

Beaumont Lodge Limited

Beaumont Lodge 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? | Requires Improvement ● |

Summary of findings

Overall summary

The inspection took place on 15 August 2018 and was unannounced.

Beaumont Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beaumont Lodge is a nursing home which accommodates up to 43 people in one adapted building. There were 33 people living at Beaumont Lodge at the time of our inspection.

At our previous inspection on 7 December 2017 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of consistent leadership, risks to people's safety not being effectively monitored, inconsistent staff training and support, the monitoring of accidents and incidents, people not being provided with choices regarding their care and people's legal rights not being respected. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good. At this inspection we found improvements had been made in all areas of the service and no breaches of legal requirements were identified.

There were sufficient staff deployed to meet people's needs safely. Staff had time to spend with people and worked flexibly to ensure people were given a choice regarding when they received their care.

Staff received training and supervision to ensure they had the skills required to meet people's needs. Clinical staff ensured their knowledge and skills were regularly updated. Safe recruitment processes were in place to ensure people received support from suitable staff.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Risks were reviewed and action taken when people's needs changed. Staff were aware of their responsibilities in keeping people safe from abuse and any concerns were reported to the appropriate authorities. Accidents and incidents were recorded and monitored by the registered manager and compliance manager. Action was taken in a timely manner to minimise the risk of reoccurrence.

People lived in a clean environment and safe infection control procedures were followed. A contingency plan was in place to ensure people would continue to receive safe care if the building could not be used.

Safe medicines systems were in place to ensure people received their medicines in line with prescriptions. Medicines were stored securely and medicines audits were completed. Appropriate referrals to healthcare professionals were made and advice given was followed by staff. People's legal rights were protected as staff understood their responsibilities regarding the Mental Capacity Act 2005. Staff explained and sought consent from people before providing their care. People's weight was monitored and a wide choice of nutritious food and drinks were available.

Staff knew people well and ensured their care was provided in a person-centred way. People's individual preferences were respected and staff considered how people were feeling when providing their care. People were encouraged to maintain and develop their independence and the design of the premises and equipment available supported this. Visitors were made to feel welcome and there were no restrictions on visiting times.

Staff responded to people with kindness and understood their communication styles. Care plans were personalised and contained information regarding people's life histories. Staff understood the care people required with regards to specific health conditions and the care they wanted at the end of their lives. However, care plans regarding these areas would benefit from more detail. We have made a recommendation regarding this. People had access to a range of activities. Entertainers visited the service and trips to places of interest took place.

The registered manager and provider worked together to assess and develop the quality of the service. A positive culture had developed and staff understood their role in achieving this. The registered manager was accessible and staff felt supported and listened to. People and their relatives were given the opportunity to share their views of the service they received. Complaints were recorded and investigated in line with the providers policy.

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.

Risks to people's safety were identified and managed.

Accidents and incidents were reviewed and action taken to minimise risks.

Safe infection control procedures were followed.

There were sufficient staff deployed to meet people's needs and robust recruitment processes were in place.

Staff understood their responsibilities in reporting safeguarding concerns.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Assessments completed prior to people moving into the service were detailed.

Staff had a good understanding of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to enable them to meet people's needs.□

People had a choice of food that met their individual needs and preferences.

People's health needs were met. They were supported to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people with kindness and interactions were

positive.

People had choices regarding how their care was provided and these were respected.

Staff worked flexibly to meet people's needs.

People were supported to maintain their independence.

There were no restrictions in place regarding visiting times and where people received their visitors.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Staff knew and understood people as individuals.

Care plans regarding specific health conditions and end of life care would benefit from more detail. We have made a recommendation regarding this.

There was a range of activities taking place and people told us they had enough to do throughout the day.

There was a complaints policy in place and complaints were investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was well-Led

Staff were supported in their role and felt valued.

There was a positive culture where staff understood the ethos of the service.

Quality assurance audits were in place and concerns identified were addressed.

The registered manager worked alongside other agencies to improve the service.

People and their relatives were involved in the development of the service.

