

Coast Care Homes Ltd

The Whitebeach

Inspection report

24 Upper Maze Hill
St Leonards On Sea
TN38 0LA

Tel: 01424 215335

Website: www.coastcarehomes.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an unannounced focused inspection at The Whitebeach on the 30 July 2014.

A breach of Regulation was found. As this inspection on the 18 and 21 December 2015 we followed up on whether the required actions had been taken to address the previous breach identified. We found improvements had been made and the breach of Regulation met.

The Whitebeach is a care home situated in St Leonards on Sea and provides personal care and support for up to 39 older people with a dementia type illness. The service

also provides day care for people in the community. Care and support was provided to people living with dementia, diabetes, mental health needs, sensory impairment and long term healthcare needs.

Accommodation was provided over three floors with passenger lifts connecting all floors. The property is a detached Victorian building with gardens at the back for people to access. The home is centrally located in St Leonards on Sea with good public transport links to the

Summary of findings

town centre, which enabled people to go out and about independently. People spoke highly of the home. One person told us, "It's a really good place where you can have a laugh."

At this inspection there were 29 people living at the home on the days of our inspections.

At the inspection in July 2014 people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

After our inspection of July 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to medicine management.

We undertook this unannounced inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made and they had met the breach in the regulations. However we found some areas that required improvements to ensure that risks to people's safety were mitigated.

Whilst risks to people's safety were assessed, managed and reviewed. Moving and handling risk assessments considered people's physical and mental condition, mobility and comprehension of instruction. However further guidance was needed if normal moving and handling techniques were not safe.

The manager had introduced an accident and incident analysis, however these were not fully analysed and cross referenced in to people's care plans to prevent a reoccurrence.

Medicines were now managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

There was a manager in post, who has submitted their application to the CQC to be registered as manager within the organisation. 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.

Robust systems were in place to analyse, monitor or review the quality of the service provided. Formal feedback was obtained from people and their relatives. The provider was completing formal audits and there were mechanisms to assess the standards of care. Staffing levels were sufficient, and additional staff were used when required to accompany staff to appointments or social events.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

People received care and support from dedicated staff who were appropriately trained, confident and highly motivated to meet their individual needs. They were able to access health, social and medical care, as required.

With compassion and pride, the management team and staff spoke about people, their likes, dislikes, personality and life history. It was clear staff had spent time getting to know people and delivering care in line with people's needs. People looked at ease in the company of staff. Staff spent time chatting with people and laughter was heard throughout the inspection.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were extremely person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

People's nutritional needs were assessed and records were accurately maintained to ensure people were

Summary of findings

protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a friendly, relaxed atmosphere at the home. There was an open and honest culture within the home.

Staff had a clear understanding of the vision and philosophy of the home. Staff spoke passionately about how The Whitebeach was run as a family home with family values embedded into practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The Whitebeach was not consistently safe. Accidents and incidents whilst documented lacked recorded follow up to prevent a reoccurrence. People were not always supported to move safely.

People told us they felt safe living at the home and protected from unavoidable harm. People were encouraged to take positive risks, which had been assessed and promoted autonomy.

People received their prescribed medicines to meet their health needs in a safe and appropriate way. Staff knew how to recognise and report abuse.

People were protected by robust recruitment practices, which helped ensure their safety

Requires improvement



Is the service effective?

The Whitebeach was effective. People were complimentary about staff and the level of care they received.

Staff members had a firm understanding of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's changing healthcare needs were responded to and staff worked with health and social care professionals effectively to meet people's needs.

People were supported to maintain their hydration and nutritional needs.

Good



Is the service caring?

The Whitebeach was caring. There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had a good quality of life.

People were complimentary about the caring nature of staff and staff spoke highly of the people they supported. The principles of privacy and dignity were upheld and staff promoted people to be as independent as possible.

The management team recognised the impact of moving into a residential care home and provided psychological support to help aid the transition

Good



Is the service responsive?

