Beulah Lodge Rest Home Limited

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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

Overall summary

The inspection was carried out on 24 November 2015 by two inspectors. It was an unannounced inspection. The home provides personal care and accommodation for a maximum of 20 older people. There were 20 people living there at the time of our inspection. All the people living in the home were able to express themselves verbally.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk

Summary of findings

assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

There was a system to record and monitor accidents and incidents to identify how the risks of recurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

All fire protection equipment was serviced and maintained.

People's bedrooms were personalised to reflect their individual tastes and personalities.

Staff knew each person well and understood how to meet their support needs. People told us, "Every need is covered here" and, "The staff and I know each other very well indeed, I bet they can hear my thoughts by now".

Staff received essential training and had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. This ensured they were supporting people to the expected standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There was a system to submit appropriate applications to restrict people's freedom considering least restrictive options as per the Mental Capacity Act 2005 requirements.

Staff sought and obtained people's consent before they helped them.

The service provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

People were satisfied about how their care and treatment was delivered. Relatives told us, "The quality of care here is second to none" and, "The staff are amazing, so kind and patient."

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to contribute.

Clear information about the service, the facilities, and how to complain was provided to people and visitors. The activities programme was provided for people in a suitable format which made it easy to read.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed monthly with their participation and updated when their needs changed.

People were involved in the planning of activities and told us they were satisfied with the activities provided.

The service took account of people's feedback, comments and suggestions. People's views were sought and acted on. The registered manager sent satisfaction questionnaires regularly to people's relatives or representatives, analysed the results and acted upon them. Staff told us they felt valued under the registered manager's leadership.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. The registered manager kept up to date with any changes in legislation that may affect the

Summary of findings

service and carried out audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained.

Is the service effective?

Good

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment

Is the service responsive?

Good

The service was responsive.

Staff were attentive to people's individual needs and requirements.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The registered manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement.

The staff felt supported and valued under the registered manager's leadership.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was promptly taken to implement improvements.

Beulah Lodge Rest Home Limited

Detailed findings

Background to this inspection

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

This inspection was carried out on 24 November 2015 and was unannounced. The inspection team consisted of two inspectors.

The provider had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Before our inspection we looked at the PIR and records that were sent to us by the registered manager or the local authority to inform us of significant changes and events. We also reviewed our previous inspection reports. We spoke with two local authority case manager who oversaw people's care in the home. We obtained their feedback about their experience of the service.

We looked at six sets of records which included those related to people's care, medicines, staff management and quality of the service, and eight staff recruitment files. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out. We sampled the services' policies and procedures.

We spoke with 12 people who lived in the service and seven of their relatives to gather their feedback. We also spoke with the registered manager, the assistant manager, the clerical manager, six members of care staff, the cook and one member of the housekeeping staff.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "I feel very safe here", "I know I am in good hands" and, "I can relax here because I know I am very well looked after and safe." A relative told us, "It is so comforting to know this is a very safe and secure place where all needs are met."

Staff knew how to identify abuse and how to respond and report internally and externally. Staff knew where the policy related to the safeguarding of adults was located. The policy had been updated in July 2015 and reflected the policy and guidance provided by the local authority. Information about 'reporting abuse' was displayed in the main office. The safeguarding of adults featured as a topic on team meetings' agendas and was regularly discussed. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "All the staff here are very aware of the importance to protect the residents and everyone knows what to do if we have any concerns."

There was sufficient staff on duty to care for people and respond to their needs at all times. Before people came into the service, the registered manager completed an assessment to ensure they could provide staffing that was sufficient to meet people's needs. People's levels of dependency were reviewed regularly, and this information was used to calculate how many staff were needed on shift at any time. Rotas indicated sufficient staff were in attendance on both day and night shifts. The staff we spoke with told us there were enough staff to care in the way people needed and at times they preferred. There were 20 members of staff deployed at the time of our inspection and we observed staff were available to help people at various times depending on their wishes. People's requests for help were responded without delay. Staffing numbers had been increased in response to a person's increased mobility needs.

