

Beach House Birchington Limited

# Beach House

## Inspection report

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Date of inspection visit:  
31 May 2018

Date of publication:  
03 July 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

The inspection was carried out on 31 May 2018 and was unannounced.

Beach House 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.

In addition, this service is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to older adults and younger disabled adults.

Beach House is residential care home providing accommodation and personal care for up to 9 people. The service is located in an end of terrace property, within a residential area of Birchington-on-Sea, close to the sea front and shops which people visit regularly.

There were eight people living at Beach House. Two others were supported with the regulated activity of personal care and lived in their own flats. Staff provided other support, such as encouraging and helping with cooking and cleaning.

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

The service is run by 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good

### Why the service is rated Good

People at Beach House told us "this place is one in a billion," "I love it here".

People at Beach House continued to feel safe. Risks continued to be identified and minimised and people were encouraged to take positive risks to increase their independence and control over their lives. Most people were supported to manage their own money whilst others requested that their finances be managed by staff on their behalf. The system for managing people's finances was safe.

Staff continued to be recruited safely and people were involved in the interview process. Appropriate checks were made before staff started working with people and a robust induction process was in place to ensure that new staff could provide the care that people needed.

Medicines were managed, stored and disposed of safely and people were encouraged to manage their medicines independently as far as possible.

Staff continued to be up to date with training and the registered manager used a system of checks to monitor staff performance. Systems and processes were in place to learn from mistakes. People told us that there were enough members of staff on duty and this was reflected on staff rotas.

Beach House was decorated in a way that felt homely. It was clean and smelt fresh and people had different areas to go to spend time alone or with others. A log cabin for arts and crafts had been set up since the previous inspection, which proudly displayed people's models and pieces of art.

People felt relaxed in the company of staff and would freely go to staff if they had any concerns. Staff knew people very well and what action to take if people were unhappy or unwell. The staff team had a close working relationship with a range of healthcare professionals and feedback we received from such professionals were positive.

An active and healthy lifestyle was encouraged by staff, staff knew about people's needs and could tell us about them in great depth. People were given a choice of meals and went out to 'Walk and Talk', which assisted people to exercise, promote wellbeing and gave people the opportunity to discuss any concerns they had.

People felt comfortable talking to staff and shared their ideas and opinions in house meetings and through the complaints procedure which were followed up and actioned by staff. People felt able to discuss their cultural and spiritual needs, as well as what they would like to happen if they reached the end of their lives at the service.

The registered manager led the service by example and continued to build upon an ethos of kindness and mutual respect which was embraced by staff and people alike.

Beach House had a positive and warm environment, people laughed and smiled and told us that Beach House was 'home.' Staff were considered friends and they mutually supported and respected one another. People felt that they had enough privacy and that their dignity was upheld at all times and people could lock their bedroom doors if they desired. People were encouraged to maintain relationships with their friends and loved ones and visitors could come and go at any time of the day.

People and their relatives were involved in all aspects of their care and people told us how much their mental health had improved since living at the service. Staff had knowledge of people and their needs and followed best practice guidance to ensure people received the care and treatment they required. When people's physical or mental health changed, the changes were identified by staff and they worked with health professionals to meet their changing needs.

The registered manager had close relationships with local organisations and attended meetings with other registered managers and healthcare professionals to catch up on best practice. The registered manager also sought the opinions of people living at the service, their relatives and visiting external health professionals. The results of these were analysed and had been used to boost staff morale and as a learning tool.

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

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The registered manager had notified the CQC of events that were reportable.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Beach House

## 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 31 May 2018 and was unannounced.

A team of two inspectors inspected Beach House and we gathered information from a variety of sources to plan the inspection. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at previous inspection reports and notifications received from the provider about incidents that had occurred at the service which the provider has a legal duty to report. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

Before the inspection we asked for feedback from two local authority commissioners who paid for people's placements at the service and a care manager and their feedback has been included within this report.

We talked to seven people living at Beach House, we also talked to a relative, three members of staff and the registered manager who is also the provider.

We reviewed three people's care plans and a variety of documents such as; audits, questionnaires, incident and accident reports, complaints and compliments, health and safety records and certificates, staff rotas and two recruitment files, evidence of supervision and appraisals, the training matrix, medication charts and record books and carried out observations.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

People continued to feel safe living at Beach House. One person told us, "I am very safe here; I don't have to worry about that".

People continued to be protected against the risks of abuse, discrimination and avoidable harm. Staff were trained about how to keep people safe and knew how to report concerns. People were supported to manage their money and appropriate policies and procedures were in place to protect people from financial abuse. Staff spoke openly with people about abuse, harassment, discrimination and equality and diversity.