The Whitebeach was responsive. People had fulfilling lives because they were fully engaged in activities that were meaningful to them.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Good



Summary of findings

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

People's religious and cultural needs were met. Communication was valued within the home and systems were in place which enabled staff to respond to people's changing needs.

Is the service well-led?

The Whitebeach was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

The home's philosophy and vision was embedded into everyday care practice.

Good



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 was an unannounced inspection on 18 and 21 December 2015. During the inspection, we spoke with nine people who lived at the home, seven staff members, the provider, kitchen assistant, the home activity coordinator and the management team.,

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is

information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges and the dining room. We spent time sitting with people in the communal lounges, talking and interacting. We also spent time observing the delivery of care and support in the communal areas.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at The Whitebeach. This is when we looked at their care documentation in depth and obtained their views on how they found living at The Whitebeach. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine practices had not ensured people's safety and well-being.

An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, "I get on fine with them here and all the others living in here too, I've no worries. They'd never do any harm to you." Another person told us, "I'm very safe living here, it's very nice." However we found that there were potential risks to people's safety that required improvement.

Risks to people's safety were assessed, managed and reviewed. Risk assessments included moving and handling, mental health, nutrition and falls. Moving and handling risk assessments considered people's physical and mental condition, mobility and comprehension of instruction. Guidance was in place on what equipment was required, how many staff members were needed to assist and what the person could do independently. However further guidance was needed if normal moving and handling techniques were not safe. For example, one person required a stand aid hoist for standing. A stand-aid is a lifting machine that assists people that are having difficulty getting up into a standing position. It is only safe to use if the person participates as otherwise it could cause injury to the person's shoulders and they may slip through the sling. We saw a failed transfer in the communal lounge which was not stopped when the person failed to stand with the hoists movement. This was discussed immediately with senior staff who reported it to the manager. The manager was disappointed as she said staff know better than that. We were told that further training and

supervision would be provided to staff. The manager immediately updated the risk assessment to provide very clear directions. We identified this as an area that requires improvement.

Falls risk assessments were reviewed monthly and following a fall, a post fall analysis took place. We were told that this considered the reason for the fall, any emerging trends, themes or patterns. Such as if the person was falling more at night or during the day. However the actions taken to prevent further falls were not documented. The management could tell us what action they had taken for example, an alarm mat had been put in place for one person to alert staff when the person was up and on the move. However this was not reflected in the risk assessment or care plans. The audit had been started two months ago with the new management team acknowledged they were still learning as to the best way of using the information. We discussed the benefits of cross referencing all falls in to the risk assessment and care plan as they occurred rather than waiting for the monthly review. This would then ensure that all staff were aware of potential risk and prevent a re-occurrence. This was an area identified as requiring improvement.

At the last inspection in July 2014, we found that people had not been protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This inspection found that medicines were managed safely. The medicine room had been moved to a larger room on the ground floor. The temperature of the room was monitored to ensure it was within the recommended temperatures for storing medicines. There was a small medicine fridge which staff checked daily to ensure the temperature was at the recommended level.

Medicines were stored safely. Some prescription medicines had legal requirements for their storage and administration. Medicines were stored, recorded and ordered appropriately. Medicines were supplied on a four-weekly cycle from a local pharmacy. Upon receipt of the medicines, staff were allocated to check the medicines in and ensuring the correct amount had been received. Expired and discontinued medicines were returned routinely as part of the cycle and were appropriately recorded. There was a record of all requests for and receipt of new prescriptions, this showed people were not kept waiting for new medicines.

Is the service safe?

Medicine Administration Records (MAR charts) indicated that medicines were administered appropriately. MAR charts are a document to record when people received their medicines. Guidance was in place for the use of 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN care plans were in place; these were clear and provided guidance about why the person may require the medicine and when it should be given. We spent time observing medicine being administered at lunchtime.