Beaumont Lodge 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 took place on 15 August 2018 and was unannounced. We arrived for the inspection at 7am due to concerns found during our last inspection in December 2017. The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care people received and spoke with the registered manager, representatives from the provider and five members of staff. We spoke with 10 people living at Beaumont Lodge and three relatives.

We reviewed a range of documents about people's care and how the home was managed. We looked at eight care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

At our last inspection in December 2017 we found that people did not always receive safe care as risks were not always identified and monitored, medicines were not managed in a safe way and infection control procedures were not always followed. At this inspection we found that significant improvements had been made in all areas and people were now receiving safe care.

People and their relatives told us they felt safe at Beaumont Lodge. One person told us, "I've never felt otherwise. Only safe. I feel looked after very well." Another person said, "It's nice having the staff here is you need anything." A relative told us, "This place is very safety conscious."

Risks to people's safety and well-being were identified and acted upon to minimise the risk of harm. People's care records contained risk assessments in areas including falls, malnutrition, skin integrity, the use of bed rails and mobility. Where risk assessments identified concerns, actions were taken to minimise these risks. For example, one person had been assessed as being at risk of choking. A referral had been made to the speech and language therapy team to request an assessment. The person's care records contained guidance on how the person should sit when eating and drinking to minimise this risk. We saw staff supporting the person at lunchtime followed this guidance. Another person was assessed as being at risk of malnutrition. The person was weighed weekly and any significant changes reported to their GP. Staff were aware of risks to people when mobilising and were attentive to people's needs. One staff member told us, "If someone was at risk of falls and they are walking then you never leave them alone. If people fall then I use the emergency bell straight away." We observed staff using safe moving and handling techniques throughout our inspection. Staff were skilled in supporting people who required the use of a hoist to transfer and ensured they communicated well with people throughout the process.

Safe medicines practices were followed and guidance for staff was available. People were happy with the way they were supported with their medicines. One person told us, "I trust the staff to give me my tablets." Another person said, "They haven't made a mistake with them yet." Care records detailed the support each person required to take their medicines. Medicines were stored securely in locked trolleys and rooms, and administered by trained staff. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies to ensure safe administration of people's medicines. MAR sheets were completed accurately and stocks we checked corresponded with the balances recorded. Guidance was available to staff for the administration of 'when required' medicines (PRN). Records confirmed this guidance had been followed with clear documented reasons why the medicines had been administered. Topical creams and liquids were dated when opened to ensure they were used within set time limits. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency

People were protected from potential cross infection as control procedures were in place. Improvements had been made to the laundry and sluice rooms. These were now clean and well-maintained. Clean and soiled laundry were clearly separated to prevent the risk of cross contamination. Gloves and aprons were readily available and used by staff. Staff had received updated training regarding infection control and were

now able to describe the measures they should take to keep people safe. One staff member told us, "We have put things in place since the last inspection. We need to ensure that we prevent infections. We can't mix soiled with non-soiled washing." Another staff member said, "When I empty the commodes in the sluice room I will take off my gloves and wash my hands before I leave the room. It's important for infection control."

Systems were in place for recording, reporting and monitoring accidents and incidents. The accident and incident records gave details of the event and the action taken to prevent further occurrences. One person's records showed that they had slipped from their bed during the night. A risk assessment was completed and the person's care plan reviewed. The person's bed was lowered to the lowest level at night and a crash mat placed beside their bed to minimise the risk of injury should this happen again. The registered manager reviewed accidents and incidents monthly in order to identify any trends which needed to be addressed.

Sufficient staff were deployed to meet people's needs safely and promptly. People and their relatives told us that staff attended to their needs promptly and they did not need to wait for their care. One person told us, "They're all so good and come when I need them. They remind me to use my buzzer." One relative told us, "There are enough staff and the same staff which is important. Mum likes to hear the same familiar voices." We found that call bells were answered promptly and staff checked on people regularly to ask if they needed anything. Staff did not appear rushed and had time to spend with people socially. There was a flexible approach to people's care and we observed staff asking people if they were ready for support rather than working to a set routine. Staff told us they felt there were enough staff and they did not need to rush people's care. One staff member told us, "We have enough staff because we have enough allocated to each area. We respond to people quickly." Another staff member told us, "We have no need to rush. I give the care I would give to my family. We have time to do this."

