

Christian Care Homes

# Beech House - Basildon

## Inspection report

Brownlow Bend  
Basildon  
Essex  
SS14 1QD

Tel: 01268286863

Website: [www.christiancarehomes.org](http://www.christiancarehomes.org)

Date of inspection visit:  
07 September 2016

Date of publication:  
14 December 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Beech House provides care and accommodation for up to 28 older people with care needs. On the day of our inspection there were 26 people using the service, some of which had a diagnosis of dementia.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected the homes approach to managing end of life care and found this to be exceptional. We found that people's wishes in relation to treatment were carried out and care was delivered with compassion and in a sensitive way.

People received care and support specific to their needs and were supported to participate in activities that were important to them. People and their family members repeatedly told us that they felt staff understood their individual needs and preferences, and provided care accordingly.

People repeatedly told us that staff understood their needs and preferences extremely well, and they received effective care and support from well-trained staff.

People and their family members told us the care that provided at Beech House, helped them to have a real sense of confidence and security that their care would always be personal, flexible and caring.

The registered manager and staff were exceptional in involving people to make decisions about every area of the service and they were creative in the way they obtained people's feedback. People accessed services and had links with the local community.

People told us they felt safe and secure. Staff understood the process they should follow to keep people safe and could describe the different ways people may experience abuse and the correct steps they would take if they were concerned that abuse had taken place.

Care staff took an active part in meeting people social wellbeing and this was viewed by staff as being just as important as meeting someone's physical and personal care needs.

Needs and requests were responded to promptly, and they told us there were enough staff available to meet their care needs. On the day of our inspection, there was an ample amount of staff on shift to meet the needs of people who used the service.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service.

We found that the requisite of being passionate about delivering good care was displayed at all levels of the organisation. People had developed caring relationships with the staff that supported them. Relatives told us that there was a positive atmosphere and people were encouraged to take part in the activities they wanted to pursue. Activities inside and days out of the service were offered to people.

The registered provider worked within the principles of the Mental Capacity Act and followed the requirements of the Deprivation of Liberty Safeguards.

Staff treated people with dignity and respect and maintained people's independence by encouraging them to care for themselves where possible.

People lived in an environment that met their needs and told us they enjoyed the food on offer. All living areas were clean and functional. The provider told us that they wished to improve the décor of the home and were planning to do this.

Medicines were managed safely and staff members understood their responsibilities. The Registered Manager undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed consistently.

People who used the service, their family members, and visitors were made aware of how to make a compliment or complaint and were regularly consulted about the quality of the service they received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service.

The registered manager understood their responsibilities with regard to safeguarding and we saw staff had been trained in how to recognise signs of abuse.

People were protected against the risks associated with the unsafe use and management of medicines.

Good 

### Is the service effective?

The service was effective.

Staff was suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good 

### Is the service caring?

The service was very caring.

People had confidence that their care would be personal, flexible, and caring.

Staff treated people with dignity and respect and people were given choice, control, and encouragement over what they could do for themselves.

The way the service managed end of life care in a compassionate and a sensitive way.

Outstanding 

### Is the service responsive?

Good 

The service was responsive.

People received care and support specific to their needs and were supported to participate in activities that were important to them.

People and their family members repeatedly told us that they felt staff understood their individual needs and preferences, and provided care accordingly.

People's needs were assessed before they moved in and care plans were written in a person centred and individual way.

### **Is the service well-led?**

The service was well led.

Staff told us the registered manager supported them to carry out their role to the best of their ability.

The registered provider had a robust quality assurance system in place and used innovative ways to gather feedback about the quality of their service and ways in which the service could be improved and tailored to people's wishes.

People and their families told us the manager was approachable and managed the service well.

**Good** ●

# Beech House - Basildon

## Detailed findings

### Background to this inspection

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

This inspection took place on the 7 of September 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we observed how the staff interacted with people and spent time observing the care provided, to help us understand their experiences of living in the service. We observed care in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the Director, Registered Manager, Deputy Manager, seven people who use the service, seven members of staff, five relatives, one Dementia Specialist Consultant and the visiting Chaplain.