Medicines were given safely and correctly. Whilst administering medicines, staff preserved the dignity and privacy of the individual. For example, staff discreetly asked people sitting in communal areas if they were happy taking their medicines there. We heard one member of staff saying, 'If you'd like to take your tablets ... then I'll do your eye drops afterwards if that's ok?'

We identified a discrepancy in the 'just in case' (JIC) box of medicines which were delivered sealed from the chemist. JIC medicines are prescribed to be administered by the community nurses for end of life care. This error has been referred back to the pharmacy provider as it was an error from the pharmacy. We found that people were protected from avoidable harm as staff had received relevant training and competency checks in respect of the handling and storage of medicines.

Staff had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting adult safeguarding. Staff clearly understood that abuse was not to be tolerated and should always be reported. Any concerns of abuse or neglect were reported to the registered manager or deputy manager and the contact details for the local safeguarding team were made available for staff on the staff notice board. In the absence of management, staff members were aware they could raise a safeguarding concern themselves. One staff member told us, "If I felt the manager wasn't doing anything or it was urgent, I would raise it myself." A whistleblowing policy was also in place. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider or outside organisations.

The chance to live independently and manage their own lives should be as much a possibility for older people whilst living in a care setting. The home encouraged a culture

whereby positive risk taking was encouraged and adopted. The manager told us, "We want to promote people's identity and enable them to live the life they want to, this includes going out and about." Staff were very aware of people's rights to take risks if they chose to do so. Staff told us how people went out and about independently and were encouraged to take positive risks. People confirmed they could live their lives as they so choose. One person told us, "I can spend my day as I like." Another person told us, "No one tells us what we can't do, they support what we can do."

People's individual care needs were responded to promptly. Each person had an individual call bell within their room which enabled them to request help/support when needed. Throughout the inspection, call bells were answered promptly alongside people's individual requests. One person requested the toilet, immediately the staff member provided assistance. People commented that staff were very prompt. One person told us, "No one is ever neglected."

Throughout the inspection, people were walking around the home freely. When people required assistance, such as access to the lift, staff provided support when necessary. One person told us, "I like to go up to my room after lunch and I can manage the lift but they like to help me and I can understand it. I only have to ask and they help me straight away, so I can be wherever I want."

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. New staff did not commence employment until satisfactory employment checks such as Disclosure and Barring Service (DBS). The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services. Records also demonstrated staff had completed an application form and interview, and the provider had obtained written references from previous employers.

Plans were in place for each person in the event of an evacuation of the building. These gave details of how people would respond to a fire alarm and how they required to be moved. For example, being able to walk unaided. Risks associated with the safety of the environment and equipment were also identified and managed appropriately.

The provider employed a dedicated maintenance worker. Their role included the ensuring fire-fighting equipment

Is the service safe?

was maintained, regular fire tests and drills were undertaken. The home had been subject to a recent visit by the fire brigade. The recent inspection identified for specific actions to be implemented and we saw they had. Hot water temperature checks were undertaken weekly and where temperatures exceeded 43°C, action was taken promptly to restore the temperature. Environmental audits were

undertaken monthly to ensure a safe environment for people. People who live with dementia are not as aware to potential risk such as trips hazards, changes in floor covering and hot surfaces and staff were all aware of the importance of ensuring a safe environment for people. We saw testing of appliances, both portable and fixed were undertaken yearly, such as lifts and televisions.

Is the service effective?

Our findings

People were very complimentary about the staff and the effectiveness of the care they provided. One person told us, “Well I used to be a Nurse myself and I can tell you they are very good and do know what they’re doing.” Another person told us, “I’d say they’re very efficient and know what they’re doing.”