Staff spoke passionately about the stigmas of mental health and how they wanted to educate and inform people. When people had experienced any form of bullying or discrimination in the community staff worked with professionals and supported people with compassion and empathy. People told us that they felt safe and supported by staff and were reassured by the action that staff and professionals took to reduce the risk of bullying and discrimination in future.

Risks continued to be assessed, identified and managed without restricting people. Staff supported people to take positive risks, for example; people were encouraged to try new things and take part in new and uncertain opportunities, which could have a positive impact on their lives. Plans were in place to reduce risks as far as possible. A person told us "I do what I want really, but they like to know if I am safe, as long as I take my phone with me, I ring them to let them know where I am and when I will be back." Guidance for staff about how to support people if they became anxious or agitated was incorporated into their risk assessments. Risk assessments were regularly reviewed and updated when there was any change.

Accidents and incidents continued to be reported and reviewed to identify any patterns and to ensure that the correct action, such as making a referral to health care professionals, was taken. When improvements could be made incidents were used for learning. For example, when a person liked to have candles in their room staff spoke with them and agreed to have battery operated ones as this reduced the risk of a potential incident. Staff also analysed a series of incidents which highlighted to staff that deeper investigation of potential causes was sometimes required to get to the root of behaviour that challenges.

New staff were recruited safely with written references obtained. Criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. People were involved in the recruitment process. They met with prospective staff and discussed their thoughts and opinions with the registered manager to help them make a decision about whether or not to employ them. The provider's disciplinary process was followed when required.

Staffing levels remained consistent and people told us that there is always 'plenty of staff.' There was a well-established, long standing staff team who worked flexibly to cover any emergency shortfalls, such as sickness, to ensure there were always enough staff. On the day of inspection, there were enough members of

staff on duty, they spent time with people and no one was rushed. Staffing levels were planned to take into account the differing needs of people and any medical appointments or trips when people needed additional support. A care manager told us "The staff I have encountered always appear to me to be competent and in adequate numbers."

Medicines continued to be managed, stored and disposed of safely. People were encouraged and supported to manage their medicines. For example, some people checked their own blood sugar levels and prepared their insulin injections, then checked with staff before injecting themselves. People told us that they had grown in confidence since gaining control of their medicines. People's medicines were regularly reviewed to make sure they were still suitable. There were clear guidelines in place for staff about medicines which people needed on a 'when required' basis, such as medicines to help with their anxiety. Staff had access to information and guidance, for example pharmaceutical reference books.

The service was clean and tidy and people were encouraged to help maintain the cleanliness of the service and their own homes. A visitor said that 'it is always immaculate.' Staff identified areas of the house that required more cleaning on a more regular basis to protect people from infection. We observed how people were involved in cleaning and maintaining the property and people told us that they took pride in the appearance of their home, Beach House.

Regular checks continued to be completed to make sure the building and environment were safe; this included electricity, gas and water temperature checks. Staff had infection control training and continued to use personal protective equipment (PPE) appropriately, such as; gloves and aprons. People knew how to leave the building in an emergency and told us they had regular fire practices. Each person had an emergency evacuation plan which set out people's specific physical and communication needs to ensure they could be safely evacuated from the service. There was a policy and guidance for staff to follow in the event of a major incident, such as a fire, flood or a gas leak.



## Is the service effective?

### Our findings

The small, long established staff team worked hard to get to know people so that staff could quickly identify and respond to changes to people's mental and physical health needs. A health care professional noted on a quality survey, 'The home provides excellent care tailored to residents' individual needs.'

When people were considering moving to Beach House their physical, emotional and social needs were assessed by the registered manager to ensure that staff would be able to provide the right level of care. People were offered the opportunity to spend time at the service to meet people and see if they felt they would be happy there.

People had regular Care Programme Approach (CPA) reviews with the mental health team. The CPA is used to help support people's mental health recovery by helping them understand their goals, strengths and support needs. The registered manager said, "Although everyone has a long history of mental health problems this is not the focus of everything. We are all very open about things. This is their home and everyone lives as a family".

Staff continued to keep up to date with training which included topics such as mental health, autistic spectrum and person-centred planning to ensure the latest best practice was followed. Staff told us they felt supported by the management team and that they had regular one to one supervision meetings with the registered manager to discuss their career development and training needs. People told us, "The staff are trained enough to look after us, they know what to do in certain situations". Staff responded to people individually, they spoke clearly and listened intently, and supported people in communicating and with tasks if and when required.

New staff who had not previously worked in adult social care completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

People were supported to eat healthily. Staff understood people's nutritional and hydration needs and used best practice tools to monitor them. People with special diets were supported to manage them independently. Staff worked with people to develop the weekly menu and people told us, "You can have something else if you don't want what is on the menu," "[Staff] know what we like and don't like." Everyone we spoke to said that the food was "Very tasty".