# Is the service safe?

## Our findings

People and their relative's told us that they thought the service was good and that they felt safe living at Beech House. Typical comments included, "[Name] is much safer here, and they know his needs so well." and, "I've got more peace of mind now [Name] is here." Another relative said, "When mum first came here, I was on the ball about everything, and checked everything they did. Now I feel confident that they understand her. They assess her mood and health so well here. This is a safe place."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and received the appropriate training. Staff knew about the company's whistleblowing policy and were confident that they would be able to talk to the registered manager if they needed to.

People told us and we observed, that there were ample members of staff on duty at all times. At certain times of the day, we walked between the two communal areas on several occasions to check that staff was not being sent to the area that we were observing, as there seemed so many staff on shift to support people. We found that staff were deployed to all areas that we observed.

The registered manager told us they were proactive and made sure the service had a full complement of staff. The Director explained, "The people who work here need to provide consistent care, as this is the nucleus of the business. Our staff must demonstrate that they have a passion to care."

People told us that staff responded quickly when call bells were used, both during the day and at night. Call bells were available for people to use, but we noted that people did not have need to use these during our inspection. This was because the staff were proactive and responded to people's needs quickly.

We saw that staff did not rush people and spent time talking with people in order to help them make safer decisions. For example, someone wanted to leave the table with their plate in their hand. A member of staff spent considerable time with them, explaining that this would not be safe. The person resisted this at first. The staff member showed great patience and understanding, when explaining how they might hurt themselves if they fell with it in their hand. The staff member then sat with the person for a while, diverting their attention away to other matters until they were happy to leave the table without the plate.

During the day, we checked who required one to one care and if they were receiving this. One person had been assessed at high risk of falling, and had been supplied with one to one care, we observed them being ably supported by the member of staff assigned to their care.

Every staff member told us there was enough staff on every shift. Typical comments was that there was always enough staff on shift, and that staff worked together to get the job done.

We observed numerous occasions when staff helped people to their feet, and supported them whilst walking, or helped them into a wheelchair. We noted that staff assisted people to move using the correct

techniques and when people were helped in this way it was done with great patience and kindness, with staff explaining constantly what they were doing. One person needed to be helped out of her chair with a belt placed around her waist for extra support. Staff involved her fully in this, talking her through every step, and counting down to when they would be helping her to her feet. They then carried on speaking to her in a very natural and friendly manner.

We found risk assessments were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks. An up to date fire risk assessment was in place and fire safety checks were carried out regularly. We noted that Personal Emergency Evacuation Plans (PEEPs) were not in place in every record that we looked at. We spoke with the manager about this and they assured us they would review the care records and make sure that they in place for everyone.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident, forms file. Each report recorded the details of the person who had the accident, where and when it occurred, and what caused the accident.

We observed a medication round, and looked at the way medicines were managed. On the day of our inspection, we found this to be safe. Medicines were securely stored in a locked treatment room and only the senior member of staff on duty held the keys. Medicines were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them. This was to make sure they were getting the correct medicines. A MAR is a document showing what medicine a person has been prescribed, and is a way of recording when they have been administered. We found that a staff specimen signature sheet was missing from the medication records. This is needed so that staff who administers the medication can be easily identified. We spoke with the registered manager about this who assured us that this would be rectified straight away. We observed that staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all the medicine had been taken.

One the day of the inspection, the home was clean, with no unpleasant odours noticeable. Several people we spoke with commented on this. One relative said, "They all have clean clothes on every day, and the home smells clean and pleasant." The registered manager explained that they wanted to improve the décor of the home and we saw they had plans to do this. We saw people looked clean and smart, and were wearing clothes appropriate for the time of year. Most people had matching clothes, with women often wearing jewellery, or other accessories. People had clean hands, with clean and well-manicured fingernails. Spectacles, where worn, were in good order, and looked clean and smear-free. I also noticed some people wearing hearing aids. One relative explained, "[Name] always has their hearing aid in, and also their glasses on. These have never been lost."

When people moved into the home, they were asked if they wanted to be involved with interviewing staff. We found interview records that showed some residents had been included as part of the interview panel. We looked at the recruitment records for six members of staff and saw that appropriate checks had been undertaken before staff started work at the home. Disclosure and Barring Service (DBS) checks and two references were carried out on people prior to them starting their employment. This meant the registered provider carried out the relevant checks when they employed people. The eligibility of people to work in the United Kingdom was also checked as part of the recruitment process. One relative told us, "Whoever recruits the staff here does a really good job. They are all the right sort of people, and work together to care for people."