Robust recruitment checks were completed to ensure that staff employed were suitable. Checks were carried out before a new member of staff started working at the service. These included obtaining a full employment history, proof of identity and a minimum of two written references. A face to face interview was conducted and applicants were subject to a check with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff understood their responsibilities in keeping people safe from potential abuse. Staff had received training in safeguarding and were able to tell us the signs they would look out for which would cause them concern. Staff were clear how any concerns should be reported and contact details for the local authority safeguarding team were displayed. One staff member told us, "I would share the information and always write it down if I saw or heard anything. I would not be doing a good job if I didn't report it." A second staff member said, "I know my residents, and I would have no problem whistleblowing if I saw something wrong." The registered manager kept a record of any safeguarding concerns shared with the local authority safeguarding team and their outcome.

People lived in a safe and clean environment. Regular health and safety checks were completed to ensure the building and equipment was suitable for use. Fire equipment was checked and serviced at the advised intervals. Each person had a personal emergency evacuation plan which detailed the support they would require should they need to exit the building. The provider had developed a contingency plan which informed staff of the action to take in the event of an emergency. The plan was shared with staff and contained contact details for all relevant services. Two days prior to our inspection the service had experienced a significant water leak which had affected the flooring and electricity supply in some areas of the building. The provider had followed the plan and accommodated people in different rooms where they

would have access to hot water and electricity. The affected area had been made safe and work was underway to complete the repairs and required refurbishment. The action taken had ensured minimum disruption and ensured people's care needs continued to be met.

Following the inspection we were contacted by a relative who raised concerns regarding the way in which their family member had been cared for during this time and how this had affected their well-being. These concerns are being investigated by the local authority and the provider.

Is the service effective?

Our findings

At our last inspection in December 2017 we found that people's legal rights were not always protected as the principles of the Mental Capacity Act 2005 were not always followed and that staff did not receive the training and supervision they required. We also made recommendations regarding the choice of foods available to people and the signage around the service. At this inspection we found that improvements had been made. People's rights were respected and staff understood their responsibility in respecting people's choices. Staff were now receiving the training and support they required within their job roles. People had a wide range of choices at meal times and there was clear signage to help orientate people.

The Mental Capacity Act 2005 (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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had implemented systems to ensure that the principles of the MCA were followed and people's legal rights were respected. Capacity assessments had been completed in areas including consent to care and the use of bed rails. Where this showed the person lacked capacity to make the specific decisions, meetings had been held to ensure that decisions made were in the persons best interests and the least restrictive option. Where appropriate, those involved in people's care were consulted such as relatives and health or social care professionals. Following these processes being implemented a number of people were no longer using bed rails as less restrictive options had been implemented. The registered manager maintained a log of all DoLS applications which was regularly updated. DoLS applications contained information relevant to the person and any restrictions to their freedoms.

Staff were aware of the importance of respecting people's right to choose and make their own decisions. One staff member told us, "It's right to assume people have capacity. Always give people choices about clothes, drinks. Even if they do not have capacity you still have to give choices." Another staff member said, "People have a choice about what happens to them. We have to get their permission before providing their care. It's about people being able to make their own decisions like what clothes or food they want." We observed that staff sought people's consent prior to providing care and that people were offered options throughout the day. One person told us, "The staff will check with me before they do anything with me."

Detailed assessments were completed prior to people moving into Beaumont Lodge. This ensured that the service would be able to meet their needs. Assessments contained information including past medical history, mobility, eating and drinking, sensory needs and communication. The assessment also gathered information regarding people's preferred routines such as times they would normally get up and go to bed. Information gained during the assessment process was used to inform people's care plans. This ensured that staff were aware of people's needs when they moved into the service.