We checked staff files to ensure safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and we saw that references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the registered manager when any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These were updated to show when people's needs had changed. Appropriate risk assessments were carried out which contained clear control measures to reduce the risks. The staff were aware of the risks that related to each person and knew how to put guidance into practice. For example, a person who was at risk of falls had been provided with walking aids and the staff ensured their room was free of clutter to minimise trips hazard. Another person who was at risk of acquiring a particular infection was encouraged to drink plenty of fluids. Another person who was at risk of wandering at night was escorted for walks along corridors and checked hourly by staff. When a person had been identified at risk of injury because they wished to keep cutlery in their room, measures were put in place to ensure safe storage of the cutlery and the provision of help when this was used. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Safety checks had been carried out throughout the service and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. They addressed the environment, wheelchairs maintenance, water temperature, Legionella testing, bath lifts, service logs relevant to the lift, appliances and fire protection equipment. Portable electrical appliances were serviced annually to ensure they were safe to use. The lift had been upgraded in June 2014. There were weekly or monthly checks of the fire warning system, emergency exit doors, break glass points and emergency lighting. Each bedroom was subject to monthly safety checks. As a result of environmental safety checks, the provider had purchased a cordless vacuum appliance to minimise risks of tripping and new laundry trolleys to reduce the risks of cross infection.

Good

Is the service safe?

Staff took part in regular fire drills which helped them remember the procedures and there was appropriate signage about exits and fire protection equipment throughout the service. There was an appropriate business contingency plan that addressed possible emergencies such as fire, evacuation, extreme weather and outbreak of disease. It included clear guidance for staff to follow. There was an overall fire risk assessment and each person had a personal evacuation plan that reflected their individual needs in case of an emergency. The staff knew where this information was located and understood how they should respond to a range of different emergencies including fire.

There was a system in place to identify and log any repairs needed and action was taken to complete these in a reasonable timescale. A maintenance person had recently repaired door frames, replaced part of the toilet facilities and repainted an enamelled bath. The registered manager monitored the completion of repairs. The building was well maintained and cleaned to a high standard.

There was an effective recording system concerning accidents and incidents that ensured relevant information was considered and analysed without delay. Audits of incidents and accidents were regularly completed by the management team. This ensured that hazards were identified and actions were taken to reduce future risks of these recurring. An audit of a person's falls highlighted that falls occurred at certain times in the day. As a result, the person had been referred to a G.P. for a review of their medicines.

People had their medicines at the prescribed times. Staff followed clear guidance and there were systems in use to make sure enough medicines were kept in the home. These were stored and disposed of safely. The members of staff who managed the administration of medicines had completed two types of training and were subject to a series of competency checks. We saw staff administering medicines appropriately and the medicines administration records (MAR) were appropriately completed. The risks associated with each person's medicines had been recorded and staff knew how to avoid these and what to look out for, such as possible side effects and allergies. Medicines that were provided 'as required' and homely remedies were listed for each person and dispensed appropriately. People had separate charts for recording creams that were applied. There was a system in place to audit regularly all aspects relevant to the administration of medicines and the last audit was carried out in November 2015. This audit had identified some omissions and as a result, a new separate checking system by members of staff after each shift had been implemented. These systems ensured that people received their medicines appropriately and safely.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. One person said, "The staff are amazing, they know what needs to be done and they get on with it." Another person said, "The staff are ever so efficient." A relative said, "Every member of staff in this home seems to understand my relative's particular needs and know how to positively get the best of him, encourage him and appreciate him." Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need.

Staff knew how to communicate with each person. Staff were bending down so people who were seated could see them at eye level. When a person with hearing impairment needed time to understand what was said, staff respected the person's pace to ensure effectual communication. This was clearly indicated in the person's care plan. Staff were reminded at team meetings to check people's hearing aids and replace the batteries to ensure people continued to communicate effectively. People were able to use the home's landline at any time. A person had a new mobile telephone and staff reminded them that they held a contract with unlimited time so they could use this mode of communication if they preferred.

