

A. Charles Thomas (Care) Limited

Beachcomber Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beachcomber Care Home is a residential care home providing accommodation and personal care for up to 48 people. At the time of the inspection there were 47 people using the service. Accommodation is provided across two floors and there are a number of communal areas for people to use.

People's experience of using this service and what we found

Risks to people were not always safely managed, monitored or assessed. There were enough staff to keep people safe, however, staff did not always have enough time to provide person-centred support. People's personal care needs around bathing were not always fully met. We have made a recommendation around staffing levels.

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests, however, legal authorisation was not always in place to deprive people of their liberty to receive care and treatment. The procedures and systems in the service did not always support best practice in this area. We have made a recommendation around applications to deprive people of their liberty.

Based on our observations of the environment during the inspection, we found areas of concern regarding the homeliness and the atmosphere of the service. Management did not always promote a positive culture throughout the home. We received mixed feedback around staff morale and teamwork. Audits were not always effective. We have made a recommendation around audits.

People were protected from the risk of abuse and told us the staff were caring. Medicines were managed safely, and people received their medicines as prescribed. The service was preventing and controlling infection, and had managed well throughout the pandemic.

Staff had the right skills and knowledge to carry out their roles and received regular training, supervisions and appraisals. People were supported and encouraged to eat and drink, and people had access to enough food and drink throughout the day. People were referred to health professionals when required.

Management understood their regulatory responsibilities. Feedback was regularly sought from people, relatives, staff and professionals. Management was responsive to the issues we raised and immediately took action to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 March 2018).

Why we inspected

We received concerns in relation to staffing levels, staff deployment, nutrition, personal care and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following the inspection, the provider has taken action to mitigate the risks. The provider was receptive to our feedback and has implemented new systems and procedures in response.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beachcomber Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beachcomber Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, three senior care workers, six care workers, a laundry assistant, a domestic assistant, the maintenance person and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one professional who regularly visits the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at people's weight, nutrition and personal care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, quality assurance records, and further personal care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely.
- Action was not always taken to manage known risks to people and care plans were not always followed. For example, one person was at high risk of skin damage, had a deteriorating condition with complex needs, and required regular repositioning. We were not assured that regular positional changes were taking place, either with the assistance of staff, or by the person repositioning themselves appropriately. The service did not monitor this person's positional changes, if and when they took place. This placed the person at risk of harm.
- Ongoing monitoring of risk to people was not always effective. Fluid intake and output charts did not record target fluid levels. This meant the service had not identified when a person's fluid intake was not meeting their needs.
- Risks were not always accurately assessed. For example, someone who had a history of falls had been wrongly assessed as at low risk of falls.
- Behaviours which may challenge others were not robustly monitored. This made it more difficult to identify patterns and triggers.

Although we found no evidence that people had been harmed, the provider had failed to robustly manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. They confirmed all care plans and risk assessments would be reviewed, and positional changes would be put in place and recorded, if required.

Staffing and recruitment

- There were enough staff to keep people safe. However, staff did not always have enough time to provide person-centred care. One staff member told us, "I wish we could do more with people. We don't have time to sit and have a chat with them."
- We received mixed feedback from people and staff about staffing levels. One person told us, "Staff are pushed, there are a lot of people to look after." One staff member told us, "It is very busy during the day. It has been hard, but we always have enough staff to keep people safe."
- The tool used by the service to calculate minimum required staffing levels was not robust. The tool did not give appropriate consideration to individuals' support needs. The service had recognised this and was in the process of implementing a new tool to calculate minimum required staffing levels.

We recommend the provider regularly reviews staffing levels in line with best practice guidance and taking into consideration the assessed needs of people using the service.

- Staff were recruited safely and appropriate pre-employment checks were carried out.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had safeguarding policies and procedures in place.
- Staff understood their safeguarding responsibilities. Staff told us they felt confident to raise any concerns. One staff member told us, "My safeguarding training is up to date. If I had any concerns I would speak to a senior then the manager. I would go higher if needed. Concerns are dealt with straight away."
- People told us they felt safe. Comments from people included, "I like it here very much, you couldn't find better care staff than there are here" and "The staff are more like family: friendly, caring and approachable."

Using medicines safely

- Medicines were managed safely.
- People received their medicines as prescribed. There was a clear system in place for recording medicine administration and regular stock checks were carried out.
- Medicines were stored safely and securely. Room and fridge temperatures were checked daily. Medicines that required stricter controls by law were stored in a separate locked cupboard.
- Care plans were in place for 'when required' medicines. Staff were knowledgeable about when these medicines should be administered for individual people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager was open and receptive to our inspection feedback and made changes in response.
- Accidents and incidents were recorded and investigated. The registered manager carried out a monthly analysis to look for trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Legal authorisation was not always in place to deprive people of their liberty to receive care and treatment. We found one authorisation had expired in April 2021 and had not been renewed. We found one authorisation had been applied for in February 2019, but no legal authorisation was yet in place.

We recommend the provider seek advice and guidance from a reputable source, about MCA application procedures, to ensure they are submitted and authorised in a timely manner.

- Mental capacity assessments had been completed for people, but they were not always up to date.
- People were involved in decisions about their care where possible. Staff discussed care plan reviews with people and sought their agreement to any changes.