Staff completed training which was relevant to their roles. One staff member told us, "We do quite a bit of training. We do courses (e-learning) and face to face. It helps you learn to do things the right way." Staff received training in areas including safeguarding, moving and handling, health and safety and infection control. A training matrix was maintained which was reviewed by the registered manager on a weekly basis to enable them to monitor any course which staff needed to complete. The matrix showed a high level of compliance with the required training courses. Staff who were new to care were also supported to complete the Care Certificate, a set of nationally recognised standards which staff should demonstrate in their everyday working lives. Clinical staff had received training to update their skills and regular refreshers were booked by the registered manager.

Staff received regular supervision to monitor their performance and identify any areas of development. A supervision matrix showed that staff were receiving supervision in line with the providers policy. Supervision for care staff covered areas including conduct, workload, personal development and reflection on observations completed. One staff member told us, "I have supervisions. They (the registered manager) are able to tell me when I need to know more about things I could do better." Clinical staff received on-going supervision from the registered manager which included a review of their clinical practice. Clinical updates were also discussed in areas such as wound care, catheter care and medicines competency.

People were offered a choice of nutritious food and drinks. One person told us, "The food is nice, always fresh." Menus were displayed in the dining area and people were provided with a pictorial choice of meals. There was good range of breakfast items available including a cooked breakfast. We observed that if people changed their mind and wanted a different option this was provided. The chef told us, "People prefer to have the options now. I go out and get feedback from people." People were asked where they would like to eat their lunch and staff respected this. Tables in the dining room were nicely laid and staff sat with people to have their lunch which created a friendly atmosphere. Where people required support to eat this was provided at the person's pace and in a respectful manner.

People's dietary needs and preferences were documented and known by the chef and staff. Catering staff were provided with a list of people's dietary needs and preferences and we observed these were followed. One person who requested a vegetarian diet was provided with two options at each meal. Where people required their food to be of a modified consistency such as pureed, this was nicely presented.

People's health was monitored and where required health care professionals were involved to make sure people remained as healthy as possible. Records showed that referrals were made to healthcare professionals including speech and language therapy, dieticians and specialist consultants. One person had difficulty communicating their needs due to sensory issues affecting both their sight and hearing. Relevant referrals had been made and staff had accompanied the person to hospital appointments for assessments. In addition, routine healthcare appointments were recorded for people for services including the GP, dentist, optician and chiropodist.

Staff communicated well and worked together to provide the support people required. A handover meeting was held every morning and evening for staff to share information about significant events. One staff member told us, "We have good communication. When we have finished work we have a handover. It's important for the residents that staff know what care has been given. We meet with the nurse when we come on duty." We attended the morning handover during the inspection. An overview of each person's care was shared along with plans for the coming day which staff needed to be aware of. Staff shared that one person had been awake most of the night due to an on-going health condition. They advised staff that they should let the person sleep later as they would be tired. We observed staff took this advice and did not disturb the person.

The property was maintained and designed to meet people's needs. People had their names on the room doors to help orientate them and signs were used to direct people and visitors to communal areas. Bathrooms and toilets were clearly signed and bath chairs were available. Chairs were of a suitable height and design to ensure people could stand and sit comfortably. Dining chairs had small castors fitted which enabled people to move them under the table without lifting them. Corridors and doors were wide enough to accommodate people using wheelchairs and lifts were available to ensure people could access all areas of the service.

Is the service caring?

Our findings

At our last inspection in December 2017 we found some practices and routines restricted people's choices and independence. At this inspection we found improvements had been made. Routines were now flexible and people's choices were respected.

People and their relatives told us that staff were caring in their approach. One person told us, "They are very kind, the girls look after us very well. Nothing is too much trouble." Another person said, "They're very polite if you do not want to be disturbed. They're always very polite and come with the smile." One relative told us, I have seen the staff with her. They give cuddles, talk, holds hands. Even cleaners and kitchen staff are polite."