We observed the assistant manager handing over information about people's care to a team supervisor on the next shift. They discussed a person who had been discharged from hospital and her newly prescribed medicines. Staff were knowledgeable in handovers when discussing how to give people the individual care they needed. Information about incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, moods, behaviour and appetite was shared by staff appropriately. Staff told us they communicated in lots of ways but the most effective was using a communication book. Matters relevant to people's health or medicines were recorded in a separated dedicated book. Staff told us the first thing they did at the beginning of each shift was to read through all of the communication books so that they knew how people were and what would be happening in the service that day. This system ensured effective continuity of care.

Staff had appropriate training and experience to support people with their individual needs. New staff had a structured period of induction of twelve weeks that included shadowing s experienced staff until they knew people's individual care needs and preferences, and studying for the 'Care Certificate'.

Staff were supported to gain qualifications and study for a diploma in health and social care. They were supported by an external assessor who monitored their progress. One staff member told us, "I was encouraged to gain the level two diploma when I started working here and now I am working my way through level three." Another staff member told us they were scheduled to start their level five with support from the management team. This meant that staff were able to develop their skills and knowledge as they received effective support and encouragement.

Staff received essential training and we saw that staff were booked for refresher courses to update and maintain their knowledge. All essential training was up to date. The staff we spoke with were positive about the range of training courses available to them. Staff had the opportunity to receive further training specific to the needs of the people they supported, such as dementia care awareness, mental health and end of life care. One staff member told us, "I asked for additional training on dementia and this was provided; I found it really interesting and useful, it made me even more aware of how dementia can affect people." A member of staff we spoke with was able to recall the principles of the Mental Capacity Act and what this meant in practice; Two other members of staff was able to explain to us different processes regarding safeguarding, mental capacity assessments and the Deprivation of Liberty Safeguards (DoLS). This demonstrated that they had received effective training and were able to put their knowledge into practice.

The registered manager and assistant manager monitored staff skills and competence regularly to make sure they maintained best practice and were working to the expected standards. This included observations of how staff cared for people.

One to one supervision sessions for staff were carried out quarterly in accordance with the service's supervision policy. Supervision was divided into work performance, key worker role, safeguarding, confidentiality, policies and procedures, care plans, residents and documentation. Any difficulties experienced by staff were discussed at supervision to identify the support they needed. A member of staff said, "These sessions are very useful." An annual

Good

Is the service effective?

appraisal of staff performance was scheduled for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager, the assistant manager and the clerical manager. They demonstrated a good understanding of the processes to follow. No one was subject to DoLS at the time of our inspection. There was a system in place to assess people's mental capacity and hold meetings in people's best interest. This system had been used effectively, for example in regard to people self-medicating while on holiday or managing their finances. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought and obtained people's consent before they helped them. One relative told us, "All the staff always check with everyone whether it is OK to do this or that before they do it." When people declined, for example when they did not wish to get up or go to bed, or when they did not wish to be helped with personal care, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind. People or their legal representatives when appropriate signed their care plans to evidence their agreement.

Cooked breakfasts were offered as an alternative to continental breakfast. We observed lunch being provided in the dining areas and in people's bedrooms. The meal was freshly cooked, well presented and looked appetising. It was hot, well balanced and in sufficient amount. Condiments were available. People were able to have second helpings if they wished. People told us, "The food is really very good I am delighted with the food here", "I got a lovely birthday cake" and, "We have special meals that are fun for special days like Valentine day or Halloween, and I can't wait for their Christmas lunch." A relative told us, "My relative has been putting on weight here because of the good food and the attitude of staff."