Staff at The Whitebeach were providing care and support to people living with dementia. Good dementia care requires the principles of person centred care to be followed. This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual’s unique qualities, abilities, interests, preferences and needs. The manager told us, “We don’t think that dementia defines someone or should be used a label. We see the person and focus on them.” Staff members had a firm focus on people as individuals and a real understanding of their life history, likes, dislikes and what’s important to them. One staff member told us, “There’s one lady who I could laugh with all day, she has the most amazing sense of humour.” Another staff member told us, “We have one person who loves to talk and sit with us, which is lovely and she has the best personality.” Management also demonstrated a firm understanding of people’s individuality. The deputy manager told us of one person who had lived an interesting life before settling in Hastings. They spoke with pride of the person they had got to know and commented they enjoyed hearing about their past.

The manager told us, “We are aware that we need to continue to improve on our delivery of dementia care, our training has been strengthened and the training manager is doing workshops on dementia care”, She also said, “We have an action plan in place and I’m looking forward to the work we are about to do.” The provider showed us the improvements to the garden facility so that people can go outside and enjoy being in the fresh air.”

Staff communicated with people effectively. Throughout the inspection, we observed staff sitting down or kneeling when talking with people. Eye contact was maintained and staff used humour and touch whilst engaging. Staff understood the importance of communicating with people

with dementia. One staff member told us, “When talking I always get down to their level, explain things slowly and sometimes giving too many options can be confusing for people, so I often give two or three options only.” People responded to staff with smiles and laughter was heard throughout the inspection.

People were supported to maintain good health and people’s health and wellbeing was monitored on a day to day basis. People felt confident that their healthcare needs were effectively managed. One person told us, “I get my eyes checked yearly when the optician comes in, but if I need to see them before I just tell them and they’ll arrange it.” Another person told us, “Yes I’ve had the doctor recently. They got the doctor to check me out and I’ve got some tablets.” Staff told us how they monitored people and the signs or symptoms which may indicate someone was unwell. One staff member told us, “If people are off their food, not sleeping, changes in bowel patterns or heightened levels of confusion, could indicate a urine infection.” Another staff member told us, “We see people on a daily basis nearly. One person usually sleeps a lot if unwell. We get to know how people present if they are unwell.” Documentation demonstrated that staff sought advice from the GP, district nursing team and other healthcare professionals. Following any visit from a healthcare professional, the person’s care plan would be updated with the visit, reason for the visit and the outcome of the visit. A visiting healthcare professional told us, “We have very good liaison, never any problems.”

Lunchtime was a sociable and enjoyable experience. The dining room tables were laid with place mats, napkins, condiments and refreshments were to hand. People were gently offered assistance to the table and for those who wished to remain in the lounge; their table tray was also prepared with cutlery and place mats. The menu was on display as a visual reminder and people were observed using adapted cutlery to promote independence with eating and drinking. Staff interactions were warm and engaging, for example, we heard, ‘Would you like some help.’ ‘That’s yours without potatoes and this one’s yours with extra sauce, is that ok?’ ‘There you are if you want something else let me know and I’ll get you one.’ ‘You found it easier with a spoon yesterday; do you want to try again today?’ Staff regularly engaged with people about their day rather than the task at hand, we heard conversations about family members, a new puppy, and the planned Christmas party and old comedy programmes.

Is the service effective?

People were observed talking and chatting to one another during their lunchtime meal alongside laughing and interacting with staff. Staff also sat and ate alongside people.

People spoke positively about the variety of food and drink provided. One person told us, “The food’s lovely and we get homemade cakes some afternoons.” Another person told us, “I like my porridge and at the weekend I might have say bacon and a fried egg if I fancy it.” The manager told us, “All our food is freshly made here, we always have fresh fruit, vegetables and our meat is from the local butchers.” The cook had a good knowledge of people’s dietary requirements and where the need for a special diet was required this was provided. We were told by kitchen staff, “We provide diabetic diets, gluten free, and vegetarian diets.” Staff monitored people’s weight in line with their nutritional assessment. Where people were losing weight, fortified food was provided to promote their calorie intake. The GP was contacted for additional guidance and food and fluid charts were maintained to record what they were eating on a daily basis. Where people needed to lose weight, the cook provided a low calorie diet alongside fresh fruit as healthy snack options.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The management team understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us, “We have applied for thirty DoLS authorisations. We are aware that it’s not about if the person wants to leave or is trying to leave, but whether they would be able to go out and about independently without staff supervision.” The management team and staff recognised the importance of empowering people to make their own decisions and choices whilst acknowledging their right to refuse consent. Staff members clearly understood the importance of gaining consent. One staff member told us, “We always explain what we are doing, give the person options and see if they’re happy.” Training schedules confirmed staff had received training on the MCA and DoLS.