Staff worked flexibly to meet people's needs and respected their preferences. We arrived at the service at 7am and found that the majority of people were still sleeping with their lights off. Where people were awake they had been offered a drink or breakfast. Night staff appeared relaxed and were able to spend time quietly chatting to people. One staff member told us, "It's not strict now. If someone wants breakfast at 6am they will have it and if they want another at their normal time then they have it. If people want to sleep then we let them sleep. It can be hard to make changes but we have seen it is better for people so it makes us happier too." We observed staff offering people choices throughout the day such as where people wanted to sit, what they wanted to drink, how they wished to spend their time and if they wanted any company.

People were supported with kindness by staff who knew them well. Staff were attentive to people and showed consideration for how they were feeling. We frequently heard staff asking how people were feeling and giving compliments about how they looked. There was a relaxed atmosphere throughout the service. Conversations between people and staff demonstrated they knew people well. We heard staff chatting about people's family members or showing people articles from magazines they thought would be of interest to them. Staff encouraged people to chat with each other and develop friendships. We observed one staff member ask a person if they would like to sit with their friend. They spent time encouraging conversation between the two people before leaving them in each other's company. One staff member sat with a group of people talking about their lives, they all shared stories and jokes with each other. Staff showed genuine concern for people's well-being. One person said they didn't feel very well. Staff immediately went to them and supported them to their room with the nurse. Staff asked another person if they were warm enough and brought them a cardigan to wear.

People's dignity and privacy were respected. Staff knocked on people's doors and announced themselves before entering. People sitting in communal areas were asked discreetly if they wanted any support with their personal care and this was done in private with all doors closed. One staff member told us, "We must help people have a good life with dignity." They went on to describe how they would cover people during when supporting them with their personal care so they did not feel exposed.

People were supported to maintain their independence. One staff member told us, "We encourage people to do things for themselves like eating." We observed this to be the case. At our last inspection we found that

most people were served drinks in plastic cups with lids. At this inspection we found that people now had access to crockery which was suited to their needs whilst allowing them continued independence. Staff were observed to support people to continue to mobilise independently where possible. One person had been referred to a physiotherapist as they had lost confidence when walking. A set of exercises had been provided which staff had supported the person to complete each day. The physiotherapist reported that improvements in the person's mobility had been noted as a result.

Relative told us they were made to feel welcome when visiting their loved ones. One relative told us, "I feel so welcomed. I get a cup of tea. I feel so comfortable. I am so fond of them all. Really caring people. It's not a job it's something they care about doing. They make a real effort to talk to me. They look after me as well." Another relative told us, "I feel I can come and visit my mum any time. I get emails from (registered manager) as I live abroad." People received their visitors in communal areas and there were no restrictions on visiting times. We observed staff greet visitors warmly, offer refreshments and check they were comfortable.

Is the service responsive?

Our findings

At our last inspection in December 2017 we found that care plans did not contain sufficient detail or guidance for staff to follow. At this inspection we found that improvements had been made and that care records provided a comprehensive overview of people's needs. Care plans were now individualised although more detail regarding specific conditions and end of life care wishes were required. We have made a recommendation regarding this.

People and their relatives told us they received the care and support they needed. One person told us, "We rub along very well because they know what I like." One relative told us, "Mum gets what she wants and they (staff) ask me a lot. Its lovely that I can relax and they are caring for her. They treat her as a person. The carers are like surrogate daughters."

Staff demonstrated a good understanding of people's needs and life histories. Care files contained a 'Knowing Me, Knowing You' form which gave detailed information about people's lives. Staff were aware of this information and told us they used it to generate conversation with people. Staff told us about the support people required, how they made their choices, their preferences and personalities. They could describe the music and films people enjoyed, their past occupations, places they had lived and tell us about their families. Staff smiled and showed warmth and affection when speaking about people. Staff told us that people's care plans were shared with them prior to them moving in. One staff member said, "When people first move in the nurses will go through the care plans with us and read the care plan. We speak to family as it's important that we deliver good care."