People were consulted when menus were planned and specific requests were taken into account. The cook referred to clear documentation about people's allergies, dietary restrictions, preferences and birthdays. This information was updated daily and located in the kitchen. Some people with sight impairment required pureed food or food cut in small pieces and this was implemented effectively. A person's dislike of a particular food was accommodated. Although there was one dish on the menu, people could have an alternative if they changed their mind on the day. In the evening, people were offered a range of options that included home-made soup and bread rolls, omelettes, sandwiches and jacket potatoes with a variety of fillings. There was ample fresh food available in the kitchen and storage area, which was kept at the correct temperature. Home-made cakes, biscuits and fresh fruit were served in the afternoon and people were encouraged to have hot or cold drinks throughout the day. The cook told us that all ingredients were purchased locally from a reputable source, and that the budget available was ample in meeting people's nutritional needs.

Staff monitored and recorded people's intake of food and fluids when their appetite declined or when they appeared dehydrated. Their weight was monitored monthly and people were referred to health professionals such as a GP and a dietician when substantial changes of weight were noted. Fortified diets were provided appropriately.

People's wellbeing was promoted by regular visits from healthcare professionals. These were appropriately recorded and any resulting guidance was updated in people's care plans. Referrals to district nurses, physiotherapists, occupational therapists, psychiatric nurses and consultants were made promptly and appropriately. A chiropodist visited every six weeks to provide treatment. An optician visited twice yearly and people were accompanied to a local dentist upon request. Vaccination against influenza was carried out when people had provided their consent. Records about people's health needs were kept and information was effectively communicated to staff so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

Good

Is the service caring?

Our findings

People told us they were very satisfied with the way staff cared for them. All their comments were extremely positive. They said, "The staff are so caring and attentive", "I love the staff, they are like my own family, I have known them for years" and, "I would not live anywhere else; the staff are so good to me." Relatives told us, "The quality of care here is second to none" and, "The staff are amazing, so kind and patient."

We spent time in the communal areas and observed how people and staff interacted. There was a calm and homely atmosphere where people were encouraged to chat and staff stopped to listen to people and respond in a compassionate manner. Staff spent one to one time with people to offer companionship and included people who chose to remain in their bedrooms. There were frequent friendly and appropriately humorous interactions between staff and people, whom staff addressed respectfully by their preferred names.

All staff cared for people's wellbeing and paid attention to what mattered to them. They were attentive, patient and smiled to people. We observed them escort people safely and explain to them what they were doing. A member of staff sat with a person who felt in a low mood to comfort them and spend time with them.

Staff cared for people in a way that showed they knew each person well. They used people's preferred names and adjusted their pace to people's. They used appropriate touch and humour. They referred to people's points of reference, for example staff were able to talk with people and enquire about their great grandchildren. During handovers staff talked about people respectfully. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. This ensured staff were aware of people's individual requirements.

The registered manager showed us a folder that they had put together for staff, about equality and diversity. It contained clear summarised information about different international customs and faith. This addressed people's dietary requirements, worship and prayers, privacy and appearance, interaction, care of the dying and bereavement. There was a 'Culturally appropriate policy' that had been updated in May 2013.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. Bedroom doors were left open or closed at people's request and staff checked regularly on people's wellbeing. Each person's wellbeing was checked discreetly by staff every hour at night time. Care plans included instructions for staff to follow when helping people with their personal needs. People were assisted discreetly with their personal care needs in a way that respected their dignity. People were able to spend private time in quiet areas when they chose to. A person told us, "The staff are very respectful and they don't intrude, they know my bedroom is my castle."

The staff promoted independence and encouraged people to do as much as possible for themselves. The service held a policy on 'Independence, choice and risks: a guide to best practice in supported decision-making' and staff applied this guide in practice. People were able and encouraged to go out and spend time with their family and socialise outside the service. People followed their preferred routine and washed, dressed and undressed themselves when they were able to do so. A person who wished to go regularly in the garden to feed the birds was able to do so and staff were attentive to their needs at a distance so as to respect their sense of autonomy and independence. Another person liked to make their own hot drinks in their bedroom. A person had added in their care plan that they wished to do as much as possible independently, and another person liked to continue doing housework. They made their bed and did light housework with discreet help from their key worker when needed.