## Is the service effective?

### Our findings

People repeatedly told us that staff understood their needs and preferences extremely well, and they received effective care and support from well-trained staff.

People told us that staff were quick to notice any changes in physical, emotional, or mental health, and were pro-active in such situations. For example, one relative told us, "When [Name] has a urinary tract infection, they will dip and test immediately and if they suspect something they quickly arrange antibiotics." One family member told us how impressed they were, and explained, "The staff can pick up on small changes very quickly, and they notice if [Name] is being too nice to them, they know they are becoming unwell. They will always keep me informed, ringing me if necessary despite the fact that I visit every day."

All of the staff we spoke with told us they received a good level of training which helped them to be confident in their role. We found staff had the appropriate training with individual development plans in place. One of the staff member explained, "I have done loads of training, since working here and it's always on going."

Staff told us that when they started work they had received a good induction and they were encouraged to continue to continue on to higher-level training courses. When staff first started, they went on to complete the care certificate. This meant that staff received a good introduction to the care role. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We asked staff about what kind of supervision they received. Staff told us the meetings they had with their manager was a beneficial and positive experience. Staff explained to us that supervision was not just about the work they did, but also focused on their welfare and wellbeing. Typical comments included, "I meet with my manager every six weeks, they are so supportive." "I can honestly talk to my manager about anything, what's going on at home and work." Another member of staff explained, "It gives me an opportunity to talk about what's going on in my life as well as my job."

Staff supported people at meal times, there was a nice atmosphere in the dining room, and people were given choice about what they wanted to eat and where they wanted to sit. For example, one person explained how grateful they were that the staff at Beech House listened to them. They explained, "I don't sit at the table to eat my dinner as I don't want to sit there anymore. Nobody makes me, and they give me my own little table here instead."

The dining tables were laid with tablecloths and serviettes, and condiments were on offer. People told us the food was always served to them hot, and meals were appetising with a good choice available. We noticed the menu offered seasonal variation and light bites when it was hot.

We observed staff working together to serve lunch in a relaxed and friendly manner. Despite it being a busy time of the day, the staff did not seem stressed, or rushed. We saw staff taking the time to make friendly and natural conversation with everyone during lunch, offering help where needed and often encouraging people. We noted some relatives stayed during lunch, and observed them helping their loved-ones to eat.

We spoke with these people, and they assured us that they came in to help purely because they wanted to be involved in their loved ones care, and not because they felt they would not be looked after well by staff in their absence. One relative explained, "It's my way of still being involved in [Names] mealtimes, and I'm grateful that they never make me feel unwelcome."

Before lunch was served people were offered a wide choice of drinks to accompany their food. Several people were offered a Sherry or a Bailey's. One person was sat at the table, sipping their sherry turned to me, and said, "You should move in, it's very good here. I'd thoroughly recommend it, look at me with my sherry."

One the day of our inspection, the weather was particularly hot, and we saw staff working incredibly hard to encourage people to increase their fluid intake. In the afternoon, we observed orange segments being passed around to people, and later on ice-lollies were offered. People clearly enjoyed these, and commented about how it had cooled them down.

We inspected how the service provided care to people who may be diabetic or need extra support to eat or drink and found that people were supported effectively. One person said, "Because of my health needs, they do have to watch what I eat, and how I am each day. The staff do notice if I am not well, and they called the doctor out for me just the other day. I can't complain about them at all.

People were supported when they were identified as being at risk of poor nutrition, and found they were supported to maintain their nutritional needs effectively. People were routinely assessed and this information was used to update risk assessments and make referrals to health care professionals. When Speech and Language Therapists (SLT) were involved, guidance for staff was clearly recorded within the care plan. Information about the correct texture of food, and who required this was stored in the kitchen so those preparing the food had the right guidance to hand. We spoke with staff and they were able to explain to us who required support to eat safely and what precautions should be taken to minimise the risks.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that when people may be subject to MCA that a DoLS application had been made with the best interests of the person clearly recorded. We spoke with the registered manager and staff and they were able to explain that they understood the implications of the act and when to make an application.