Care plans were person centred and staff had a good knowledge of people's needs. Since our last inspection all care plans had been updated. Detailed guidance was available to staff regarding how people preferred their care to be provided. Areas covered included, personal hygiene, medical history, nutrition, mobility and sleeping. Plans contained details specific to the person such as which cups they preferred to use, how many pillows they liked and if they wanted their light left on at night. When completing the plans information had been gathered from people, relatives and staff. Care plans had been reviewed with people and their relatives to ensure they were happy with the content. The compliance manager told us this had been an area of focus when making improvements. They told us, "A lot has gone into them and how to make them person centred. You would now know whose plan it was without their name on it. We will keep developing them as time goes on. We have lots of ideas." The registered manager confirmed this was the case and told us that they saw the care plans as on on-going project.

Where people had specific health conditions staff were knowledgeable about how this may affect the care they required. They could describe what they needed to be aware of when providing care and any changes which they would need to report to clinical staff. However, individual care plans were not always in place for staff to refer to in areas such as diabetes and Parkinson's. The registered manager and provider told us they were aware of this and saw this as the next stage in improving people's care plans. They had ensured staff had received training and provided generic information regarding specific conditions for staff to refer to.

Staff were knowledgeable and showed compassion when speaking about the care they provided to people who were at the end of their life. One staff member told us, "It's important that people aren't in pain and that we spend time with them, sit with them, hold their hand and help the family. It's important for us as well, we are attached to people. It can be a very emotional job." The registered manager told us that clinical staff had completed additional training in supporting people with their pain management when reaching the end of their life. This aspect of people's care had also been discussed with the community matron. Care records evidenced that staff had discussed the care people wanted to receive at the end of their life. This included where they would prefer to be, who they wanted to be contacted and what they wanted to happen after their death. However, we found that plans did not contain more personalised information regarding people's wishes when reaching the end of their life.

We recommend the provider continues work to develop care records with regards to specific health conditions and end of life care.

There was a range of activities for people to be involved in, both in groups and on an individual basis. People told us they enjoyed the activities provided and the company of others. One person said, "There's an activity programme so there are things for us to do. Quizzes, crosswords, theatre and the garden centre." Another person told us, "I'm not really one for joining in but there is always something available." There was an activities programme displayed which included quizzes, exercise groups, music, bingo and relaxation. There was a fulltime activities co-ordinator in post. They had worked at the service for many years and knew people well. They told us, "There is more interaction. It's been good for those trying to fit in. We have more group activities." Staff also spent time with people in their rooms chatting and looking through magazines. The activities co-ordinator had noted one person always wore lipstick. They prepared a book for them containing photographs of make-up and make-up tips. The activities co-ordinator told us, "It opened up the conversation for us. I've got to know so much more about (name) now."

There was a complaints policy in place which was shared with people and their relatives. People told us they had not had reason to make a complaint but would do so if they were not happy about anything. Staff were aware of their responsibility to share any concerns raised by people or their relatives. One staff member told us, "If someone wanted to make a complaint I would listen to them first. If it's something I can do like a problem with the food I will go and speak to the kitchen staff. If it's a bigger complaint I would speak to the nurse and then follow it up with them." The registered manager maintained a complaints log which showed that concerns had been recorded, investigated and responded to. Complaints were monitored as part of the quality assurance process to identify any themes and minimise the risk of them happening again.

Is the service well-led?

Our findings

At our last inspection we found there was a lack of leadership and management oversight of the service which had led to a culture of care being provided 'to people' rather than with their involvement. Quality assurance systems were not effective in ensuring concerns were identified and addressed. At this inspection we found improvements had been made. A new registered manager had been appointed. Although they were previously employed at Beaumont Lodge, they had now taken leadership of the service along with the provider. A positive culture had developed where people and their families were fully involved in their care and systems were in place to monitor the quality of care people received. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People, relative and staff told us they felt the service was managed well. One person told us, "I'm very happy here, there's nothing I would change. One relative told us, "I recommend the home. I find it excellent in every way. It runs really well. They take on board suggestions." One staff member told us, "(Registered manager) is a good manager. She looks at everything."