Clear information about the home and its facilities was provided to people and their relatives. This included leaflets with photographs and a resident's guide in a suitable format to help people who may have difficulties with reading. This guide contained information about how to complain. There was an informative folder in the entrance that included visitors information, the service's statement of purpose, the last inspection from the CQC, infection control and complaint procedures. People were provided with a summary of had been discussed at the last residents meeting, in a suitable format.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly to

Good

Is the service caring?

ensure they remained appropriate to meet people's needs and requirements. People were involved if they chose and their relatives were invited to participate in the reviews with people's consent.

The staff knew how to care for people at the end of their lives. People were asked about their wishes about resuscitation and other relevant details that were important to them. People's families were involved with their consent to discuss end of life care when appropriate.

All wishes regarding end of life care were recorded in their files and the staff were aware of this. People had a pain management plan when appropriate and the staff followed guidance from the local hospice palliative team who visited the service monthly. Staff remained with people and sat with them if they wished when they approached the end of their life. Staff told us how they had ensured a person had a pain-free and dignified death, and recalled this person with great fondness.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff responded very well to their needs. They told us, "The staff are fast, I never have to wait more than a few minutes if I call them", "Every need is covered here" and, "The staff and I know each other very well indeed, I bet they can hear my thoughts by now". A local authority case manager who oversaw a person's care in the service told us, "This is a good 'cosy' home where the staff understand the residents; they seem to respond well to people who prefer a homely and calm environment."

Each person's needs had been assessed before they moved into the service in respect to their day-time and night-time care. These initial assessments of care needs informed individualised care plans about each aspect of people's care. These informed care plans that were developed within six weeks of them coming into the service. These included a personal profile, their likes and dislikes, needs and relevant risk assessments. Before people came to live in the service, they were encouraged to stay for a meal, a night or for a period of respite to help them make an informed choice.

Attention was paid to what was important to people. Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. People's specific requirements were clearly outlined in their care plan and people confirmed that staff were aware of these and fulfilled their wishes. Wishes included when and where people preferred to eat, their individual choice of food, routine, activities and outings. A person wished to attend church services and was escorted by staff. A person chose to have a daily bath and this was facilitated. Another person wished to drink alcohol and this was provided. When a person said they were not comfortable in bed, staff had discussed this at team meeting. As a result staff had provided additional pillows and discussed with the person how to best position themselves in bed. A person who had a shoulder injury had declined surgery and their key workers had helped them consider all other options available. As a result, a compromise was reached and a pain management programme was included in their care plan. All the staff we spoke with, including a member of the housekeeping staff, were able to describe people's individual needs, likes or dislikes. One staff member told us, "This is our residents' home and we adapt to them and do what they want."

Care plans were reviewed monthly by people and their key workers, or as soon as people's needs changed. They were updated to reflect any changes to provide continuity of their care and support. They were examined by the registered manager after each review and checked again every six months to ensure they remained accurate and fit for purpose. Risk assessments were also updated when necessary, for example after people had a fall, an illness, or a period of hospitalisation.

Staff attitude was positive and promoted improvement of people's physical and psychological health. A person's skin integrity had improved since they had come to live in the service and a wound had healed satisfactorily. A relative told us, "My loved one's behaviour has improved ten folds since he has moved in Beulah Lodge because here there is good attentive staff who understand how to connect with him; they provide one to one support when it is needed." Referrals to healthcare professionals such as G.P. and specialist nurses were made without delay. Their guidance was recorded and acted on in practice. For example, a person who displayed signs of anxiety had been referred to a mental health team; a person with sleepiness had been referred to their GP and staff told us they had 'much improved' after a review of their medicines. A person with an ear-ache was referred to a specialised clinic for ear examination and syringing, and a district nurse was called when the use of a specific cream on a person's legs was no longer efficient to ease their discomfort.

