

# Seaside Care Homes Limited

## The Beach Hut

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on the 29 November and 06 December 2018 and was unannounced. At our last inspection in July 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The service was moving in an upward trajectory and as a result we have rated 'caring' as Outstanding, the overall rating continues to be good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Beach Hut is registered with the Care Quality Commission to provide accommodation for persons who require nursing or residential care and treatment of disease, disorder and injury. The service provides residential and nursing care to three young people who have complex learning and physical disabilities as well as associated health conditions. The Beach Hut is a bungalow located in a residential area in Clacton and is one of two services owned by the same provider. The other service is called Driftwood and provides respite care to children's and young people.

The registered manager manages Beach Hut and Driftwood which is located nearby. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Beach Hut had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, the promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary life as any citizen.

Relatives and professionals spoke highly of the service and the quality of care provided. They told us that the values of kindness and compassion were embedded in the day to day life of the service. Staff went the extra mile for the young people to make things happen. We saw that care was person centred and young people were given opportunities to build their confidence and self-esteem.

Staffing levels were flexible and met the needs of the people using the service. Staff supported people to keep in touch with family and friends and access the community.

Staff worked hard to establish what was important to people and what they enjoyed. They communicated effectively with the young people and made things happen for them which improved their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Checks were undertaken on the environment to ensure that it was a safe place for young people to use. Risks were identified and clear plans in place to manage people's health needs and reduce the likelihood of harm.

Staff, including care and nursing staff received regular training to ensure that skills were updated, and they were competent to provide care.

Staff spoke with enthusiasm about their roles and the quality of care provided. The provider had a clear plan of continuous improvement and quality assurance's processes were in place to identify shortfalls and any developing patterns.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Beach Hut

## **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 29 November 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A statutory notification is information about important events which the service is required to send us by law.

On the day of the inspection there were three young people living in the service and we spoke to two of them about their experience of the Beach Hut. We spoke with the provider, nurse manager and three care staff. We reviewed two care and support plans, medication administration records, two staff recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. Following the inspection, we spoke with one health care professional and two relatives.

# Is the service safe?

## Our findings

Relatives told us that their family member was well cared for and they had confidence in the service. One relative told us, "I am so happy with the service I couldn't sing their praises any more highly."

People continued to be protected from avoidable harm and abuse as the provider trained their staff on how to address concerns and encouraged openness. Staff had received training and were clear about what actions they should take if they witnessed or were told about an incident of abuse. The service had its own safeguarding lead to which staff could go to for advice. There were also policies and procedures in place which were accessible to staff.

Risks were assessed, and steps taken to mitigate risks and reduce the likelihood of harm. Detailed and informative risk assessments were in place which addressed areas such as accessing the community, using a wheelchair and mobile telephone use.

Staff understood the support that the young people needed to promote their independence but also minimise the risks of harm. Incidents and accidents were logged, and the information used to review young people's care and identify learning.

There were systems in place to manage safety for example, safety certificates were in place to evidence that checks had been undertaken on areas such as gas safety and electrics. Equipment such as moving, and handling equipment was checked to ensure that it was safe to use and there were clear arrangements in place detailing how individuals would be evacuated in the event of a fire.

There were sufficient numbers of staff to meet young people's needs and keep them safe. On the day of our visit there were three staff on duty and a student nurse on a work placement. Staff told us that staffing arrangements worked well, and the levels were adjusted to take account the needs of the people living in the service and the activities that they were participating in. At night there were two waking night staff. The nurse manager told us that they did not use agency staff as it was important that young people were supported by staff who knew them well and shortfalls were covered from within the staff team. There were arrangements in place for staff to seek clinical advice or support in the event of an emergency and we saw that these had worked well when a young person health had deteriorated.

Recruitment checks were undertaken on staff prior to their employment at the service. The checks included identification checks, conduct during previous employment and disclosure and barring checks.

Peoples medicines were managed safely. Medicines were securely stored, and records well maintained. The medicines which we checked against the records tallied and showed that people were receiving their medicines as prescribed. Audits were undertaken on medicines at regular intervals to check storage and administration.

The service was clean and well maintained. Staff understood their responsibilities regarding infection

control and were observed using appropriate personal protective equipment.

## Is the service effective?

### Our findings

There had been no new admissions at the service since our last inspection and people's needs were assessed prior to them moving into the service. Health and social care professionals continue to be involved along with their families. The health care professional we spoke to following the inspection told us that the service was proactive and appropriately sought advice. They told us, "The individuals living in the Beach Hut had few infections and were well cared for."

Young people were supported by staff who had received training to meet their needs. All staff completed training on a range of areas including moving and handling, medicines, infection control and first aid. Training was completed both on line and with staff on a face to face basis. A number of the young people had complex health conditions such as epilepsy or eating difficulties and staff told us they received specific training from nursing staff on how to manage these young people's needs. Staff told us that they were given the time they needed to learn the techniques and their competency was checked before they worked independently. One member of staff told us, "I have really grown with this service, I can't thank them enough." Another said, "It was scary at the beginning but now I feel confident, it didn't matter how much time it took to learn things, they didn't rush me."