The small staff team work closely together and with people so that people's needs were assessed on an ongoing basis to identify any changes in people's needs. An hour over-lap between shifts, as well as a communication book, allowed staff coming on to shift to catch up on any developments and change of needs.

The registered manager promoted a fit and active lifestyle and worked with medical professionals to reduce

the risk of people becoming overweight. Staff monitored people's physical and mental health and liaised with health care professionals to discuss any changing needs. Any advice given to staff was recorded in people's care plans to make sure people received a consistent level of care. A case manager told us "[Staff] are willing to listen and act on any recommendations we make." The registered manager and staff had built strong relationships with the local medical centre and the local mental health team. People told us that staff knew when they were feeling unwell and "They would contact services if I needed them to". This benefitted people when they had any health concerns as their concerns were dealt with appropriately and in good time.

A person said that the "[Registered manager] takes care of people's needs, personally" and "has taken me to A&E, to consultants and dentists, [they] go all over the place with me."

The house was decorated with art, homely objects and pictures of current and previous residents. People's rooms were decorated to their own tastes and contained personal items. A relative described it as "beautiful, a real home from home" and people described it as 'home.'

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at Beach House were deprived of their liberty under DoLS, although capacity was considered by staff and assessments and reviews were evident in people care plans.

We checked whether the service was working within the principles of the MCA. Staff continued to have appropriate training and knew the principles of the MCA. A case manager told us "I know that the manager understands the homes responsibilities under the Mental Capacity Act 2005 (MCA) and I feel confident that [the registered manager] would ensure that all his staff members were aware".

People were encouraged to make their own choices and decisions over every aspect of their care and support and consent was always sought and respected. If necessary, people were supported by an independent mental capacity advocate (IMCA). An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service caring?

### Our findings

Staff continued to be kind and compassionate. One person described the staff team as "Very kind hearted and charitable."

Two health care professionals noted on a quality survey, "Staff are very approachable and keep good communication links" and "The manager and staff are friendly, approachable and caring. The home has a family atmosphere".

The atmosphere at Beach House was warm and relaxed, people looked happy and relaxed in the company of staff and they laughed and joked together. Staff knew people well and spoke about them with fondness and respect. People said that "We are like one big happy family here." Staff and people told us they leaned on each other for support. Staff helped people to complete 'lifestyle questionnaires' so they could learn more about their life history and families. Staff told us, "We know people really well and are able to spot small changes in their physical or mental health and help them to take the right action".

Staff continued to receive training in equality and diversity and a case manager told us "I have always found that the staff treat the residents with dignity and respect." People had their own front door keys and could lock their bedrooms if they wanted to. People's privacy was respected and people were always given the option to speak with health professionals privately. People told us "I get enough privacy, staff knock and say their name because they know how much I like my privacy". During personal care, people's dignity was protected.

People were given time and opportunities to discuss their cultural and social needs. "I talk to [staff] a lot, it helps them to get to know me." One person told us about how grateful they were to staff for arranging a visit from a local church. Staff revisited these areas with people regularly at reviews, as well as physical and mental needs.

Information and support was provided in line with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood the standard and worked with speech and language therapists to tailor support, information and care plan reviews to enhance effective communication to the person and produce information that was meaningful to people.

People's preferences about their care and support were recorded in their care plans and people decided exactly what would be written. We spoke to a person who said, "We have reviews, we discuss whether they're caring for me in the right way and they are." Another person told us that they felt comfortable discussing personal things with staff, another said "It is very free and easy here".

People were supported to maintain relationships with friends and family, a relative told us "Everyone is lovely here, they all know your name and you can come in any time of the day or night – it is [person's] home." A person spoke affectionately about Christmas, when staff and people's families all had Christmas

dinner together at Beach House.

People were supported to make their own decisions and an advocacy notice, as well as leaflets were on display for all to see. Staff had supported people to access advocates when required. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People were encouraged to be as independent as possible. On the day of the inspection people were in and out of the service, visiting family locally and going to nearby shops and cafes. A person told us that before arriving at Beach House "I lacked confidence, and now I have a lot of confidence". A case manager told us; "I found that the home made great efforts in settling the residents in and worked to maximise their independence and ensure they were involved in activities which they chose to do."

## Is the service responsive?

### Our findings

People continued to receive the support they needed to lead healthy and fulfilled lives. Each person had a support plan that was individual to them.

People told us "I know what is in my care plan, they talk me through it and I sign it if I agree." Relatives told us, "[My loved one] is the best they have ever been. Their mental health has really improved since they have been here" and "Staff know [my loved one] well. They are always on the ball with everything. I am involved when they have reviews".

