

Beechcroft Care Homes Ltd

# Southbourne Care Home

## Inspection report

Cary Avenue  
Torquay  
Devon  
TQ1 3QT

Tel: 01803323502

Date of inspection visit:  
24 July 2018

Date of publication:  
12 October 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 24 July 2018 and was unannounced. We last inspected this service in February 2017 where it was rated 'Requires Improvement' overall and 'Requires Improvement' in the Responsive and Well-Led key questions. Following the inspection in February 2017 we identified two breaches of regulation, corresponding to regulation 9, person-centred care and regulation 17, good governance. During this inspection in July 2018 we found that sufficient action had been taken to improve on these areas and the service was no longer in breach of regulations.

Southbourne Care Home (referred to in this report as Southbourne) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Southbourne accommodates up to 21 people in one adapted building. At the time of our inspection there were 17 people living in the home.

The service had a registered manager. 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.'

Following our previous inspection in February 2017 Southbourne had employed a new manager who provided day to day management and had made a number of improvements. Therefore, the rating at Southbourne improved to 'Good' in all areas and 'Good' overall.

People and relatives praised the staff and management of Southbourne. Comments we received included; "I have to say that the care here is fantastic. They are very caring with mum. She's being really well looked after" and "The care is fantastic. Really caring." People were held in high regard, had a good quality of life, had freedom to make choices and were supported to be independent. People were encouraged to go out into the community where possible. Staff treated people with respect and kindness.

People who lived in Southbourne were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Action had been taken to ensure staff understood the Mental Capacity Act 2005, the principles of the Act and how to apply these. We found people were involved in all aspects of their care and their consent had been sought prior to any care being delivered. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and

recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Improvements were in the process of being made to the environment and large building work was underway. Although the premises looked a little tired during our inspection, clear signage and door colours had been implemented in order to help people navigate the home and find their bedrooms. The plans for the future environment at Southbourne had been designed with people's needs in mind. The manager told us about the new upcoming features which would improve the lives of the people who lived in the home, such as more outside space people could access and easily accessible facilities for people to make themselves drinks and snacks.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staff knew how to recognise possible signs of abuse in order to protect people. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. People were provided with enough food and fluids to meet their needs. Care was taken to ensure people enjoyed their food and it met their personal preferences.

People had access to activities which met their needs. The manager and staff were continuously looking for ways to improve people's lives through activities and engagement. During our inspection we saw people being encouraged to join in activities and enjoying themselves.

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 was safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and action had been taken to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People were supported to make choices about their meals and these met their preferences.

### Is the service caring?

Good ●

The service was caring.

People, relatives and healthcare professionals were positive about the caring attitude of staff.

People were treated with dignity and respect.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their preferences and histories well.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these were reviewed regularly.

People benefited from meaningful activities which reflected their preferences.

People were encouraged to make complaints where appropriate and these were acted on.

### Is the service well-led?

Good ●

The service was well-led.

The new manager had made improvements. Staff, people and relatives spoke highly of the manager.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

There was an open culture where people and staff were encouraged to provide feedback which was used to improve the service.

# Southbourne Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 24 July 2018 and was unannounced. One adult social care inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

During the inspection we spoke with 12 people who lived in the home. On this occasion we did not conduct a SOFI (Short Observational Framework for Inspection). SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk to us. Due to people being able to discuss their experiences of living in Southbourne with us we did not conduct a SOFI. However, we did use the principles of SOFI when conducting all our observations around the home.

We spoke with the provider, who is also the registered manager, the day to day manager, four members of staff, one relative and one visiting healthcare professional. We also received written feedback from three external healthcare professionals. We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served and reviewed in detail the care provided to three people, looking at their care files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Good'. However, we had made a recommendation for the provider to review how they managed PRN (as required) medicines. During this inspection in July 2018 we found action had been taken to review the medicine management systems and we had no further concerns.

On the day of our inspection we observed several small windows around the home, including some in people's bedrooms, which were not restricted. This meant that people of slight build could potentially climb out of the windows and fall from height. We raised this with the manager who immediately engaged the provider's maintenance person and put restrictors on those windows by the end of our inspection.

People told us they felt safe at the home and relatives told us they were confident their loved one was safe. We saw people spending time with staff, reaching out to them, smiling, chatting and looking comfortable in their presence. This indicated to us that people felt safe in staff's company.

Staff numbers were sufficient to ensure people were safe from risks and meet their needs. During our inspection we saw staff supporting people at their own pace in a relaxed way. Staff responded to call bells promptly and we saw staff spending time with people one on one. Staffing numbers and deployment changed depending on people's needs. At the time of our inspection Southbourne employed four members of care staff in the mornings, three in the afternoons and two awake staff during the nights.

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the home for them to use.