Adapting service, design, decoration to meet people's needs

- Based on our observations, the physical environment did not always meet people's needs.
- Some areas for people to use, such as the library, were not homely. The library contained a large workstation and filing cabinet, and personal care products were stored on the floor.
- The decoration did not always support people who were living with a dementia type illness or memory

difficulties. The menu for the evening meal was not on display for people to see, before they sat down to eat.

- There were many signs and posters displayed on the walls for staff. This created an impersonal atmosphere in some areas of the home.
- Following our feedback about the environment, the provider sought the views of seven people. People said they liked the small lounge as it was "lovely and homely." One person said, "Staff talk to us and it is a nice atmosphere [in the main lounge]." The provider told us one person sat at the workstation in the library to use their magnifying glass.
- People had access to a pleasant outside garden and courtyard, along with a choice of indoor lounge areas.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's personal care needs were not always fully met.
- Bathing records showed that some people went significant periods of time without a bath. The registered manager told us this was a problem with record keeping, and the bathing records were inaccurate.
- Feedback from staff around bathing was mixed. One staff member told us, "Quite a few people don't get one [bath] a week. It tends to be the people who ask for a bath, who are more independent and aware, they are the ones that will get a bath. The residents who don't ask and perhaps don't understand they are due one, don't always get one." Another staff member told us, "We aim to bath people once a week but if they want more we would try and accommodate that."
- The service did not always ensure people had choice and flexibility around their personal care support. Some people told us they did not have a choice around when to have a bath or shower. Comments included, "It is generally a set time" and "I don't choose which day it is."
- The registered manager responded immediately during and after the inspection. The registered manager implemented new bathing records for staff to complete.

Staff support: induction, training, skills and experience

- Staff had the right skills and knowledge to carry out their roles.
- Staff received regular training. One staff member told us, "We get regular training every year" and "All our training is up to date." The provider had additional training planned in the coming months.
- New members of staff completed a thorough induction. One staff member told us, "My induction was comprehensive. They made sure I had training on everything, and I shadowed and learnt from others. They checked I was comfortable before working unsupervised. I feel very confident now."
- Staff had regular supervisions and appraisals. Staff received feedback on their performance and any areas for development were discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat and drink well.
- People had access to food and drink throughout the day. People were given choice and people's needs were catered for. One person told us, "The kitchen is very good. I like plain things, so they adjust my food and try and get me what I need. I am encouraged to eat, and they would get me anything really."
- The service regularly monitored people's weights. Appropriate action was taken if people lost weight, including implementing fortified diets and referring people to the dietician.

Staff working with other agencies to provide consistent, effective, timely care

- The service had systems and procedures in place to refer people to other professionals when required. People were supported to regularly access the GP, the optician and district nurses.

- Health care plans were in place for people. These provided important information for other professionals to help them understand and treat people effectively.
- Appropriate records of healthcare visits and appointments were kept.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance within the service was not always effective.
- The provider and management carried out regular audits which were up to date. Some audits, such as the medication audit, were comprehensive and robust. However, there was no audit in place for bathing records, and so the concerns we raised had not been identified. The registered manager implemented a bathing audit immediately.
- Care plans were reviewed monthly and audited every 6 months. However, reviews had not identified the incorrectly calculated risk scores we found, or the inconsistent recording of behaviours which may challenge others. The registered manager confirmed a full review would be undertaken of all care plans.
- Both the provider and registered manager carried out environmental audits. However, the overall atmosphere of the service was not included in those audits and therefore the concerns we raised about excessive staff signage and office space, had not been identified.

We recommend the provider seeks advice and guidance from a reputable source to ensure audits are effective and they help to drive improvement and consistent care.

- Management understood their regulatory responsibilities and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and management did not always promote a positive and open culture. Leaders were not always open to empowering staff to raise concerns anonymously.
- Written correspondence to staff was sometimes overly forceful and negative in tone. However, staff spoke positively about the registered manager and deputy manager. Comments included, "[The registered manager] is very approachable and accommodating" and "[The registered manager and deputy manager] are good and will sort things if needed."
- We received mixed feedback about staff morale and teamwork. One staff member told us, "Some of the staff let the [registered manager] down. They don't really care or help out." However, other comments included, "The staff team are fine" and "There's always someone there to help you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager regularly sought feedback from staff, people, relatives and professionals.
- Staff had regular supervisions, appraisals and team meetings. One staff member told us, "We regularly have appraisals and reviews, where we can be open and raise any concerns."
- The service held meetings with people who used the service. These meetings gave people an opportunity to be involved in decision making. At the most recent meeting, people discussed how they would like to celebrate Halloween and Christmas.
- The service also obtained feedback using questionnaires. Actions were implemented in response to feedback received. Feedback from recent surveys was very positive about how the service had coped during the pandemic.

Continuous learning and improving care

- The quality of the service had deteriorated since our previous inspection. However, the registered manager was open to feedback and responsive to the points raised. Management immediately took steps to devise and implement new procedures, and to resolve the issues we found.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider had failed to robustly assess, monitor and manage risks to the health, safety and welfare of people.</p> <p>Regulation 12(1) and (2)(a) and (b)</p>