

The Beach House U.K Ltd

# The Beach House UK Ltd

## 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? | Good ● |
|------------------------|--------|

|                            |        |
|----------------------------|--------|
| Is the service responsive? | Good ● |
|----------------------------|--------|

|                          |        |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

The inspection took place on 11 April 2016. The Beach House UK limited is a domiciliary care agency which offers personal care, companionship and domestic help to young adults with mental health and learning disability care needs, in a supported living environment. There are currently two people using the service.

The service has 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.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to date information about people's needs which meant they were effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, and specialists. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint and processes were in place to deal with them..

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out quality monitoring audits to help ensure the service was running effectively and to make improvements.

## 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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication when required.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People were supported with their nutritional choices.□

People were supported to access healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People

were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

The manager and provider sought the views of people who used the service.

The service had quality monitoring processes in place to ensure the service maintained its standards.

# The Beach House UK Ltd

## **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.

The inspection took place on 11 April 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

During the inspection we spoke with two people that used the service and one relative. We met with the registered manager, provider and one member of care staff. We reviewed two care records and two staff recruitment and support files, as well as audits.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, "I get on well with all the staff, I feel safe with them." A relative told us, "It's a safe place, I never worry."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns, I would make sure they were okay and investigate what the problem was." Another member of staff said, "I would report any issues to the manager, or if I needed to I would whistle blow and report to the police or social services." The manager told us they had a policy for staff to follow on safeguarding and whistle blowing, and that this was discussed with staff when they started working at the service. The manager and provider knew how to make referrals to the local safeguarding authority to investigate if they needed to raise concerns.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment in people's homes was safe. The risk assessments also highlighted where people may need support from staff when accessing the community, for example with road awareness.

Staff knew what to do if there was an accident or if people became unwell in their home. Staff told us that they were trained in giving first aid. One member of staff said "If somebody was unwell, I would assess the situation and if necessary call an ambulance." Staff also said they would support people to make a doctor's appointment and escort them to see their doctor if needed.

There were sufficient staff employed to keep people safe. The manager told us that they were a small team and that they ensured there were sufficient staff employed to meet people's needs. In addition to the permanent staff the provider also employed staff on flexible or bank contracts to cover shifts if required. One person told us, "I like all the staff." A relative told us, "I can always get hold of the staff if I need to talk to them."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I first came in with all my paper work and spoke with the manager, then I came and had an interview." The manager told us if they were advertising for jobs they used the local job centre or staff were recommended.

Staff supported people to take their medication as appropriate. The manager told us that staff had received training in the management and dispensing of medication. People's medication was usually supplied in blister packs from pharmacy. One person told us, "The staff give me my medication at the moment, but when I get use to what I am having I will be able to do it myself." The staff recorded medication on the

administration cards and supported people to obtain repeat prescriptions if needed.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. We asked people if they thought staff had the correct training to do their job. One person said, "All the staff are excellent." Staff told us that they were supported to complete nationally recognised training courses. The manager told us that they updated essential training yearly and that they had just linked in with the local council to attend training courses provided by them.

Staff undertook a thorough induction when they started at the service. The manager told us that when staff first started at the service they were always supervised and underwent a minimum 12 week induction. One member of staff told us, "When I first started I came in and went through policies, then I worked with other staff until I got to know people and the routines." Staff also told us they were supported by more experienced staff and worked all the different shift patterns to get used to their role. In addition staff said that when they started they had regular meetings with the manager and supervision to discuss how they were getting on and to identify if they needed any additional support or training.

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 who used the service had capacity to make their own decisions and choices about their care. One relative told us, "My relative has capacity and they know exactly what they want, staff know how to support them." Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. This told us people's rights were protected.

People were supported with their dietary needs. Staff supported people with planning their meals, cooking and shopping. One person told us, "I like cooking with staff, my favourite is spicy chicken." Another person told us, "I like eating pizza and chicken Kiev." Staff told us that they helped people to cook meals and plan what they wanted to eat. People chose when they wanted to eat and when they wanted to cook, staff were flexible to accommodate their choices.

People were supported to attend healthcare appointments. The manager supported people to access the correct healthcare for their needs. One person told us, "I have just got out of hospital. I am seeing the doctor every week at the moment, the staff come with me." The manager worked closely with family and people to ensure healthcare needs were accessed as appropriate. A relative told us that the staff were aware of their relative's health care needs and that they monitor these closely.



## Is the service caring?

### Our findings

People were happy with the care and support they received from staff. One person said, "All the staff are excellent." A relative told us, "The staff treat [person name] like they are family."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff treated people as individuals and knew for example that one person liked to stick rigidly to a set routine. If this did not happen the person could become distressed. Staff supported this person with their routine to assist them with a full and active life.

Staff built positive relationships with people. A relative told us that, "The staff are always interactive and engaging." Staff said that they had common interests with people and enjoyed spending time with them as companions.

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. The manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. People used the service for a number of different reasons from general household chores, as companions and escorts in the community, and for personal care. This would all be identified in the care plan which was then reviewed as required.

Staff were respectful of people's privacy and dignity. People told us that staff were very respectful to them and helped them maintain their independence by supporting them in their own home.

## Is the service responsive?

### Our findings

People received care that was individual to them and personalised to their needs. The manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. From this information a support plan was then agreed. People and their relatives told us that they were fully involved in this process.

The manager developed care plans and risk assessments from these meetings, outlining all aspects of support people required. These included personal care, domestic duties and social support in the community. If people's needs changed the manager reviewed the care plans. If additional support was identified the manager assisted people in gaining this support for example by helping them with applying for additional funding or accessing healthcare. This meant staff had up to date information of how to support people.

Staff supported people to follow their hobbies, attend colleges and to take part in social activities in the local community. One person told us, "I like going out with staff to the internet café or to the cinema." Another person had been supported to go to college to follow courses that interested them and had been supported to go horse riding. Staff also supported people to attend social groups and evening clubs of their choice. One person told us, "I have not started going to any clubs yet but I am looking out for ones that might interest me."

The provider had a robust complaints process in place. The manager regularly gathered people's views on the service by talking with them. People told us they did not have any complaints about the service they received but said, if they did, they would speak with the manager. Staff knew how to support people in making a complaint should they wish to make one. A relative told us, "I do not have any complaints about the service but if I did I would talk with the manager."

## Is the service well-led?

### Our findings

The service had a registered manager. People were very complimentary of the manager and the service. One person told us, "[Staff name] is like a second mum to me." A relative told us, "The manager is very good, very helpful."

The service in addition to the manager had a deputy manager and the provider who was very involved in the running of the service. The provider told us that they acted as a second manager and shared duties with the manager including being on call.

Staff shared the managers vision to provide the best care, to support people to be independent. One member of staff said, "We support people as much as we can so they can live independently in their own home."

Staff felt supported at the service. One member of staff said, "The manager is very supportive, we can ask them anything and they will help us." The manager and provider were on call when not on duty and staff told us that they could call them when they needed support or advice. Staff told us that they had a handover meeting every day to discuss people's support needs and to share any important information. Staff also received regular one to one supervision and a yearly appraisal from the manager or provider, where they could discuss any training needs or ideas they had about the running of the service. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager and provider gain direct feedback from people and their relatives who used the service. This was done through frequent meetings and face to face conversations with people. People told us that their opinions were listened to and that they chose how they wished to be supported by staff. The manager and provider did not use any formal questionnaires as they gathered direct feedback.

The manager and provider had some quality monitoring processes in place and was very keen to develop more as the service expanded to deliver a high standard of care to people.