The visiting dementia specialist told us, "The strength of this service is the knowledge they have of the people who live here. I know people benefit from being placed here. I'm very happy with the care provided here."

People and their relatives told us that health professionals were quickly involved if someone needed this. We saw information that confirmed that health and social care professionals were involved and that people could access other services in cases of emergency, or when their needs had changed.

## Is the service caring?

### Our findings

People and their family members told us the care that provided at Beech House, helped them to have a real sense of confidence and security that their care would always be personal, flexible and caring.

We observed staff having a caring, compassionate, and fun approach to their work and treating people and their relatives with respect. We saw people sharing jokes and laughing together. At one point during the inspection, we heard laughter coming from different parts of the building and noticed there was a lot of positive chatter going on between people and with staff. One person said, "There's a lot of fun and laughter here, it makes me feel so much better." A visiting relative told us, "They always care, and know exactly what to do. There is always so much laughter and banter which brightens you up." They added, "They're a real happy team, I cannot praise them enough." Another relative said, "I think they're brilliant, you can always hear people laughing here, that really helps, and they genuinely care for my dad."

Family members told us that that staff were caring and took into account their relative's needs. One relative explained, "The staff really care here. I come in every day, and I ring every night to check on [Name] and say good night. They never make me feel like I am a nuisance. They'll give me dinner if I want it." Another relative explained, "They are a really nice bunch here. Every one of them." They added, "There's not a single member of staff, I don't know well, and they all know [Name] very well too."

People repeatedly told us how caring and considerate the staff were towards them. One person said, "The staff are very friendly, they take the time to stop and speak to me. There's always someone here for me to talk to."

All of the staff told us they enjoyed their role. Typical comments received were, "I love my job, the people here are so lovely" and "Its home from home." Another staff member said, "It makes me feel good knowing people have what they need, particularly at the end of their lives. That is what I want for everyone who lives here. It's something we are really passionate about." Another staff member told us, "I am really trying to get my friends mum moved here from another home, because I know how good the care is here for people." A member of staff seemed to sum up the attitude of all those working at Beech House when they told us, "We need to be breezy and lively for them. We can be miserable on our breaks but not when we are on duty. It's very important, and we all know that."

A visiting professional to the home told us, "The best thing about Beech House is there is a lot of contact and friendship. People have good relationships here."

During the day, we noticed that staff continually used peoples' names when speaking to them, and people told us that they were called by their preferred name. One gentleman was always referred to as 'Mr [Name]'. When we enquired why staff used such a formal approach, we were told that it was his choice, and that staff would never refer to this person by their first name, as they would find this disrespectful.

We found that the requisite of being passionate about delivering good care was displayed at all levels of the

organisation. The registered manager told us, "We really want this to be a home from home for people. I want the best for people who live here and I want the staff to assist people to live their lives well. Everyone here feels passionate about their job." Later in the day we met with the director, they told us, "The nucleus of the organisation is openness and transparency, from staff that are passionate about caring. We are interested in the person and their families."

Relatives told us how homely the atmosphere at Beech House was, one family member told us, "The care here is not clinical, it's friendly and homely. I always feel welcomed."

The staff encouraged people for to care for themselves. For example, one people had lost interest in looking after themselves before they moved into Beech House and had stopped washing and bathing. With staff, giving gentle encouragement and support over a period of time the person was supported to maintain their personal appearance and hygiene.

Regular residents meetings were held and these were well attended. Meetings were used to explore what improvements people wanted to make. For example, when the lounge was redecorated people chose what colours they wanted the room to be painted. Another time, people fed back that they wanted a gazebo in the garden and this was then installed. The meeting minutes were in large print to help everyone read them and people were offered a personal copy. The registered manager told us they planned to, "Encourage people to start leading these meetings themselves. Someone was particularly interested in this, but [Name] sadly passed away. We are looking for someone else who may want to take on this role."

Staff reassured people if they were worried. For example, one person was worried about falling and observed staff offering reassurance and encouragement. They said, "Don't worry take your time. I am here, I have got you." They gently rested their hand on the persons back to reassure them.