Staff members spoke highly of the training provided and felt that the training gave them the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as diabetes awareness, health and safety and moving and handling. The management team recognised the importance of having a skilled workforce. Staff members were encouraged to pursue health qualifications (NVQ) and one staff member told us, “I’m currently doing my NVQ level two at the moment.” Another staff member told us, “I’ve just been put forward to start my NVQ level two which I’m excited about.” Staff were supported to continue with their professional development through supervisions and appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff commented they found the forum of supervision helpful, but that they could also approach the management team with any queries or questions outside of supervision.

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. One person told us, “Nothing’s too much trouble, you only have to ask.” Another person told us, “It’s good here because they’re kind and helpful and always pleasant to you.” A third person told us, “This is a good place and the staff are lovely, they really look after you.”

The atmosphere in the home was calm and relaxing. Considerable thought had gone into creating an environment that was homely. The care home presented as a normal home which in turn enabled people to feel at home and relaxed. Hallways were lined with photographs and ornaments. The dining room was decorated with warm coloured wall paper and the communal lounges were designed in a manner which created a home like feel. People had a quiet lounge to sit in if they preferred or a busier lounge where activities were undertaken. Books, videos and DVDs were displayed on the lounge wall for people to use alongside board games. A caravan in the garden was also available which provided stimulation and interaction. People spoke positively of the home and one person told us, “You don’t feel like you’re a bother if you have to ask them for anything.”

People looked comfortable in the care of The Whitebeach. Support was provided which enabled people to maintain their physical appearance. One staff member told us, “We paint people’s nails and do hand and feet massages which people enjoy.” People were dressed in the clothes they preferred and in the way they wanted. Information was also available in people’s care plans about their favourite clothes and how they preferred their hair. One person preferred to keep their hair short. Another person enjoyed getting their hair coloured and set every six weeks. Ladies had their handbags to hand which provided them with reassurance and a hairdresser visited the home on a regular basis. People’s rooms were personalised with their belongings and memorabilia. With pride, people showed us their photographs and items of importance.

Moving into a care home can be a traumatic and upsetting time for people. The management team recognised this and understood the importance of psychological support. One person had moved into The Whitebeach from another care home. Their care plan recognised the impact of this and clearly identified for support to be provided to help them adjust with the move. Another person had recently

moved into the home. Thought and consideration had gone into making their room welcoming and homely. The manager told us, “We want people to feel at home, as this is their home.”

Staff were clearly passionate about their work and told us they thought people were well cared for. One staff member told us, “We are one big family here and I love coming into work.” Staff demonstrated a strong commitment to providing compassionate and high quality care. From talking to staff, they each had a firm understanding of each person’s likes, dislikes, personality, background and how best to provide support. One staff member told us, “One person prefers their own company but does join in with others in the evenings.”

People’s dignity and right to privacy was protected by care staff. People were assisted to their bedroom, bathroom, or toilet whenever they needed privacy. This support was discreetly managed by staff, so that people were treated in a dignified way in front of others. Staff members also made sure that doors were kept closed when they attended to people’s personal care needs. People confirmed staff upheld their privacy and dignity and their preference for female or male carer was respected. One person told us, “They asked me when I came here if I had any preference to who gave me help with washing, but I told them I didn’t mind.”

