anything else I can get you", "Ring the bell if you need anything", "Would you like your glasses on?", "That's a pretty blouse you have on" and "How are you today."

People were supported by staff who knew them well. One person told us, "They know what I want." Other comments included, "On the whole they know what I want, yes" and "The old staff do." Staff had a good knowledge of the people they were supporting. Staff knew people well and were able to adapt their approach to each individual. Some people enjoyed a joke and some good humoured banter whilst other's preferred a quieter approach.

Care plans included details of people's likes and dislikes and how they needed staff to support them. Life history documents were also in place which provided staff with information on people's lives before they moved to the service. These were used to record information relating to the person's life history including their previous occupations, family details and their hobbies. Information such as this is important when supporting people who might have dementia or memory loss.

People told us staff respected their dignity and privacy. One person told us, "They always knock on my door before entering." Other comments included, "They are always on about my dignity. If I sit here with my top too low they always pull it up" and "Staff never make me feel embarrassed." Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains, ensuring 'care in progress' signs were displayed on people's doors and explaining what they were doing whilst providing personal care. They also understood the importance of people receiving care from their preferred gender of staff. We observed staff knocking on people's doors and care in progress signs being used during our inspection.

People were involved in day to day decisions about their care and support. One person told us, "I tell them, and they do it, even the cleaners." Staff described how they supported people to be involved in their care as much as they were able to. One staff member commented, "The residents choose when they want to get up and go to bed, [name] sometimes chooses to spend all day in bed, it's their decision and we respect their choice." During the inspection we observed some people chose to stay in their rooms; whilst others chose to spend time in the communal areas.

Staff helped people to celebrate special occasions and maintain contact with friends and family. Visitors were always made welcome in the home and could visit when they wanted. Relatives commented on how friendly and welcoming the staff were. During the inspection we saw one person had invited their friends

around to have a game of bridge in the library.

The service kept a record of compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "I am certain [name] is getting good care and their emotional and spiritual needs are being met as far as is possible. I congratulate you and your staff team on the fantastic improvements", "I am grateful for everyone who looks after [name], for the warmth, kindness and understanding shown to them. Yours is a care home in a million" and "It's a happy home, I love it, we can have a lot of fun here."

Good

Is the service responsive?

Our findings

At our last inspection in May 2017, we received negative feedback about the activities provided at the home. During this inspection we found improvements had been made. All of the people we spoke with were happy with the activities on offer. People could choose whether they wanted to join in or not. Comments included, "I know about activities I have a list. I can go if I want to", "There is always something going on", "I join in when I want to. I like to have a chat", "I go to village hall and play Bridge", "I choose not to participate" and "I like my solitude. I am always encouraged to go to an activity." A relative commented, "The manager arranged for dad to go out on trips."

There were two activity coordinators offering activities seven days a week. We discussed activities with one of the activity coordinators and they were very enthusiastic about their role. People were also complimentary about the activities coordinator. There was a weekly activity list which each person has a copy and it was also displayed around the home. Activities were colour related to physical, emotional and mental needs, on the activity list. There was a wide selection of activities to cover various interests. These included; cards, board games, music, movie afternoons, quiz, walks in garden, social evenings, pet therapy and a men's club once a week.

The manager told us they were focusing on increasing community involvement. This had included arranging events and inviting the community into the home and supporting people to access their local community facilities, such as the local farmers market and the local pub. Volunteers from the local women's institute had attended the home. On the first day of the inspection the local school children were performing a concert in the gardens. People talked enthusiastically about this. There were plans for the home to also arrange visits from the local Beavers club and ballet school.

People were able to follow their religious and spiritual beliefs because religious services were held at the home. A priest attended monthly to hold a service for people who wanted to attend and the manager had arranged for a 'faith hour' to be held each week to give people the opportunity to be involved in activities relating to their faith.

The activities co-ordinator told us they had spoken to people, relatives and their friends to get an idea what people liked to do and they had based the activities around this. They were also focusing on increasing one to one time for people who chose not to attend the arranged activities.

There was an activities committee involving people, relatives and the activity co-ordinators. The activities committee had arranged several events including a summer fete, celebrated Victory in Europe day and Valentine's day celebrations. Photographs had been taken of the events and were on display in the main entrance. There was a mini bus and volunteer driver available for trips out. Trips out included the garden centres, local parks and Abbeys.

People received care that was responsive to their needs and preferences. People and those important to them, where relevant, were involved in decisions about their care and treatment.

Each person had a care plan that detailed what they could do for themselves and the support they required from staff. The care plans we looked at gave clear information about the support people required to meet their needs and people's medical conditions. The care plans also included a life history and information about people's interests, which helped staff to understand the person and topics they could talk about. We saw people had signed their care plans where they were able to, which demonstrated their agreement.

Care plans were reviewed every three months or if there was a change in need. However we noted two care plans had not been updated following a change in the person's need. For example, one person had lost weight and another had acquired a small pressure wound after they had been reviewed, the care plans had not been updated to reflect this. We noted in both of these instances this did not impact on the care being delivered and these people were receiving appropriate care.

Where people had sensory impairments, staff described how they promoted communication in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. For example, one person was unable to communicate verbally to staff. Staff described how they used objects to communicate with the person and also how they were offered choices by viewing the menu and pointing to what they would like. Staff described how they had trialled using a computer tablet with the person but the person did not want to use this.

Relatives told us communication was good and they were kept up to date with any changes in their family member's needs. One relative told us, "Good two-way communication here." Another commented, "I know they will contact me if any concerns or changes."

