

A. Charles Thomas (Care) Limited

Beachcomber Care Home

Inspection report

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21 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

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 our inspection there were 41 people using the service.

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

People living at Beachcomber Care Home told us they received safe care. Since the last inspection systems to monitor people's safety had improved and risks were documented, although some inaccuracies were noted in the recording. Staff knew about current risks and how to respond. Concerns about people's safety were acted on and staff knew how to raise safeguarding concerns. Medicines were managed safely. There was not always clear written guidance about topical and "as and when needed" medicines. This was corrected by the registered manager during this inspection. We observed safe staffing levels and received feedback from staff, relatives and people that there were enough staff to support people safely.

Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for supervision and observations of their work performance. People had access to healthcare services when they needed them. The home was clean, well maintained and people's rooms were personalised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat varied and appropriate diets. People spoke positively about the food on offer.

The registered manager was supported by the provider and there were clear lines of responsibility in the home. Regular audits were taking place, but these were not consistently identifying and correcting inconsistency in records found at this inspection. Since the last inspection a new electronic care system had been introduced with a view to improving record keeping and oversight. The new system was not yet fully up to date and the new processes were not yet embedded. There were systems to learn and develop practice from concerns raised and management shared learning with staff. Staff worked with external social and health care professionals and we received positive feedback from agencies involved with the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review staffing levels and practices around the

Mental Capacity Act (MCA) and seek guidance on audits. At this inspection we found improvements had been made in relation to staffing levels and responding to the MCA. Some improvements had been made to audits but were still failing to identify all issues in the service.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 August 2021 and 01 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 2 inspectors.

Service and service type

Beachcomber Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beachcomber Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 December and ended on 21 December 2022. We visited the service on 12 December 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people, 2 relatives, a visiting healthcare professional and 10 staff, including the registered manager, senior care assistants, care assistants, kitchen and laundry staff.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure safety measures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed, and safety was monitored. Risk assessments were regularly reviewed and developed as people's needs changed. There had been improvement to the systems to monitor falls, behaviours and repositioning. Guidance had been issued to staff about monitoring fluid input and output and reporting concerns.
- There were some inconsistencies in people's assessed risks between old and new systems being used in the home. Staff were knowledgeable about people's current needs and how to mitigate risks. Work was ongoing to further develop risk assessments on the new system.
- Appropriate maintenance and safety checks had been carried out for the building and equipment.

Staffing and recruitment

At the last inspection we made a recommendation that the provider continued to review staff levels. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

- There were enough staff in the home to meet people's needs. We observed staff respond to people quickly and received feedback from people and relatives that staff were available when they needed assistance. A relative told us, "Staff are lovely, they come quickly."
- Most staff we spoke with told us staffing levels had improved and they felt able to safely meet people's needs.
- Staff were recruited safely. Recruitment checks were carried out before staff were appointed. The provider had recently recruited staff for all the roles in the home and was not routinely using agency staff.

Using medicines safely

- Medicines were managed and stored safely. A relative told us, "[Person] gets their medicines when they need them."
- People received their medicines as prescribed. There was a clear system in place for recording medicine

administration and regular stock checks were carried out.

- There was inconsistent written guidance in place for 'when required' medicines and topical medicines. However, staff were knowledgeable about when and how these medicines should be administered. We discussed this with the registered manager on the first day of the inspection and additional guidance was provided to staff, which had been written with support from a pharmacist.

Systems and processes to safeguard people from the risk of abuse

- Systems promoted people's safety. There were systems to support staff to report concerns and any issues were acted on.
- Staff were trained in safeguarding and knew how to recognise the signs of abuse.
- People and relatives told us they felt staff kept people safe. One person told us, "I feel safe, yes. I'm well looked after. The home is very good. Staff work very hard."

Preventing and controlling infection

- The service was clean and well maintained. The provider made checks on cleanliness and had policies to support good infection prevention and control.

Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current guidance.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents to look for any patterns or trends.
- Lessons learnt and actions for improvement were shared with staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we made a recommendation that 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. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of MCA. They completed full mental capacity assessments and were completing best interests decisions for those people who lacked capacity.
- People were asked for their consent when care was delivered.
- No one in the home was subject to a DoLS at the time of our inspection. The registered manager was aware of the need to keep this under review as people's needs changed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and preferences had been considered. Care plans were in place which were person centred and guided staff on how people liked to be supported. Systems to record how needs was met had improved and work was ongoing to review and update these.
- Advice was sought from external professionals when needed and staff followed this effectively to improve people's care. For example, the home had worked closely with professionals to monitor and respond to a person's diabetes.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best

practice, guidance and legislation.

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

- The physical environment was appropriate to meet people's needs. There had been improvements to the furnishing and décor in the home to make it more homely and usable. For example, new chairs had been purchased and improvements had been made to communal spaces to make them tidier and more inviting.
- People's bedrooms were personalised with items of their choice.

Staff support: induction, training, skills and experience

- Staff had the appropriate training and skills to provide effective care. Individual training needs were identified and met; regular training was planned to refresh staff skills.
- Staff felt supported in their roles. They had access to support from senior staff through meetings, supervision, appraisals and competency checks. One staff member told us, "I feel I have a lot of support from my manager and from fellow colleagues."
- Staff completed a robust induction process when joining the service.

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

- Staff supported people to eat and drink a balance diet. We observed staff providing patient support to people at mealtimes. People were able to choose their meals and where they wanted to eat these. One person told us, "They are great with food. If there is nothing to my liking, they cook something else" and "food in general is very good."
- The service catered for people's individual dietary needs, such as modified or fortified diets.
- Staff made referrals to the dietitian and the Speech and Language Therapy team appropriately where people had nutritional risks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and support when needed.
- People and relatives told us they had timely access to services, such as from GPs, district nurses and opticians. A relative told us, "Staff sorted it out when [family member] needed the doctor and the manager phoned the chiropodist."
- Records reflected that referrals to other agencies were made appropriately for people's needs. One professional told us, "They [staff] are very good. They report people's needs, for example they report skin changes, they report things straight away."

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Continuous learning and improving care

At the last inspection we made a recommendation that the provider seek advice and guidance from a reputable source to ensure audits were effective and they helped to drive improvement and consistent care. At this inspection we found that the provider had taken some action on this recommendation but there was still need for improvement.

- Quality assurance within the service was not always effective. Since the last inspection steps had been taken to improve the quality assurance systems but these were not consistently identifying and addressing issues.
- The provider and management carried out regular audits which were up to date. These did not, however, identify the inconsistencies we found with written medicines guidance and risk assessments. Staff were knowledgeable about people's needs despite the inconsistency of records.
- Care systems in the home were in transition and new processes in relation to these were not embedded. The registered manager told us the new care system would be fully updated by the end of January 2023, which would make oversight of care and correction of errors easier.
- There were systems to continuously learn and improve the service. There were a range of action plans in place covering different aspects of the service. These were monitored by the provider to ensure progress was made.

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

- People, relatives and most staff told us that there was an open and empowering culture. Staff felt supported in their roles and had appropriate training to support people in a person-centred, inclusive and empowering way.
- We received positive feedback about the registered manager. One person told us, "[Registered manager] is very sociable, she's always there." A relative said, "[Registered manager] seems really nice, I've never needed to complain."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us there were avenues to share feedback with the home, such as meetings and questionnaires. One relative told us, "I had a questionnaire a while ago and was asked for feedback."
- There was no set process for letting people and staff know how changes had been made following their feedback. However, the home had received mainly positive feedback and staff could demonstrate making improvements based on people's suggestions. One person told us, "I'm asked for feedback, I'm pretty involved."

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;

- The provider and registered manager understood their duty of candour. They had notified CQC of all relevant events at the service as required.
- Staff were open and honest when things went wrong.

Working in partnership with others

- Staff worked well with other agencies. One professional told us, "It is a very friendly atmosphere and we have a good relationship with the service. This is a longstanding, good relationship. Staff will always come to us if anything is the matter."
- The service had responded to audits from external agencies and worked with other organisations to deliver best practice.