People's bedrooms reflected their personality, preference and taste. They contained articles of furniture from their previous home, photographs that were framed and displayed, and people were able to choose walls' colour, furnishings and bedding. One person told us, "My bedroom may be on the small side but it is cosy, it is totally mine and I feel like a queen in my castle."

A range of daily activities was available. There was no activity coordinator and designated staff provided the activities when no external resource was used. All the people we spoke with told us they were very satisfied with the activities provided. People were consulted about their preferred activities and were involved in the planning of the activities programme. Options of different activities and

Good

Is the service responsive?

outings were discussed at residents and relatives quarterly meeting. People completed a bi-annual questionnaire about activities that was collected by the clerical manager and the assistant manager. As a result, people were provided with fliers that described local performance or points of interest to help them decide which activity they would like to participate in. This had included the option of attending a pantomime performance that had been declined by people, and of Bingo which people had welcomed. People had attended a motivation class and had decided they did not want to pursue this activity. Activities in the home varied to meet people's wishes and included arts and crafts, quizzes, reminiscence sessions, singing, home- baking and mild exercise. People got a token prize after activities, such as a healthy snack, hand cream or a mirror. The registered manager told us, "This is to motivate people and it keeps people jovial and interested." External activities were provided when a singing duo, 'pat the dogs', a musician, a fitness expert and a volunteer visited the service. Outings were organised regularly and people had visited points of interest such as Buckingham Palace and the London Eye. People went to see films and theatre shows, went to the centre of town for shopping or a meal out, visited garden centres and tea rooms. Families were encouraged to visit or take their loved ones out whenever they wished. These measures helped reduce people's social isolation.

Residents and relatives 'meetings were held quarterly and recorded. People's feedback was sought about every aspect of the service and their suggestions were welcome. At the last resident meeting, people expressed they were fully satisfied. Additional satisfaction questionnaires were provided to people and their relatives twice a year. At the last survey in October 2015, suggestions had been made to improve the service, such as some re-decoration, more weekend activities, linen table cloths and smaller furniture in the summer house. All these requests had been granted without delay. Staff were also provided with satisfaction questionnaires twice a year and were able to respond anonymously. At the last survey in August 2015, all comments were positive and no suggestions were made about how to improve the service. Additional satisfaction surveys involved visitors and healthcare professionals. Their comments were positive and included, "I visited the home today; as usual the staff are wonderful and very helpful", "Your staff are very patient, you have a lovely clean house and the food always smells great" and, "Your residents seem very happy". The registered manager told us, "We listen to what is said, and any suggestions of any kind are very welcome."

People were aware of how to make a complaint. The procedures to follow should people wish to complain were clearly displayed in the service and included in the resident's guide. The registered manager, assistant manager and clerical manager were visible within the service and people knew who they were. One person said, "I know exactly who to speak to if I have any problem." Another person told us, "There is no need to complain but if there was a need I am confident it will be put right." This meant that people could be confident that their complaints were responded to. No complaint had been lodged with the service at the time of our inspection.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. People knew the management team who spent time with them every day. A person told us, "I know them and they know me, we are like a family." The relatives we spoke with were very complimentary about the management team. A relative said, "This home is really well managed, everything is well organised and the staff are obviously well directed and well supported." A local authority case manager who oversaw a person's care in the service told us, "Beulah Lodge is well managed; the registered manager understands the residents and connects well with the staff."

Staff praised the management team for their approach and support. They said they could come to any of the three managers for advice or help. All the staff we spoke with said they felt the registered manager was "A good leader", "A lovely person but also a strong one". They told us they appreciated her style of leadership and commented, "This is a relaxed home so there is always a lovely atmosphere and that is thanks to the [registered] manager", "The manager is great; she is firm, fair, and very clear about what she expects from any of us" "The manager thinks that everyone deserves to have a good life right until the end and enjoy every day" and, "Any of my relatives would be lucky to come here, the care is really good."