People's wishes regarding what treatment they wished to receive was recorded because the staff worked with people's GP's. This made sure there were plans in place to state under what circumstances they wished to be admitted to hospital and if they wished to be resuscitated. This all helped to make sure people received quality care in accordance with their wishes.

People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. The home had achieved the platinum status by the National Gold Standard Framework (GSF) for end of life care. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. People and their relatives were involved in developing the end of life plans.

The staff had received thank you cards and letters for the care provided to people at the end of their life. One relative had written, "Thank you to all the staff who looked after [name] over the years and those who gave her such close attention in the last few weeks."

People told us if they had any concerns they would either speak to their allocated key worker, the manager or deputy manager, and they felt confident their concerns would be responded to. One person told us, "I didn't like the light on in my bedroom at night and I mentioned it to manager and now the light is off." Other comments included, "I have faith if I had a concern it would be handled appropriately", "Yes, they do listen, for example, my room is very hot, and I complained, so they provided a fan", "I would feel comfortable raising a concern" and "I have never had any concerns."

We reviewed the complaints records and noted there had been 13 complaints since the last inspection. Where complaints had been made they had been fully investigated and responded to. Where complaints had identified shortfalls in the service changes had been made to practice.

Good

Is the service well-led?

Our findings

There was a manager in post. The manager had initially been given an interim managers job which had recently been confirmed as a permanent role. The manager was in the process of applying for the registered manager's position.

People and their relatives spoke highly of the manager and the improvements that had been made since they had been in post. When asked if they thought the service was well led people told us, "Very good, it has improved since new manager", "Yes, I think they do very well", "Its changed for the better" and "It's improving."

People told us they knew who the manager was; they found them approachable and felt they listened. One person told us, "Yes, manager comes around for a chat." Other comments included, "Good rapport with new manager", "Always available", "I think they listen" and "I know the manager and deputy they are very approachable."

Staff also commented positively about the management of the home. One staff member told us, "The manager is very supportive and approachable, I wouldn't think twice about knocking on their door and the deputy manager." Another commented, "[Name of manager] is approachable, they work at the weekends and their door is always open." The operations manager held "Monthly surgeries" for staff, where they were available in the staff room for an allocated amount of time for staff to approach them with any concerns or queries.

The manager was also a registered nurse and they kept their knowledge and skills updated thorough on-going training and attending conferences. The manager told us they were well supported by members of the senior management team, who visited the home frequently to make sure high standards of care were maintained. They said they felt well supported by the Director of Care and the head office. They described their support as "Excellent." They had support from the provider's managers from other homes if needed. The manager told us they attended the provider's managers meetings which they described as, "Really good and supportive."

The provider's senior managers visited the home regularly to support the manager and team. Since the last inspection a 'service improvement plan' had been put in place to address the shortfalls that were identified. This was reviewed and updated by the manager and senior management team. We reviewed the service improvement plan and noted where action points had been identified, progress against these were monitored regularly and any further action points identified.

There were a range of effective quality assurance systems in place to review the quality and safety of the service. These included a quarterly service quality audit, and internal audits carried out in areas such as medicines, accidents and incidents, infection control, health and safety and a clinical audit. The audits demonstrated where shortfalls were identified in the service; action was taken to address these.

There were clear lines of accountability and responsibility within the team. The manager was supported by a deputy manager who had their own management responsibilities. They also had a team of nurses and senior care staff. The manager and deputy manager maintained a regular presence in the home; they were currently both working alternate weekends alongside staff. The manager had knowledge of the people who lived at the home and the staff who supported them. The manager told us they completed a daily walk around the home speaking to people and staff and completing observations of the home. In addition to this each day the nurses completed a walk around their floor and recorded any specific issue that may need following up relating to people's needs or the environment, for example.

The manager communicated with senior staff to ensure people's needs were met and key messages could be communicated. A daily 'Heads of Department' meeting was held by the manager involving the nursing staff, kitchen staff, housekeeping staff and the administrative team. This meeting ensured key messages were communicated throughout the team and it enabled the relevant staff members to communicate this information to other staff when needed.

Staff spoke positively about the team culture and about working at Beauchamp House. One staff member told us, "Generally as a team we are happy. We work very well together and are supportive. It's a good home to work for." Another commented, "On the whole we are a good team, we work well together and there is good communication." People commented the atmosphere in the home was, "Light hearted" and "Friendly and welcoming."

The provider held an annual awards ceremony to recognise and reward members of staff from across Care South for their outstanding achievements and excellent care provision. Three staff within the home, including the manager had been nominated for awards. This involved staff being nominated by people, relatives or staff to acknowledge the work the staff member had contributed. One staff member told us being nominated made them feel valued as an employee.

Staff meetings were held which were used to address any issues and communicate messages to staff. Meetings included trained nurses meetings, care staff, ancillary staff and night staff meetings. One staff member told us, "Staff meetings are fine, they are every six weeks. You can speak up, it's an open forum and they are happy for you to ask questions." Meeting minutes reviewed demonstrated items discussed included reviewing how improvements could be made to the lunchtime experience, staffing arrangements, medicines, staff supervisions, training and on call arrangements. Action points with timescales were set as part of the meetings.

There were systems in place to receive feedback from people and their relatives. These included residents and relatives meetings with senior managers in attendance. One person told us, "Residents meeting are useful. We discussed general running of the home. It makes me feel included." Other comments included; "They are useful, I could raise any concerns", "I received copy of minutes" and "I go to them to discuss the food." Meeting minutes demonstrated the meetings were well attended. Other items covered included activities, meals and an opportunity for people and their relatives to raise any concerns or comments. Action points were set as part of the meeting with who was responsible for completing them.

The service had notified the Care Quality Commission of all significant incidents which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.