Beach Crest Residential Home

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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

Beach Crest residential Home offers accommodation and personal care for up to 11 older people, some living with dementia.

The inspection was unannounced and was carried out on 11 and 12 May 2017 by one inspector.

At our inspection in June 2016 we found the provider was in breach of three Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to record keeping, monitoring and assessing the quality of the service, The Mental Capacity Act 2005, and staff supervision and appraisal. At this inspection we found improvements had been made and all Regulations were being met.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Relatives and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment and plans were in place to manage emergencies.

Systems were in place for the storage and administration of medicines, including controlled drugs. Staff were trained and their competency assessed to ensure they remained safe to administer medicines.

There were safe recruitment procedures in place and sufficient staff were deployed to meet people's needs.

People were supported to have enough to eat and drink and their specific dietary needs were met.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisations when required.

People were supported by staff who had received appropriate induction, training, supervision and appraisal.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was

maintained. People had access to a wide choice of activities, both at home and in the community.

Initial assessments were in place before people moved into the home to ensure their needs could be met. People and their relatives were involved in decisions about their care planning.

Quality assurance systems were in place to drive improvements. People and relatives were encouraged to give their views about the service. A complaints procedure was available and people knew who to speak to if they had a concern.

Incidents and accidents were recorded and actions taken and any learning analysed to reduce the risks of it happening again.

Staff felt supported by the registered manager who provided clear leadership and guidance. Staff felt listened to and involved in the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff followed safeguarding procedures to protect people from abuse or improper treatment.

Recruitment practices ensured that only staff who were suitable to work in social care were employed. There were sufficient staff to meet people's individual support needs.

Risks had been assessed and measures put in place to minimise risks. Medicines were managed, administered and stored safely.

Is the service effective?

Good

The service was effective.

People's rights were protected because staff had a good understanding of the MCA 2005.

Staff received induction, training and supervision. Staff told us they felt well supported in their roles and could seek advice and guidance when needed.

People had access to health professionals and other specialists when needed. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respected their privacy, dignity and wishes.

Staff supported people and their families to be involved in making decisions about their care and promoted people's independence.

People were encouraged to maintain important relationships with their family members and friends who valued the calm, relaxed, family feel in the home.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care, and ongoing reviews. Support plans were person centred and focused on people's individual needs, choices and preferences.

There were opportunities for people to participate in a range of activities, if they wished to do so.

A complaints procedure was on display and relatives felt confident any concerns would be addressed if they had a complaint.

Is the service well-led?

Good

The service was well-led.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Staff felt well supported by the registered manager who provided clear leadership and direction.

Systems were in place to monitor and assess the quality and safety of the home and records were well maintained.

Beach Crest Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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. We also inspected to check the provider had made improvements required following our previous inspection.

This inspection was unannounced and was carried out on 11 and 12 May 2017 by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed all the information we held about the service such as notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with one person living at the home and three relatives who were visiting. We observed people being supported during the day to help us understand their experiences. We spoke with three members of the care staff and the registered manager. Following the inspection we received feedback from two care professionals on their views of the service.

We looked at two people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for three staff. We also looked at other records related to the running of the home, including incident and accident records, medicines records and systems for monitoring the quality of the service provided.

The service was last inspected in June 2016 when we found three breaches of Regulation. At this inspection

we found the required improvements had been made.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Beach Crest Residential Home. One relative told us "The staff ratio is very good here" and another explained "They're safe. It gives me peace of mind. When I leave here I can switch off."

People were protected from abuse and improper treatment. Staff had received training in safeguarding adults and had access to safeguarding information, including contact details of external agencies. They understood their responsibilities for reporting any concerns to the registered manager and to the local authority safeguarding team and the Care Quality Commission (CQC). Staff were aware of the home's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home.

Only staff who were suitable to work with people in a social care setting were employed at the home. Disclosure and Barring Service (DBS) checks were in place for staff. DBS checks help employers to make safer recruitment decisions. Recruitment records for each staff member included proof of identity, an application form and a full employment history. Satisfactory references were sought before staff commenced work at the home.

People were supported by sufficient numbers of staff to meet their needs. There were ten people living at Beach Crest at the time of our inspection. There was a team of three care staff on each day shift which included a team leader. In addition, the registered manager worked alongside staff to assist people with their care, as well as managing the service. Staff told us there were enough staff and one staff member said "We are three on shift to ten residents. There are enough staff."

Risks associated with people's individual support needs had been assessed and informed their support plans. For example, risks associated with falls, weight loss, skin integrity and moving and positioning had been planned for. Measures had been put in place to guide staff in how to minimise any risks. These were regularly reviewed and updated when required. One person had a health condition which made them prone to dizziness and falls. This was being investigated by health professionals and was clearly documented, including actions staff should take. During the inspection we observed the person lost their balance when getting up from the dining table and fell. Staff took time to sit with the person on the floor, to re-assure them and check them for any pain or injuries before supporting them to stand up. Staff suggested to them to sit down for a short time to ensure they had fully recovered and were no longer dizzy before continuing with their chosen activity. Relatives told us about the health condition and confirmed they were confident their family member received safe care. They said "They [staff] are very caring. It happens on a regular basis and they deal with it quickly and effectively and don't make a fuss."