People's bedrooms were decorated to their personal taste and they were encouraged to bring in personal items. Some of the bedrooms had a door onto the courtyard garden and we saw people and staff used these as if it was the person's front door. One staff member knocked on the door and said, "It's only me, can I come in.," and they waited to enter the room until the person agreed.

Staff supported people to maintain their dignity and privacy. We saw staff assisting people discreetly and drawing as little attention to the person as possible. We noted people could choose the gender of the staff member who supported them. Staff told us that they were designated to work with specific people so that they could develop relationships. Some people had asked for specific staff members to help them and the registered manager made sure this happened.

We found that the home had an exceptional approach to managing end of life care. People's wishes in relation to treatment were carried out and care was delivered with compassion and in a sensitive way.

One relative told us found visiting their family member upsetting at times. They told us the service was sensitive to their needs and explained, "They know, that sometimes I need to sit on my own for a while to compose myself. There is the space to do that here and I really appreciate that."

We asked staff what they thought was best about the service they offered. Every staff member we spoke with told us that the end of life care given was exceptional. We spoke with one newer member of staff and they became quite emotional, and explained, "I am not crying because I am upset, it's because you build up such good relationships and some of the work we do is about getting the little things right. It gets you there, you know." and pointed to their chest. Another member of staff said, "Alright we are not a flash home, but we

really care and when people are dying it's the little things that we get right for people at the right time. It's important for us to get this right for everybody."

When someone had been identified as nearing the end of their life, a separate multidisciplinary care plan was implemented. A multidisciplinary plan is a document that shows what health professionals are involved with someone's care and what action needs to be taken to make sure that a person experiences death as well as they could. We found, that people's wishes, details of the GP and other health care professional's involvement was clearly detailed. Consideration had been given to what the person had already agreed earlier in their lives and staff had clear guidance about what discussions needed to be had with the person and their family. This included what clinical intervention and medication would be needed and how to help someone to maintain their nutritional and hydration needs. Records showed that consideration was given to ensure that the person achieved maximum privacy and dignity at the time of passing. We found records were holistic and considered what support the family members may also need, such as overnight facilities and refreshments.

The persons spiritual needs, both before and after death was explored. The registered manager explained that the reason for these additional records were to make sure that when the GP considers a person may be coming to the end of their life decisions were recognised and communicated clearly. They explained, "Action needed to be taken in line with the person's needs and wishes, and communicated as sensitively as possible." Records included evidence that staff observed people's last moments, and required them to look for signs that the person may not be as peaceful or as pain free as they could be, and what could be done in order to achieve maximum comfort.

Staff could explain how they held difficult conversations with people sensitively. One member of staff explained, "[Name's] sole wish was to have the song 'apple blossom' playing when they passed. I was so worried that they would pass when I was not on shift, and one night they did, but it was lovely. As soon as I came in the girls on shift explained how they were with her at the end and had found the song which was played gently in the background, until they passed away. This made me feel so good that they got what they wanted at the end of their life. That's what we want for everyone who lives here."

When someone from the service had passed away, an event was held, so that people could join in with the celebration of someone's life, if they wanted to.

We inspected how the service worked with local advocacy services, at the time of the inspection, no one required advocacy services. We found the registered manager was clear about how to involve this service should anybody require an advocate to speak on their behalf.

Staff helped people to express their views so they could understand things from their points of view. For example, one person's did not speak English. The registered manager had made sure that general information including the care plan had been translated in to this person language. A number of communication sheets had been developed which staff used as a communication tool to make sure that the person could retain choice and control about their care needs and decisions. The registered manager explained that a number of staff employed at the service were bilingual, but that no one was able to speak this persons language. They explained they were looking at ways they could find someone that this person could talk with, one of these options was by trying to find a volunteer.

Staff and management were fully committed to finding innovative and creative ways of communicating with people. For example, various methods were used to get feedback from people about how they could improve the service. At various communal areas within the service, a decision tree was used to understand

what people wanted. We noted there was one available for staff as well. This approach was genuinely used to get feedback and make changes to the service as a result. The registered manager gave us examples where changes had been made. We found that resident and staff meetings had been held to discuss ways to make people's suggestions happen. Some of the changes were, use the pool table more, more cake making, wine with meal instead of sherry, trip to London, visit to where [Name] used to live. We saw many pictures and examples of where people's suggestions had been taken on board and changes made as a result.

