

Coast Care Homes Ltd

# The Whitebeach

## 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

This inspection was carried out on 6 and 12 September and was unannounced. The Whitebeach is a residential care home for up to 39 people with a diagnosis of dementia or needs related to older age. There were 33 people living in the home at the time of our inspection.

At our last inspection we rated the service good overall but requires improvement in safe. This was because people were not always supported to move safely and accidents and incidents were not always fully investigated. At this inspection we found the registered manager had taken the right action to make sure people were safe and the evidence continued to support the overall rating of good in all areas. 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.

People were protected from harm and abuse and staff knew what to do if they thought someone was a risk. The home was clean, and people were protected from the risks of poor infection control. There were enough experienced and suitable staff to support people to stay safe and to meet people's identified needs and preferences. Staff reported incidents and accidents properly, and if these did occur, the registered manager made sure they were properly investigated. Risk assessment and risk management practices were robust.

People were supported to eat and drink enough. Food was nutritious and well prepared, and people gave us positive feedback about the quality of the food. People could access the healthcare they needed to remain well, such as the GP or district nurse, and their medicines were managed safely.

People were able to express their choices and preferences and these were respected and promoted by staff. People led the lives they wanted to and staff supported people to go out or join in activities in the home in the least restrictive way possible. People maintained contact with those people that were important to them, such as family members or friends.

People experienced compassionate care that met their needs, and were supported by kind, caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. Staff were supported with training, supervision and appraisals to help them develop the skills they needed to provide good quality care. People experienced person centred care and were supported to make their end of life care wishes known.

People were involved in their care reviews and had their care needs regularly assessed. The building and environment was suitable to meet the needs and preferences of the people who lived there and there was programme of re-decoration in progress.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. 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.

There was a complaints process and people they would be happy to raise a complaint if they ever needed to. There had been no recent formal complaints, but the registered manager and staff knew what action to take if a complaint was made.

The registered manager was well regarded and passionate about providing good quality care for people. Staff felt supported and people's views were asked for and acted on to improve the service. Regular checks and audits were carried out to make sure people experienced good quality care and staff provided good support.

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

# The Whitebeach

## 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.

This comprehensive inspection took place on 6 and 12 September 2018 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience on day one, and two inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the registered manager completed a Provider Information Return. 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 used information the provider sent us in the Provider Information Return to inform the inspection.

We reviewed the last inspection report and other information including any notifications we had received. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with seven people living in the home, five visiting friends and relatives, six members of staff, the registered manager and a visiting healthcare professional. We sampled various records including four people's care plans, medicine records, quality audits, and five staff recruitment and training records. We observed how people were supported and how staff interacted with people.

# Is the service safe?

## Our findings

At the last inspection, we found the service was requires improvement in safe. People were not always supported to move around safely, and incidents had not been fully analysed to prevent a recurrence, particularly around people falling.

At this inspection we found the service was safe. People told us they felt safe and comments included, "I feel safe because there is always someone around" and "I love being looked after, I feel safe". Staff knew what to do if they thought a person might be a risk of harm or abuse and would report any concerns to the registered manager. They said the registered manager would take the right action to make sure people were protected.

Accidents and incidents were properly reported and investigated, and any incidents were used as an opportunity for learning. For example, if a person had a fall, the cause was investigated and action taken to prevent it from happening again, such as the use of a sensor mat. This action led to a reduction in the number of falls in the home.

Risks to people's safety were properly assessed and managed. This included helping people to move safely around the home, or with health needs such as diabetes. People's safety was properly monitored while their independence was promoted.

There were enough suitable staff on duty to keep people safe. Staff had the time to spend chatting and laughing with people and were not rushed. One person told us "I've never had a problem from the point of view of getting anything I wanted so I think there are enough staff". Recruitment practices were robust.

People's medicines were safely managed, and they received their medicines as prescribed and on time. A relative told us how their family member had been supported with their medicines and said staff "Organise all his medication and ensure he takes it regularly which was one of the problems when he was at home". A person told us their "Tablets are regular and on time".