The home had a strong ethos of promoting people’s independence and individuality. The manager told us, “We don’t want to take people’s rights away or ability to take risks.” Staff members understood the importance of enabling people’s level of independence. One staff member told us, “We encourage people to continue doing what they can for themselves. One person needs help to wash their back, but I encourage them to wash their face and front.” Another staff member told us, “I encourage people to dress independently. I may say I’ll put your socks on while you put your top on.”

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. Mechanisms were also in place to involve people in the running of the home. Resident meetings were held on a regular basis. These

Is the service caring?

provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the last resident meeting in April 2015, confirmed people spoke about options for activities and new menu ideas.

Visiting times were flexible and staff confirmed people's relatives and friends were able to visit without restrictions.

Staff recognised the importance of family and supporting people to maintain relationships with those that mattered to them. The home had Wi-Fi throughout which enabled people to maintain contact via the internet. One person told us, "I go to the office and do my calls the staff help me."

Is the service responsive?

Our findings

People felt staff were responsive to their individual needs. One person told us, “If you ask them to do it, they get on and do it for you.” One person told us, “I love it here, but one thing that could be better is more activities that make me more active.” Another person said, “Excellent range of things to do.” A visitor told us, “I really like living here, plenty of things to do.”

For people in care homes it is important they have the opportunity to take part in activity, including activities of daily living, which helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. The National Institute for Health and Care Excellence (NICE) guidance states that for people living with dementia, keeping occupied and stimulated can improve quality of life. The provider employed a home coordinator who was responsible for the organising of activities. The home coordinator told us, “We usually have two activities per day. Activities are planned; staff do what they are good at, whether it’s singing or manicures. Quizzes and word games used to stimulate reminiscence and conversation. Music sessions are mainly of a sing-along kind. Activities tend to be based around people in the lounge, we invite others in.” On the days of the inspection, we observed quiz times, Christmas carols and people going out to see a Christmas pantomime. We were also told that a Christmas party was being held at the weekend. Staff engaged people and people enjoyed the level of interaction. Thought and consideration had been given to providing a meaningful activity which promoted their well-being and sense of identity

Mechanisms were in place to provide activities based on people’s interests and life histories. Some people commented they did not wish to engage in group activities, so one to one sessions were offered. Trips out occurred at least three times a week. People were offered plenty of opportunity to access the community. The manager acknowledged that on-going research was always required to ensure everyone received meaningful activities. For people living with dementia, stimulation was provided and therefore people’s identity and feelings of self-worth were promoted.

Before people moved to The Whitebeach, the management team carried out an assessment to make sure their needs

could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. This included background information about people’s lives. The manager told us, “If we don’t feel we can meet a prospective persons needs we will not accept the person. We need to be sure we can meet people’s needs. I will always be honest and say when I don’t think we can meet someone’s needs.” Individual pre-admission assessment information was available in people’s care plans.

Each person living at The Whitebeach had an individual care plan. Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. They were reviewed monthly or as people’s needs changed. Care plans gave direction and guidance for staff to follow. For example, one person had a history of developing urinary tract infections (UTIs). A plan of care was in place which advised staff to monitor for any confusion or frequency to toilet, as they could be signs the person was suffering from a UTI. There was also guidance to encourage fluids.

The care plans were person specific. Staff had considered information all about the person, such as what may upset the person, how the person reacts in group situations and how the person feels about their own health. Time and thought had gone into the care plans and it was clear staff had spent time getting to know people. One care plan identified the person could be quiet, but also very affectionate and outgoing. Staff had identified how the person had formed friendships with other people and how they could become animated when talking to their friends. Another care plan identified how they had a laid back personality, but who also confidently expressed their opinions and life choices.

The registered manager, management team and staff were responsive to people’s changing needs. This was supported by systems of daily records which were filled out in the home’s communication diary. There were also verbal handovers between staff shifts. Staff spoke highly of the handovers and commented they provided them with the information required to do their job safely.