## Is the service responsive?

### Our findings

People received care and support specific to their needs and were supported to participate in activities that were important to them. People and their family members repeatedly told us that they felt staff understood their individual needs and preferences, and that staff provided care in a responsive and personal way.

Whenever we spoke with staff, or observed interactions between staff and people, it was clear that they understood those in their care extremely well. Staff could tell us about the persons' previous lives, their careers and families, and how people preferred to be cared for. For example, on the day of the inspection, it was a very hot day, and all the doors into the garden were left open. One person spent a lot of their day walking along the corridors, and around the garden. We spoke with their relative and they explained to us that the person had dementia, which made them very restless. They explained that they were very resistive to sitting down for any length of time, and explained, "[Name] is prone to falls, they have to keep moving, and active for their own peace of mind. We are grateful that staff do not keep telling them to sit down, as this agitates them greatly."

We observed lots of responsive interaction between staff and people. For example, we heard a carer pushing a man in his wheelchair along the corridor. At each twist, bend, or doorway they stopped and asked them, "Which way shall we go now, Left or right?" The person directed the member of staff accordingly. The staff member later told us, "He always instructs me where I should go, and that's fine with me."

Throughout the day, we saw staff quickly notice when people needed help, or extra support. For example, a person walked through the door, speaking very quietly, saying, "Can you help me?" Immediately, a member of staff discreetly asked how they could help. They then engaged in friendly, natural conversation while assisting them.

People told us they felt in control of their own daily routines. For example, one person explained that they liked to spend a lot of time in their room and in the communal areas. "All I have to do is call when I want to go back to my room, they never complain." They continued, "I call for help in the morning by pressing my call bell. Staff will never tell me when to get up, or when to go to bed. They are guided by my wishes." The person told us that they appreciated this and told us that it made them feel that they were still in control of their daily living routine.

Pre-admission assessments were completed for people who were considering moving into Beech House. Where possible, people and their relatives were invited to visit the home, have a look at the facilities on offer, and meet the staff. The assessment document ensured a holistic view of the person's care and support needs. The document covered their cognitive and physical health, wellbeing, prescribed medication and dietary requirements. It also included the person's lifestyle choices and preferences. Assessments were used to develop person centred care plans. Plans were well written and provided clear instructions for staff to follow.

Relatives told us the service was responsive to their family member's needs. One relative explained, "They

organise transport for health appointments. If I was unable to go then a member of staff would accompany them.' Another relative confirmed this, saying, "They got [Name] to hospital, and a carer stayed with them all the time."

Staff took an active part in meeting people social wellbeing and this was viewed as being just as important as meeting someone's physical and personal care needs. One staff member said, "Sometimes people don't always want to do anything, sometimes they just want us to spend a bit of time with them."

People told us about things they liked to do and therapy animals were used at the service to offer comfort and support to those who enjoyed the stimulation of an animal. A clothing shop had been set up, and an external person brought in clothes for residents to have the option to purchase some new items.

The home had an activities coordinator in post, and there was a wide and varied activities programme in place. On the day of our inspection the Olympic Games was taking place and many residents was interested in this. The lounges were decorated with an Olympic theme. When football tournaments were on people could pick a pool team. Examples of activities that regularly took place included, singing for the brain, arts and crafts, cookery, gardening, flower arranging, quizzes, reminiscence activities, walks, meals and days out and entertainment in the evening. Activities were not viewed, as something that should be done at a specific time, but as something that people may want to participate in every day. For those people who were either unable to get out of bed or did not like group activities, individual sessions were arranged to do things that the person wanted.

People's needs were assessed before they moved in and these were regularly reviewed and evaluated. Following an initial assessment, care plans were developed detailing care needs and responsibilities of staff. Family member's told us they were aware of their relatives care plan. Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle choices. Records contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. Staff had specific information about how the person's care needs were to be met and gave instructions about what staff needed to do to deliver the care in the way the person wanted.