People who lived in Southbourne had a variety of needs relating to their mobility, their skin integrity, health conditions, their mental health, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people had risks relating to falls, specialist advice had been sought from physiotherapists and occupational therapists. Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

Where accidents and incidents had taken place the manager had reviewed these and taken action to ensure

the risks of reoccurrence were minimised.

People were protected from risks relating to the management of medicines. Most of the people who lived in Southbourne needed support from staff to take their medicines. Where people were able to manage their medicines themselves they were supported to do this. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly. The manager told us about a situation where they had worked hard in partnership with professionals to reduce a person's medicines. This had improved the person's mood and enabled them to 'come off' a medicine they no longer wanted to take. This demonstrated the manager was passionate about improving people's experiences around medicines and acting on their views and preferences.

The home was clean and pleasant. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. Records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how they needed to be supported in the event of an emergency evacuation from the building.



## Is the service effective?

### Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Good'. However, we had made two recommendations relating to staff gaining a more thorough understanding of the Mental Capacity Act 2005 (MCA) and the environment needing improvement. During this inspection in July 2018 we found action had been taken to ensure staff had training and understood the MCA and further improvements had been made with regards to the environment. We no longer had any concerns.

People spoke highly of the care they received at Southbourne. Comments made included; "I like it here. I'm happy", "Me and my wife are happy here" and "It's very good here." Relatives made comments which included; "I have to say that the care here is fantastic. They are very caring with mum. She's being really well looked after" and "The standard of care compared to other places we looked at is fantastic. Mum is looked after, she's checked on during the night. I know she's happy as believe me if she wasn't she'd let me know."

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. We checked whether the home was working within the principles of the MCA.

The manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had a sensor mat fitted in their bedroom in order to alert staff should they try to mobilise on their own. This was to protect them from risks relating to them falling. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

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). DoLS applications had been made where applicable and where these had been authorised they were being followed.

People were supported by staff who knew them well and had the skills to meet their needs. All new staff undertook a thorough induction prior to starting work and this included shadowing more experienced members of staff. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff also undertook training specific to their role and the people living in the home. For instance, dementia, end of life, challenging behaviours, pressure care, dysphagia, vital signs and sepsis. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted.

Staff were receiving regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People and relatives spoke highly of the food. Comments from people included, "The food is very good" and "Really nice." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms, the dining room or the living room, depending on their choice. Meal times were a social occasion with chatting and laughing. Where people needed support with eating this was given by staff in a relaxed and caring way. Where people had specific needs relating to their food, such as a different texture due to swallowing difficulties, we found this had been identified and catered for. The kitchen in the nearby sister home was used to prepare the main meals and these were brought along to Southbourne at specific times. The manager had taken steps to ensure meals were kept hot, or reheated at a later time should people want their meals later. They told us they had also ensured there were enough meals to cater for people who may change their minds as to which meal they wanted or not like their original choice. There was a strong emphasis on the importance of people eating and drinking well. The home had recently introduced a 24 hour snack menu to increase people's calorie intake throughout the day. There was a board in the dining room detailing the options available for people, as well as menus displayed in the living room and in people's bedrooms.

People were supported to attend medical appointments when necessary. Medical advice and treatment was sought promptly. Records of medical appointments contained evidence of treatment and advice.

The manager of Southbourne worked hard to ensure the care provided at the home created the best possible outcome for people. We heard about a person who had moved to the home with very high and varied needs relating to their mental health. The manager had built strong working relationships with the local mental health teams, social workers and GPs in order to review the person's needs and ensure their voice was heard. Through discussions and reviews the manager arranged for a significant change in this person's medicines and this had had a large positive impact on the person's wellbeing. The manager said; "By listening to others including our residents is how we aim to make that extra bit of difference. Never overlooking the importance of providing emotional support to anyone."

Steps had been taken to make Southbourne comfortable and decorated in a way that encouraged people's independence and met the needs of people living with dementia. The home was undergoing some big renovations, with a number of additional rooms being built and changes to the communal areas and outside areas. The home therefore looked a little tired but work was underway to improve on this. Following our previous inspection some improvements had been made to signage throughout the home to enable people with dementia to be less likely to get confused or disorientated. People had also been encouraged to choose a specific colour to paint their bedroom doors in order to better identify them.

## Is the service caring?

### Our findings

We received some positive feedback from everyone we spoke with about the caring nature of staff at Southbourne. People made comments including; "People here are nice." Relatives made comments including; "The care is fantastic. Really caring." One external healthcare professional made the following comment; "The staff always seemed caring towards their patients and knowledgeable about their patients' circumstances."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. During our inspection we saw people making choices with regards to their food, their drinks and the activities they participated in.