New staff completed a thorough induction which involved shadowing more experienced colleagues and completing training before working independently. Staff were offered the opportunity to complete additional qualifications in care to develop their skills and knowledge. Staff received regular supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose, by the management team.

Young people were supported to eat a balanced diet and the records we viewed showed that items were prepared using fresh ingredients. The garden had a vegetable patch and items grown for young people to eat. One young person told us that they choose what they wanted to eat and planned a menu each week with a member of staff. We observed, as they were encouraged and supported to prepare their meal. Weights were monitored but not always regularly however the nurse manager told us that this was an area that they were addressing.

Young people were supported to stay healthy and access health care support when they needed to. Young people were assisted with GP appointments opticians and dental care. Care plans described in detail, guidance for staff in meeting people's health and wellbeing, care and support needs. For example, there were risk assessments and care for plans for young people who had epilepsy which set out how staff should respond and when they should escalate for a more urgent response. Staff knew what to do if young people were to become unwell and we saw examples where they had sought medical assistance. There were letters in care plans which showed that the service worked with a range of health professionals such as neurology, the speech and language service and dieticians.

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 when needed are helped to do so. 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. We checked whether the service was working within the principles of the MCA and found that young people who lacked capacity had best interest decisions in place in line with the legislation. Staff had a good understanding of consent and how best to support the young people safely, whilst maintaining and respecting their human rights. We observed staff offering choices and asking young people for consent before starting to support individuals. Appropriate applications had been made to the Local authority for DOLs assessments.

The service was well maintained and had recently benefited from redecoration and the upgrading of the floor. Communal areas were comfortable and homely, the young people's personal spaces were all highly personalised.

## Is the service caring?

### Our findings

Young people told us that they were happy and liked living at the Beach Hut. One young person told us, "I don't think I would change anything, we all get on."

Young people were enabled to express their views and be actively involved in making decisions about their care and support. Staff understood the importance of communicating well and were highly skilled in this area. We observed them observing people's facial expressions and using their voice in different tones to communicate effectively. They clearly knew people well and could tell us about young people, what was important to them and how they understood what they were telling them. One member of staff told us about an activity they had done with one young person and said, "I know that they enjoyed it, their face just beamed." They told us that they had been supported to attend Makaton training to build on their skills. The service had trialled tools such as an iPad as well as specific techniques with young people to help them develop their communication and ensure that they were a full partner in their care delivery.

Young people were treated with kindness, respect and compassion, and descriptors such as "gentle" were used by one of the young people when talking about staff. These values were embedded in the day to day life of the service and staff went the extra mile for young people. For example, we saw that one young person wore splints which meant that their shoes did not always look fashionable which was important to the individual. So, staff had sent abroad for some special and very trendy footwear which had integral pockets for the splints and meant that they looked the same as any boots available on the high street.

Care was provided at young people's pace. One member of staff told us, "This is their home and we are coming into it, we need to be relaxed, there is a family feel here." Staff spoke about people warmly and with genuine affection. One member of staff told us how one of the young people had become unwell during the night and they had let on call know but then, "The provider came in their PJs to help." A relative told us that the service benefited from having staff of different ages and this meant that their relative had a "motherly figures" as well as "younger staff."

There was a strong person-centred culture and staff were motivated to provide people with high quality support that enabled them to lead fulfilling lives. Staff were constantly reviewing how people were being supported to ensure excellence. They told us that they had identified that one young person could benefit from a more comfortable shower chair and the registered manager had requested a reassessment of their needs. They told us about sensory equipment that they were looking at for another young person and showed us a sensory pod which enabled one young person to stretch out and spend more time in the communal area as they enjoyed watching all the interactions and their friends. The service was very much the young people's home and people's spaces were highly personalised. One person had guinea pigs which they were supported to look after.

Young people were supported in a way that enabled them to be as independent as they could be. A relative told us, "My [relative] wanted to be independent and they have given them that and more.... they are so well cared for." Care plans emphasised the importance of involving young people in decision making and

ensuring that they were offered appropriate activities. We observed one young person being assisted and the member of staff got the young person to help and said to them, "See you don't need me." The young person laughed.

In the comments book we noted the following, "The move to the Beach Hut has exceeded all of our expectations. [my relatives] independence has increased (significantly) resulting in increased confidence, employment and a full life which offers them all the life choices they ever wanted. All the staff go above and beyond, and their caring natures shine though."

Staff understood the importance of ensuring young people were offered opportunities to build self-esteem. For example, we saw that the staff had worked with one young person on their goal of improving their bladder control. This had been achieved and the young person no longer used continence aids during the day. One young person was due to attend a Christmas party at their work place and staff had worked with this young person to plan the event, the dress, the hair, the makeup and shoes. This was clearly important to the young person and they took pride in telling us about what was planned and showing us what they were going to wear. Staff told them they were going to look, "like a princess." Staff took pride in individuals achievements and told us what people had achieved since living at the service from being able to sing in public to interviewing job applicants.