A copy of the complaints procedure was available in the home's entrance hall. We noted the service had received a number of compliments about the service. People told us they knew how to make a complaint but did not have reason to do so. One person said, "If I had any issues or complaints I could talk to any one of them, they'd all listen to me." A relative confirmed this, saying, "I'd talk to any of the girls if something wasn't right, they'd sort it immediately." Another visiting relative said, "I'm quite satisfied, issues get sorted quickly and efficiently here, you don't have to keep repeating yourself. I'd thoroughly recommend this home."

A family member told us about a newsletter which was circulated several times a year. They told us it helped inform people of any changes, or any upcoming events. They said Beech House helped to, "Keep relatives involved in the life of the home, especially those who were not able to visit their family member as often as they could." They continued, "Communication here is very good. We feel so lucky that [Name] is here."

One member of staff told us, "It's been hot recently and [Name] said they really fancied a 99 ice cream. So we arranged for the ice cream van to come to the home. It stops outside, and people go off and get what they fancy. We are on the regular route now, the ice cream man doesn't mind taking a little longer and is very patient with people."

On the day of our inspection, the minibus was currently being repaired. The registered manager told us that as soon as it was fixed, they would recommence "local trips out." Two people told us about a sweet trolley which came around selling, "Good, old fashioned sweets like we used to have." The manager told us that this was always very popular, and often helped to start conversations between people about where they used to live, and how they used to save up for sweets when they were children. Relatives told us staff listened to them and carried out their wishes. One family member explained, "I know all the staff here by name, and I'd talk to any of them. They are as good as their word; they do listen and act on what you say."

The registered manager told us volunteers were involved with the home, we noted that checks had been undertaken, which reflected the approach they would take when recruiting a paid member of staff. Beech House had been working with the local Friends and Neighbours Scheme (FaNs) This was a programme funded by Essex County Council and delivered in partnership with My Home Life Essex Community Association and Age UK Essex. The purpose of this scheme was to encourage and support people and organisations in the wider community to become good friends and neighbours to their local care homes and the people who live in them. We noted that people were encouraged to be involved in the service and the care of their relative. During the inspection we heard a relative speaking to the deputy manager, and commented that, "Once we lose mum I think I'd still like to come here to visit others, I feel so at home here now." The deputy manager responded with, "That would be lovely, you will always be welcome."

## Is the service well-led?

### Our findings

At the time of our inspection, people and their relatives told us this service were well led. Everyone we spoke with held the registered manager in high regard. People, relatives, and healthcare professionals all described the management of the service as open and approachable. One family member described the manager as, "Excellent, efficient and knowledgeable," and that it was, "All about the people here."

We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. Staff told us they felt included and consulted and were clear about the provider's values and philosophy.

Staff told us the manager led the service well and offered positive support. One staff member commented, "The management is really good they are so supportive, I know I can talk to them about anything." Another staff member said, "I have worked in other homes and I have to say that this one is really good, the manager is supportive and approachable. We all have our role to play and as a team get on well. Another said, "I feel 100% confident about speaking to the manager or the deputy if I need any help or support. I feel very supported by them."

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The registered manager was able to demonstrate that they knew all of the people who lived at the service very well. We were told that the manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "We work closely together, I have a good relationship with my manager, and we talk about things all of the time."

There was a stable staff team and staff told us morale was good. We saw there was a positive culture in the home and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.

The registered manager and staff were exceptional in involving people to make decisions about every area of the service and creative in the way they obtained people's feedback. One staff member told us, "People are involved here every step of the way." People told us they were frequently asked for their ideas and suggestions about the way things could improve and changes were made as a result. The registered manager did this in a number of different ways, either through resident meetings, surveys or encouraging people to tell the staff. Resident meetings were held, and people explained that they felt able to speak about any issues they may have. For example, one person said, "We have regular relative's meetings, and I raised an issue about the laundry at one of them. It's been improved as a result."

We looked at records related to the running of the service and found that the provider had systems in place to continually review the quality of the service being offered. Audits were in place, which monitored and looked at ways of improving the quality of the care that people received. We asked the manager what areas

of the service needed to be improved and a service development plan was provided for us quickly, which explained the plans they had to redecorate the service.

A member of staff summed up the ethos of working at the service, saying, "The way we view it, is that this is our residents' home, and when we come to work we're coming into their family and their home. It has to be all about how they like things to be done."