All of the staff we spoke with told us that they felt valued working in the home and that they were encouraged to be involved in the way the service was run. They told us, "Our views are listened to; we are able to give our opinions and not feel like we will be told off for saying anything", "We are a really vocal bunch so no one has a problem saying what they think" and, "We see the managers every day, we talk, we are a team." The registered manager held an 'open door' policy and we saw that staff and people felt free to come and talk with her or the other two managers throughout the day.

The provider and registered manager were open and transparent. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service, as per legal requirements. The registered manager regularly researched relevant websites such as 'Skills for Care London and South East' and took guidance from the National Skills Academy for Social Care, and the National Institute for Care Excellence (NICE). They attended regular local forums where they met other care home managers to share their knowledge and discuss practice issues. This ensured that the registered manager kept informed with latest developments in the delivery of health and social care in order to improve their service.

There was a robust system of quality governance to monitor and improve the quality of the service. Quality assurance checks included regular audits that were carried out by the management team to monitor all documentation, policies updates, incidents and accidents, medicines, infection control, health and safety and the environment. An external consultant was employed to review the service periodically and check that they complied with regulations. Satisfaction surveys were analysed to identify how the service could improve and action was taken as a result. Staff attendance at training, their supervision and performance were monitored and disciplinary procedures were activated when necessary. Unannounced inspections took place periodically by the registered manager and assistant manager to check staff upheld good standards of practice. When shortfalls were identified, the management team discussed them and scheduled remedial action with a completion date. As a result of quality checks, the registered manager had written an annual development plan that outlined improvements to be carried out within a time frame. A planner that highlighted dates by which checks were to be completed was displayed in the office and updated on a continual basis. The registered manager told us, "This is our 'bible'; we refer to it every day." This addressed reviews of people's care plans and risk assessments, staff training, fire safety, deep cleaning, and scheduled meetings for people, relatives, staff and management team. As a result of checks, improvements had been identified and either implemented or scheduled to take place, such as an upgrade of the website, new soft furnishings, an increase of activities, an upgrade of appliances and call bell system, and the creation of lead roles for staff. There was an ongoing plan to improve the internal and external environment that was adhered to, and new equipment and new staff uniforms had been purchased.

The policies in place were specific to the service and were easy to read so staff could apply them in practice. They

Good

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were up to date and reflected changes in legislation. The registered manager updated policies and procedures throughout the year and staff signed to evidence they were made aware of the updates.

The provider and registered manager learned from mistakes and ensured improvements were carried out. For example, they held an internal meeting after an issue about medicines records and the protocols of joint-working with district nurses was identified. As a result, controlled drugs were checked weekly instead of monthly, and a new documentation about medicines that required two signatures instead of one had been introduced.

The registered manager spoke to us about their philosophy of care for the service. They said, “We want our residents to be happy, and staff to be as competent as they can be; all residents must be treated with utmost dignity and respect and we are here to make their time here as pleasant and comfortable as possible.” There was a policy that outlined the core values that the service strived to achieve, such as privacy, dignity, human rights, choice, fulfilment and security. From what people and the staff told us and from our observations, the staff took action to make sure these values and principles were applied in practice.

Staff team meetings and key workers meetings were held every three months to discuss the running of the service. Staff were encouraged to contribute to the agenda and signed minutes of previous meetings. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. Staff told us these meetings were an opportunity to raise concerns, share good practice and learn from each other. Staff suggestions were listened to and considered. In response to discussions with staff, new rotas had been considered and implemented to best support a person who wandered at certain times in the service. A member of staff had suggested the use of a laundry pen to minimise risks of laundry being put back in the wrong bedrooms, and this was now in practice. .

All records were easily accessible, well organised, completed, reviewed regularly, updated appropriately and fit for purpose. They were archived and disposed of safely as per legal requirements.