People were involved in planning their care and discussed their physical and mental health, their levels of independence and their goals so that staff could provide the right support. Care plans were written in the first person and people decided what should be included. Staff had time to spend with people and explained information in a way they could understand. People had regular Care Programme Approach (CPA) reviews. CPA is a package of care, used by mental health teams, which may be used to help people plan their mental health care and support their recovery. Staff worked closely with people's mental health care professionals and followed guidance given to them. People had regular Care Programme Approach (CPA) reviews with the mental health team.

The CPA is used to help support people's mental health recovery by helping them understand their goals, strengths and support needs. People were supported to grow their skills and confidence and people told us that their confidence had grown significantly since living at Beach House. The registered manager said, "Although everyone has a long history of mental health problems this is not the focus of everything. We are all very open about things. This is their home and everyone lives as a family".

People told us that the care and support provided by Beach House and visiting health professionals had transformed their mental health and one person described a picture of them before they came to live at Beach House as 'old me,' saying how the 'new me' was happy and healthy because of Beach House.

People were encouraged to stay as active as possible and a range of activities were offered. People enjoyed regular yoga and well-being classes and one person said, "This had made a big difference to me. I can recognise when I am feeling anxious and am able to relax using the breathing techniques I have practiced".

Activities were chosen by people and they told us that they, "easily have enough opportunities to mention things [they] want to do". People arranged outings to local events and were supported to go on holiday and had previously taken trips to Cornwall. We saw pictures from these trips showing people and staff smiling and having fun. Beach House had regular house barbecue's which people enjoyed. A log cabin in the garden had been converted to be used as an arts and crafts room that people used to make and display models and artwork.

House meetings were held so that people and visitors could discuss ideas for future activities and share thoughts and concerns. People were aware of the complaints procedure as a copy was given to them when

they moved to Beach House. All the people we spoke to said that they would feel comfortable discussing concerns with staff and were confident that issues would be resolved quickly, a person said, "That's one of the reasons why I like [the registered manager], he will sort out the problem".

An informal 'walk and talk' system set up by the registered manager provided people with the opportunity to share any issues or concerns. People told us, "Talking about things helps, you can be open about things, that is what is good about this place – you do not have to hide away". Another described the registered manager as "Like a brother – a real friend."

Throughout their stay at Beach House, people were given time and opportunity to express their wishes if they were to become ill and these were included in and regularly reviewed in their support plans. People had decided on funeral arrangements, including music choices and those they would like to be invited if they were to pass away. Information was clearly recorded so staff could follow people's wishes at the end of their life.

## Is the service well-led?

### Our findings

Beach House continued to be well-led. People, relatives and staff all spoke very positively about the leadership at the service.

A relative noted on a recent survey, "The managers and staff are always kind and helpful. I feel proud of them and how they manage the home". Two health care professionals had noted, 'The home could not be better led' and 'The owner is an excellent example to others in this role.'

The registered manager and deputy manager, who were both experienced at supporting people living with mental health conditions, worked at the service each day and were respected by the staff team. They had clear vision and values, shared by the established staff team, to promote people's independence and allow them to live as fulfilled a life as possible. The registered manager said, "This is genuinely their home. There is true magic in that. Some people have never had a real home before. They tell us what isn't working for them so we can give them the support they need". The registered manager was a member of adult social care organisations, such as Skills for Care and Kent Integrated Care Alliance, to help ensure they kept up to date with best practice. They attended registered manager forums to share knowledge and discuss different ways of working to drive improvements.

A culture of equality and inclusivity was promoted by making sure people, relatives and staff were involved in developing and improving the service. Regular 'house meetings' were held and people made suggestions about things that could be improved. For example, some people wanted to help in the garden and others asked for window boxes, this was being arranged.

The registered manager continued to have clear oversight of the quality of service being provided. Regular audits and checks were completed and a rolling action plan was used to make sure any action was taken in a timely way. Incidents and accidents continued to be reported and monitored and were used as a learning opportunity to drive improvements.

Surveys were sent to people, their relatives, staff and health professionals to obtain their views and feedback about the quality of service. These had been developed by a local psychology student. Feedback had all been positive about the people's safety, the quality of care, the staff and the leadership.

People had forged strong links with the local community and many spent much of their day enjoying local shops and cafes and going on organised local walks. There was a sense of community spirit and local businesses kept in touch with the registered manager and staff and contacted them if they had any concerns about people's well-being.

The registered manager and staff continued to work in partnership with key organisations, such as mental health teams, multidisciplinary teams and commissioners, to ensure people received co-ordinated and consistent care and support.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for Beach House and on their website.