People were protected by the prevention and control of infection. The home was clean and staff understood what they needed to do to make sure cleanliness was maintained, such as wearing gloves and aprons when needed. Food hygiene practices were safe.

## Is the service effective?

### Our findings

People continued to experience effective care. They had their needs and choices properly assessed and staff made sure these were met. If people's health needs changed, staff and the registered manager took the right action, such as reviewing the person's care plan.

People were supported by staff who had the right knowledge and experience to provide effective care. Staff training was up to date, and additional training that related to the specific needs of people living in the home was provided, such as supporting people with dementia. We saw many occasions when this training was used effectively, and staff knew how to meet people's needs. For example, we saw one person who was very confused and looking for something they had lost. A member of staff promptly found out what the person was worried about, and took time to reassure them. The person was immediately relieved and the member of staff took the person to their room so they could find what they were looking for. Staff demonstrated kindness and compassion, and a clear understanding of how dementia may affect a person's thought and behaviours.

People were supported to eat and drink enough and gave us positive feedback about the quality and choice of food. One person told us, "Food is lovely, plenty of it and can always have seconds and plenty of choice" and another, "I can have a cup of tea whenever I like or I have a kettle in my room so can make my own or I can go to the day centre and make one in the kitchenette". Staff understood individual nutritional needs well, and who needed special support with their diet, such as pureed food.

People's day to day health needs were met, and people had access to healthcare services such as the GP. People's health needs were monitored by staff who acted quickly if people became unwell or their health needs changed. One person told us staff, "Call the doctor quite quickly", if they were feeling unwell.

Staff and the registered manager made sure referrals were made quickly so people received the support and treatment they needed, when they needed it. Everyone was registered with a GP of their choice and were supported to attend other regular check-ups such as the optician or dentist. One person said, "The staff accompany me to my hospital appointments, they organise transport and sometimes we pop into a cafe for a cup of tea".

The environment was suitable to meet the needs of people who lived in the home. Lifts were available so people could move easily between their rooms and the ground floor. People enjoyed spending time in the garden joining in activities, or chatting with their visitors. There was a programme of refurbishment in progress during the inspection, and areas of décor that needed improvement had been identified and included in the upgrade plans.

People were involved in decision making and staff made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves. People had their capacity to

make decisions about their care and day to day life assessed and staff always acted in people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those people that lacked capacity to make a decision about leaving the home unaccompanied. Where a DoLS had been granted, staff made sure they met the conditions of the DoLS.



# Is the service caring?

## Our findings

People said staff were kind and caring towards them. Comments included staff were, "Definitely kind and caring", "All the staff are good" and "The staff look after me very well". We observed many occasions when staff supported people in a kind and compassionate way, as they would a family member. People responded in a happy and relaxed way and immediately became less anxious or worried when speaking with staff.

People were clearly happy to see members of staff as we passed them in the hall way or entered lounges. People waved, called the staff members name, and shared a joke. There was lots of smiling and laughing from everybody, and a shared sense of humour through the day. Staff had time to sit and chat with people, and conversations appeared easy and natural. Staff did not rush anywhere and took time to make sure people were happy.

People were at the centre of everything in the home and staff knew people and their preferences very well. Staff showed respect for people and understood their personal histories and backgrounds. This helped staff to understand each person and how their life history played a role in their needs and preferences now.

People were listened to and supported to make choices about their day to day lives, as well as about their specific care needs. People had choice and control over their own lives and were encouraged to be as independent as possible. People were very happy to choose when they got up and went to bed at night, as well as where they wanted to eat their meals. One person told us how staff, "Come and get me in the morning and help me to choose what I wear and then I come downstairs".

Staff understood equality and diversity. They told us they were aware of the need to treat people equally irrespective of age, disability, sex or race. This was demonstrated throughout the inspection. People's privacy and dignity was consistently respected by staff and people told us they felt comfortable living in the home. Each person's room was their own, and staff did not enter without the person's permission, whether the person was in their room or not.