Relationships were developed and nurtured. Families were welcomed to visit, and we saw examples where staff had worked with families to plan trips out and home visits and ensure that risks were minimised, but those important memories created. Relatives told us that they were kept up to date and informed of health appointments and any changes to their relative's wellbeing. One relative told us, "They communicate well with us, I feel so much part of things but my [relative] still has independence." Staff supported the young people to maintain friendships with peers outside the service, inviting them to lunch and other important events at the service. For example, we saw that the staff had invited both friends and families to a BBQ during the summer and they told us that this had been a real success.

People's views were sought through one to one meetings, with their keyworkers and nurse managers. Questionnaires were sent to family members to ascertain their views of the care.

## Is the service responsive?

### Our findings

Relatives and professionals spoke positively about the service. A family member told us "[My relative] always seems happy, they are always clean and well cared for." A visiting professional had written, "Always made to feel welcome and its very homely, its lovely to see the progress of the young people over the years. Keep up the great work."

Young people received a person-centred service that met their needs. Young people's needs were assessed and regularly reviewed. Staff worked with people as their needs changed, for example we saw that they had assisted a young person to get a new and more comfortable wheelchair, so they could more comfortably access the community.

All had care plans which provided guidance to staff on their needs and how they should be met. This included information in different formats including pictures of how exercises should be undertaken. Information was also provided on individuals preferences and how they liked to communicate. For example, one individuals care plan stated, 'My facial expressions will indicate when I am distressed or in pain.' Clear guidance was provided to staff about how distressed behaviours should be managed. One of the plans we looked at reminded staff about the importance of involving the individual in decision making but if they became distressed staff should start by asking what the problem was. Before going through a checklist which included checking that the individual was comfortable and were not bored.

Daily records were available which recorded how the young person had been supported and how they were feeling. The records included details about the young person's experience and descriptors and observations of their demeanour, for example whether they had smiled and laughed.

We saw that staff knew the young people well and had a good understanding of their needs. They worked creatively to find ways to support young people to access the community and have a good quality of life. The service had the use of a minibus which it shared with the providers other service and enabled staff to take young people out on trips or access to a good range of personalised activities including concerts and work placements. On the day of our inspection, one person had been to college for a music session and staff told us this was working so well, that they were now increasing their attendance. Another young person attended a work placement a number of days each week which they clearly enjoyed. Everyone had a photo album of pictures of them taking part in activities and celebrations which provided nice memories for people to look back on.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw that there was a policy as to how any issues which were raised should be responded to. A relative told us that they only mentioned an issue once and it was immediately dealt with and rectified.

There was not any end of life care being delivered at the service at the time of our inspection, but staff told us that they would get support from the GP and palliative care team if required. The registered manager told us that they were aware that they needed to develop further and had plans in place to move this forward

which included discussing the issues at one to one meetings with staff.

## Is the service well-led?

### Our findings

Relatives told us that this was a well led service. One relative told us, "We are so happy, this is the biggest blessing we ever had...our relative does all the thing that you would expect someone of their age to do."

There was a registered manager in post who managed the Beach Hut and another of the providers services which was also located in Clacton. At the Beach Hut one of the registered nurses took responsibility for overseeing care delivery, medication, supervising staff and managing the staffing rota. However, the registered manager was assessable and retained ultimate responsibility. They told us that they had weekly meetings with the nurse in charge to review the progress that the young people were making.

Staff told us that the management team were easy to talk to and approachable. They told us that the providers regularly visited the service and knew the young people well. Staff morale was good with staff telling us that it was a good place to work and they were proud to work at the service. They told us that they felt valued and involved in the development of the service.

The providers continued to invest in the service and was part way through a refurbishment of the internal furnishings and fitting. The garden had also benefited from landscaping and improved accessibility.

The management of the service recognised the importance of developing the skills of staff and we saw that the staff were supported to access a wide variety of training. All staff were expected to complete Level 3 qualifications in the care of young people within two years of appointment. The nurse manager was completing a Level 5 qualification in care. Promotion opportunities were available and new 'home leaders' had been appointed. This is where staff were enabled to take on additional responsibilities such as overseeing new staff on induction and staff competency. Staff received supervisions and appraisals and were provided with feedback about how they were doing. Nursing staff were being assisted with revalidation, which is the process that all nurses must go through to demonstrate that they can practice safely and effectively. By encouraging and promoting reflection on practice and continuous improvement, the provider was encouraging high quality care.

Staff were clear about their roles and responsibilities and what was expected of them. There were clear on call arrangements when there was no nurse on site and staff told us that they always knew who was on call and the arrangements worked well.

The registered manager told us that they were well supported by the directors and met with them regularly to reflect on the care and future developments. In addition, had access to clinical supervision to reflect on clinical practice.

There was an effective quality assurance system in place to make sure that any areas for improvement were identified and addressed. We saw that the registered manager had oversight of incidents and accidents. Audits were undertaken areas which included medications, dignity and mattresses.