People were encouraged to remain as independent as possible with regards to everyday skills and freedom of movement. Where people were able they were encouraged to go out into town and take part in groups and activities outside the home. People commented; "I do a lot of walking. I can go out whenever I want." The manager told us how he encouraged people to maintain their independence and gave us an example whereby one person enjoyed a certain fruit drink. The manager said they consciously did not have this drink delivered for the person with the weekly shopping and instead ensured staff went out with the person to the shop so they could get it themselves. They told us the person highly enjoyed these outings. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff spoke to us in ways which demonstrated their respect and care for the people they supported. People were encouraged to take part in activities which increased their wellbeing and self-esteem.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices, with comments including; "I like it here. I do whatever I want."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

Where people had religious or spiritual needs these were supported. The registered manager told us staff supported a number of people to go to the local church every Sunday for the service. They told us people highly enjoyed this and should any person want to visit another establishment for religious or spiritual purposes this would be supported and encouraged.

The registered manager felt people's privacy and respect was paramount and these views were shared by

staff. During our inspection we observed staff ensuring they were out of earshot of others before talking about people's individual needs. This demonstrated respect for their privacy. People and relatives confirmed staff were always respectful.

## Is the service responsive?

### Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Requires Improvement' and a breach of regulation had been identified. This was due to people's individual needs not always being assessed and planned for and there being a lack of personalised information within people's care plans. At this inspection in July 2018 we found that action had been taken to ensure pre-admission assessments, care plans and people's individual needs were reviewed and improved. We no longer had any concerns.

People who lived in the home had a variety of needs and required varying levels of care and support. With some people being more independent and others requiring significant input from staff. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs. When people's needs changed action was taken to ensure the care provided was up to date and met their new needs. For example, staff had recently identified that one person's swallowing ability had been deteriorating. They referred the person to the speech and language specialists and updated the person's risk assessments and care plan to reflect the advice given. This ensured all staff had access to clear, up to date information which reflected specialist guidance.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

The manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. Records showed that one person had been invited to have lunch with the manager in order to discuss their views and seek feedback.

People had access to activities which met their social care needs. Staff spent time looking for ways to

develop meaningful activities for people and develop and maintain their skills. On the day of our inspection we saw people reading books and magazines, watching television and listening to the radio. Following the lunchtime meal staff displayed a number of activities on the dining room tables for people to engage in, such as puzzles, arts and crafts and games. During the afternoon a number of people were supported by staff to sit in the garden with a drink and enjoy the sunshine. People told us how much they were enjoying this and chose to continue sitting there rather than engaging in other activities the staff were organising. People made the following comments about activities: "We do have activities. They are on the noticeboards. A bloke came with rabbits and chinchillas. I prefer walking" and "I do painting here, I've listened to music and made cards."

The manager was in the process of further developing the activities people had access to and using people's histories and preferences to create more person-centred choices of entertainment.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way. We saw a recent compliment slip which had been completed by relatives following the passing of their loved one. It stated; "As (name of loved one) deteriorated it was a comfort to know that he was treated with such kindness and respect. Not only did I watch you all treat (name of loved one) with such respect, but you treated us the same. Thank you all so very much."

## Is the service well-led?

### Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Requires Improvement'. This was due to the systems for monitoring the service in place had not identified the concerns we found during our inspection. At this inspection in July 2018 we found that action had been taken to review the quality assurance processes and systems and we no longer had any concerns.

The leadership at Southbourne consisted of the registered manager, who was one of the directors of Beechcroft Care Homes Ltd, the manager and senior care staff. The manager was responsible for the day to day management of the home and had been appointed less than a year previously. This new manager had worked hard to review processes at the home and had made a number of improvements. The registered manager was regularly present in Southbourne and conducted regular audits and checks.

People spoke highly of the new manager and during our inspection one person who lived in the home said; "He's wonderful. I'm not joking. He's really wonderful." A yearly questionnaire had been sent out to ask people and relatives for their feedback. We saw the most recent results included the following comments: "I think the manager is a brilliant bloke. Very approachable" and "The manager is always ready to help and to listen." We received feedback from external healthcare professionals about the service and they made the following comments about the manager: "(Name of manager) is very pro-active and very knowledgeable about the residents. He's happy to listen and follow advice" and "Both I and colleagues find that the current manager provides a well led service at Southbourne".

The manager was always looking to improve and regularly sought feedback from staff, relatives and people who used the service. They sent out yearly surveys, held regular meetings where people were encouraged to share their views and visited people individually to discuss any wants, needs or feedback they may have.

The culture of the service was caring and focused on ensuring people received person-centred care. Staff told us they were supervised and any poor practice was picked up and discussed. The manager told us they ensured their ethos and values were demonstrated by the wider staff team. They told us these related to person centred care and promotion of independence.

People benefited from a good standard of care because Southbourne had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Although the checks in place had not identified the windows lacking restrictors, this had been reviewed before the end of our inspection. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.