Staff recognised that people’s religious needs should not be overlooked and some people required on-going support to maintain their beliefs. Information was readily available in people’s care plans about their religious and cultural

Is the service responsive?

needs. One person's faith was extremely important to them and information was available on how they grew up with their faith, and what support was now required to ensure their religious and cultural needs were met. Services were held at the home and where required people were supported to attend local services in the area.

People told us they were aware of how to make a complaint and were confident they could express any

concerns. A complaints policy was displayed and leaflets were also available on how to make a complaint. The provider had not received any formal complaints in over two years. The deputy manager told us, "If we did receive any formal complaints, they would be investigated and taken seriously."

Is the service well-led?

Our findings

People spoke highly of the management team. One person told us, “They always check how we are.” People and visitors commented they felt at home at The whitebeach and thought the home was well-led. One person told us, “It’s homely and friendly.” Another person told us, “It’s a really good place where you can have a laugh.” Feedback from visitors was collated during our inspection. The feedback was very positive. “One visitor said, “Very approachable and knowledgeable staff,” “Excellent and friendly,” “The owner is always available.” We received written feedback which thanked the staff for the care their loved ones received. One visitor, whose mother had recently come to live at The Whitebeach, spoke of the pre-admission visit which was undertaken in another county and said, “The management team went beyond my expectations, they visited and reassured my mother of the move, the move went so smoothly and she is already very settled.”

There had been a change in the management structure to the service following a number of safeguarding investigations. The previous manager had submitted an application to register with CQC as manager but had withdrawn and resigned their role.

The newly appointed manager and deputy manager had been in post for two months and were proud of what they had achieved after the home had been troubled by staff changes and lack of leadership. They talked through the issues they had found and talked of the audits now in place that guided them on improvements needed and the improvements made.

There were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. Any shortfalls identified, a clear plan of action was implemented. Health and safety audits were taking place which considered the environment, premises, staff safety, clinical waste, first aid and fire safety.

Feedback from people and relatives were obtained on a formal basis once a year. The deputy manager told us, “We have resident meetings and hold care plan reviews where we receive feedback.” We were also told that visitors were encouraged to share their views in a feedback book which are then shared with all staff. We saw examples of these testimonials.

The formal quality assurance framework allowed the service to continually improve the delivery of care. People commented they felt able to approach the management team and received the care they needed.

Policies and procedures were in place to assist with the running and governing of The Whitebeach. However, some policies required updating to reflect current legislation and policy. A business continuity policy was in place, which identified what to do in the event of electricity failure or loss of heating. The provider had acted upon the new regulation ‘Duty of Candour’ and guidance was in place. Staff demonstrated a good awareness of the regulations.

Clear visions and articulated values were in place. The manager told us, “We are very family oriented care home.” Family values were embedding into the running of the home. Every staff member was aware of the philosophy and visions of the home, commenting that they valued how the home operated as one big family.

The Whitebeach had adapted a culture of honesty and transparency. We asked the management team what the key challenges had been during the past year. The manager told us, “Paperwork is our key challenge, when we (manager and deputy manager) started in October 2015 there was a lack of care plans and audits and medicine management was poor. We have implemented a new system of care plans which are good, but quite complex and take time to complete. We are working through them, but it takes time, really proud of the medicine practices.” Staff believed the delivery of care was good and people were happy living at the home. One person told us, “It feels like you have friendships in here.”

The management team were dedicated to the running of the home. With compassion they spoke about the people they supported and the staff team. Every staff member held in-depth knowledge about the people living at the home, their likes, dislikes and personality. It was clear time had been spent building rapport with people along with friendships. People looked at ease with staff members and

Is the service well-led?

laughter was continually heard throughout the inspection. It was clear the provider and staff had created a home where 'family values' were a philosophy and vision. Everyone we spoke with commented they would happily recommend The Whitebeach.