A positive culture had developed within the service and staff told us they were proud of the changes which they had achieved as a team. The provider, registered manager and staff told us that although they had found the outcome of our last inspection difficult, they had recognised the need for change. The registered manager told us, "Moral was low but we've worked together in a positive way. We were hurt but recognised the need for change. It has made it more homely. We don't work for them (people living at Beaumont Lodge) we work with them. We find ways of working things out together." This ethos was demonstrated in the way we observed staff supporting people and in the relaxed atmosphere within the service.

Staff supported people in a person-centred manner. Staff were aware of their responsibilities and worked alongside people to provide them with choices and control of their care. One staff member told us, "We must help people have a good life with dignity." Staff appeared confident in their roles and communicated as a team. The registered manager said, "Staff are relaxed and excited. We have been waiting for CQC. We've worked so hard and we all want everyone to see what we've achieved together." Staff understood and embraced the changes made. One staff member said, "We have changed things for the better. Everything seems different now, better. (Registered manager) is brilliant, amazing, doing a great job. We've all worked really hard."

The provider and registered manager worked alongside other services to improve the service people received. The quality assurance manager from Surrey County Council and community matron had been involved in the development of the service. The registered manager told us, "We didn't always involve other support and were very isolated. Now we know they're here to help. They've been very supportive in helping access referrals, finding training and giving advice. We know we can approach them for help at any time and so do the staff." The registered manager was now attending care home forums to gain information, support and share good practice from other services. From these discussions the service had begun to introduce

staff champions in areas including hydration, dignity and sensory loss. The staff champions were undertaking additional training to gain a more in-depth knowledge in their area of responsibility.

Quality Assurance systems were effective in driving improvement and monitoring the service. The provider had employed a compliance manager to monitor the quality of the service provided. Provider audits were completed monthly and action plans developed with the registered manager to address any areas of continued development. The action plan was then monitored and the quality of new systems introduced was monitored. The compliance manager told us, "We changed the way the action plan was designed so that we could check that things were closed off. Some audits were changed to ensure the issues were clearly identified and that previous issues had been followed up on. The provider audit is continuing to develop as we add new systems." Audits included care plans, accidents and incidents, nutrition, activities, hand hygiene, medicines and clinical care. Where audits identified any shortfalls, these were addressed in a timely manner. For example, the medicines audit identified the medicines trolley was not always cleaned to a high standard. A cleaning checklist had been developed and this issue had been resolved. The health and safety audit had identified that portable appliance testing was overdue. We saw that this had been completed.

People's confidential records were stored securely. Records were regularly updated and completed in a person-centred manner. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

Staff told us they felt supported and worked as part of a team. One staff member said, "When we have a problem we can talk with the nurse or (registered manager). The door is open all the time and they ask us how we are. They say thank you. It's a good place to work." Regular staff meetings were held which gave staff the opportunity to discuss any concerns and share suggestions. A staff survey was underway and results were starting to be collated. This gave staff the opportunity to comment on the running of the service and any changes they would like to see implemented. Results seen showed staff had a high level of satisfaction in their work and felt their contribution was valued by the provider.

People and their relatives were given the opportunity to contribute to the running of the service. Residents meeting were held monthly to discuss any concerns and inform people of any changes. Discussions included activities, food, housekeeping and staffing. Minutes showed that where people's comments were acted upon and where opinions differed regarding food choices or activities, compromises were reached. The registered manager also used the meeting to share messages regarding healthcare such as the importance of drinking well during the hot weather and using sun cream and hats for protection. Relatives and resident's surveys were distributed to ask for feedback on the quality of the service. Comments were positive although where concerns were raised these had been addressed. One relative told us, "I always fill in surveys. I mentioned mum could do with a lick of paint in her bedroom and within a couple of days it was being done. I felt they listened and cared about. It meant a lot that they took on board my feedback." Comments given by people and their relatives included, 'We both enjoy the outings, theatre, garden centre or eating out', 'The food always smells fantastic and it is a warm and comfortable home. Staff are fabulous.' And, 'Care staff are very hard working and caring.'