People's relatives and friends were welcome in the home at any time, and we saw visitors coming and going as they pleased. Visitors were welcome to stay for lunch or tea and had the choice of sitting in a quiet lounge area, the garden or day centre. people's rooms. Visitors were made to feel welcome and were greeted by staff as if they were friends. A relative told us they were always made to feel welcome and, "Every time we've been we have been able to speak to someone," and "Offered refreshments every time we come".

## Is the service responsive?

### Our findings

People continued to experience care that was person centred and focused on them as an individual. People had their care needs regularly reviewed and care plans and risk assessments were updated as and when necessary. People's care plans detailed and gave staff the information they needed to give people the care they needed. People were encouraged to make choices and were helped by staff to be as involved as much as they could or wanted to be.

People continued to enjoy an extensive range of meaningful activities. This included a choice of outdoor games in the garden, a film show in the day centre or a trip out in the minibus for afternoon tea at a local orangery. The activities were lively and energetic, but there was also quiet space for people who wanted to spend time on their own, or taking part in a quieter activity, such as a jigsaw puzzle. The provider owned a residential caravan at the local caravan park which was used for day visits as well as overnight holidays, and people told us how much they had enjoyed staying there.

The service had recently hosted a 'messy play day', where staff and relatives had brought their young children to the home to visit for the day. There had been a bouncy castle, sandpit and arts and crafts. People made packed lunches for everybody and they all picnicked in the garden together. Everyone had enjoyed the day, and people said how great it had been for young and old to socialise together.

People were supported with their spiritual and religious needs. Some people chose to visit a local church, and were supported by staff to do this if needed. At the current time, people did not express any other religious needs but the registered manager was aware of other faiths that people may need support with in the future.

People and their relatives knew who to complain to if they needed to, but there had been no recent complaints. One person said, "If I had anything serious to complain about I would ask for a direct appointment with the manager, and another, "I wouldn't like to make a complaint I'm happy with what I've got" and "No complaints at all". There was a complaints policy, and staff knew what to do if anyone raised a concern or complaint with them.

People were well supported at the end of their life, so their needs and preferences could be met in a comfortable and pain-free way. People were asked about their preferences for end of life care and were supported to make plans for this. Detailed plans were in place for those that needed it, and all the relevant people had been involved in decision making, including family, and health care professionals such as the local hospice service. Spiritual needs were recorded and people's preferences about funeral arrangements were noted where appropriate.

## Is the service well-led?

### Our findings

The service continued to be well-led. There was a registered manager in post. 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.

There was a good quality monitoring system in place and the registered manager identified areas of practice that might need improving, such as the décor. Action was taken when needed, and there were robust plans in place to make sure the quality of the service provided was maintained and improved. Responsibilities at the service were clear, and there was a robust staffing structure in place for the day to day management of the service.

People, relatives and staff gave positive feedback about the management of the service, and, the registered manager. Comments included, "The manager knows everyone she puts in a great deal of effort" and "she's a nice lady, very friendly". People and staff, were asked for their opinions about the quality of service during regular meetings and in surveys. When a person or member of staff had made a suggestion for improvement, the registered manager had noted these and taken appropriate action where possible. For example, a relative told us about their family member who "was anxious in the day centre due to the noise so the staff showed him the quiet lounge". This ensured the person enjoyed their day and improved their care experience.

The registered manager and staff promoted a culture that was person centred and staff aimed to deliver good quality care. Staff wanted to make sure people achieved good outcomes, both health wise and in their everyday lives. Staff spoke about wanting to provide the right support to people. The registered manager and staff reflected on their practice to ensure they maintained the good standards of care they had achieved in the home, and constantly looked for ways to improve what they did. The registered manager had spent time visiting other care homes to share practice, and to discuss what other services did to be rated as outstanding, with the aim of incorporating this into their own practice.