People received their medicines safely by staff who were appropriately trained. People were asked for their consent before being given their medicines. They were given time to take their medicines at their own pace with encouragement from staff where required. Staff understood the importance of the timing of medicines which were given at individual times with appropriate intervals. Where people were prescribed medicines as

required, such as pain relief, protocols were in place to guide staff about how and when this should be administered. Medicines administration charts (MAR) were in place for each person and clearly recorded when they had received their medicines.

Safe systems were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured there were always stocks available. Medicines were safely stored in a locked cabinet. Controlled drugs (CDs) were appropriately stored, administered and recorded. CDs are specific medicines which are managed under the Misuse of Drugs Act 1971. Daily temperature checks took place to ensure medicines were stored in line with manufacturer's instructions. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management.

Regular health and safety checks were undertaken to identify any hazards. These were recorded and actions taken to mitigate any risks. For example, a faulty hand blender had been identified in the kitchen and replaced and a build-up of lint had been identified in the tumble dryer which had been cleaned. Fire safety checks, such as alarm tests, firefighting equipment and emergency lighting checks also took place. Staff had completed fire safety training and regular fire drills were undertaken. Each person had a personal evacuation plan, detailing the specific support they required to evacuate the building in the event of an emergency.

Staff had completed training in infection prevention and control and were aware of infection control procedures in the home. Protective clothing was available and we observed this was used by staff. The provider had carried out some improvements to a bathroom to reduce the risks associated with cross infection identified at our previous inspection.

Good

Is the service effective?

Our findings

Staff asked people for their consent before providing care or support. A relative confirmed "He [family member] knows when he needs to accept help now but staff always ask." Another relative told us "Staff do ask for consent. They ask if my [family member] would like to go into the garden but he says no. They respect that."

At our inspection in June 2016 we found the provider was in breach of Regulation 13 of the Health and Social Care act 2008 (regulated Activities) Regulations 2014 because they had not met the requirements of the Mental Capacity Act 2005.. At this inspection we found improvements had been made and they now met the requirements of this Regulation.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A health professional confirmed their team had delivered training in the MCA to the staff at the home following our previous inspection . Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others, such as relatives and GPs.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to DoLS and had applied for appropriate authorisation where required.

At our inspection in June 2016 we found the provider was in breach of Regulation 18 of the Health and Social Care act 2008 (regulated Activities) Regulations 2014 because they had not provided staff with regular supervision and appraisal. At this inspection we found improvements had been made and they now met the requirements of this Regulation.

Staff received support and supervision from their line manager which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns. Staff who had been employed for a year or more had received an annual appraisal. Staff told us they felt well supported and could ask for advice or guidance when they needed to.

Staff had received regular training to enable them to provide effective support to people, such as moving and handling, fire safety, infection control and first aid. Additional training was provided for staff around people's specific needs, such as dementia, epilepsy, Parkinson's' disease, diabetes and pressure area care. A health professional told us they had delivered training in dementia to the staff team and added "They were very keen to have dementia training and are very keen for more." New staff completed an induction that

included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses. For example, one person had been referred to their GP due to weight loss. Actions and recommendations had been carried through and recorded, and the GP was kept up to date with any further concerns. Staff recorded all contacts and visits from health professionals in people's care plans and followed up any appointments where required. A health professional told us "They know when I'm going in and have everything ready; paperwork, behaviour charts. They know people really well. I have no concerns." One relative told us their family member received appropriate support with their healthcare saying "Any health problems are dealt with quickly and efficiently. They treat him so well. Any concerns and they call the doctor and keep us informed." Another relative confirmed "They will let me know if the doctor is coming in and I will come in."

People were supported to eat and drink sufficiently for their needs. Care plans reflected people's food preferences, likes and dislikes and also any specific dietary needs which staff were knowledgeable about. Menus were based on people's food likes and dislikes and alternative food choices were available if people did not want the main meal choice of the day. We observed that food was prepared in a way which met people's specific needs, such as a pureed or soft diet. Where people had been prescribed protein drinks to help them retain or increase their weight, these were given appropriately. People were offered drinks throughout the day and encouraged to drink. A staff member gently assisted one person with their tea cup saying "Have some tea? It's going to get cold. Can you try to drink a little more?" A relative told us "They're very good and really hydrate them, always giving lots of drinks."

People were referred for specialist support with their eating and drinking when required. One staff member explained, for example, that a person had swallowing difficulties and could sometimes choke and they were now on pureed food. They had been referred to speech and language therapy (SALT) for an assessment of their eating and drinking needs. Records showed the SALT team were satisfied with measures put in place by staff and recommended these should continue, and to contact them again if they had further concerns.

Good

Is the service caring?

Our findings

Relatives told us the staff at Beach Crest were "Lovely, friendly, and very caring" and "It's like a family. I've got to know everyone. The day I walked in I knew. I feel really lucky to have found this place. The staff are lovely and respect his dignity and privacy." A relative commented on how the staff supported their family member's personal care needs and told us "They know him really well. They are so lovely and ensure his dignity around continence care. They're very discrete."

We noted guidance for staff in ensuring people's privacy and dignity when providing care was included throughout people's care plans. We observed this in practice throughout our inspection. For example, they knocked on doors and waited for a response before entering people's rooms and spoke quietly and discretely when talking to people in communal areas. People chose to spend time in their rooms if they wished to do so and this was respected by staff. People had personalised bedrooms with their own belongings, such as TVs, pictures, ornaments and photographs. A relative told us "They'll pop in and chat with him, put his TV on if he wants it on." Relatives confirmed to us that they were kept informed and were involved in decisions relating to the care of their loved ones. One relative said "I come in every day and [the registered manager] normally has a chat. He's always available to call."

Staff had a very good knowledge of the people they supported and used people's preferred names where appropriate. Staff also knew people's relatives very well. It was clear from the positive interactions with relatives and the feedback we received that there was a good rapport and trust in the staff. We observed a relaxed atmosphere with laughter and banter between staff, people and their relatives. Staff had time to sit with people and listened to what they had to say, talking about their families and showing interest and enthusiasm.

Staff encouraged people to maintain relationships with their relatives and friends. Relatives told us how much they valued the 'family feel' of the home and were always welcome. When relatives arrived we saw that they said hello to other people and families who they told us they had got to know. A friend who was visiting told us "It's very homely. It's like a family, relaxed, caring. They're very observant and attentive." This was confirmed when we saw staff quietly assisting people in the lounge and propping soft cushions beside them to make them more comfortable. Written comments from relatives consistently spoke of the kind and caring nature of staff and the warm and relaxed atmosphere in the home. For example, "They are always kind and patient" and "Such a homely place" and "As always, a lovely warm welcome" and "They treat him in a courteous and respectful manner."

People were supported to maintain their personal appearance and were well groomed and dressed smartly. This was confirmed by relatives and a friend who was visiting who told us "He is always clean and well dressed." Another relative said "They put themselves out. When we come to take him out he is always washed, dressed and ready to go."

Staff encouraged people to maintain their independence as much as possible and this was clearly documented in people's support plans. For example, "[Person] needs support of one staff to wash and

shower. [Person] can wash their face and upper body, but sometimes needs support if feeling more unwell." Staff confirmed they understood this guidance and provided support in line with the person's wishes and fluctuating needs.

People received compassionate end of life care. Staff understood people's specific health and emotional needs during this time and also provided emotional support to relatives. Staff gave people and their relatives time to discuss any concerns and reassure them as much as possible. The provider had a good relationship with health professionals and ensured additional support was in place in a timely way for the management of people's pain.

Good

Is the service responsive?

Our findings

Relatives told us their loved ones were treated as individuals and were involved in decisions about their care. One relative told us "We had a choice of rooms" when they decided on the home. Another relative told us "[The registered manager] went overboard to help [our family member] settle" and went on to explain how they had taken time to find out about their interests and life history.

People's support needs had been assessed before they came to live at the home. Records showed people and their relatives were involved in this process. Assessments were detailed and included information about people's life histories, work, hobbies and likes and dislikes as well as their care and support needs, such as their mobility and personal care. These assessments had been developed into person centred care plans which gave clear information for staff on how to meet the needs of people in a person centred and individualised way. The language used in the plans was person centred and reflected people's rights and choices to chose not to receive care or to take part in activities. Care plans were reviewed every month and any changes to people's needs were shared with staff. We observed that staff had a very good understanding of people's needs and preferences and respected their wishes.

People had access to a range of activities both within the home and in the community. People's care plans recorded their interests, such as opera and classical music and Southampton Football Club. A relative told us "[Our family member] is keen on football and sports DVDs and programmes and Frank Sinatra and Ginger Rogers. We came to visit and they had put it on TV for him. They were all singing for them, they're so stimulated, so talkative." We observed staff spending time with people on a one to one basis playing games such as dominoes, looking at books and doing gentle exercise. Group games such as bingo seemed popular and to be enjoyed by all.

People were supported to go out and enjoy clifftop walks or go to the local café or pub and attend other local community events. The registered manager had applied for travel passes for people to enable them to access free public transport, where they were able to, to extend the range of opportunities. Relatives also told us they often took their family members out for lunch or for a walk. Activities were recorded in people's daily records which provided a detailed picture of the support they had received and how they spent their time.

The home had a complaints procedure which was given to people when they first moved into the home and was also displayed in the reception area of the home. The registered manager had recently sent out an updated complaints procedure to all families after receiving feedback from a relative that they were not sure of the procedure. Relatives told us they would speak to the registered manager if they had a complaint and were confident any concerns would be addressed. However, the home had not received any complaints.

Good

Is the service well-led?

Our findings

The registered manager was visible and actively provided support and leadership within the home. Relatives told us they had a good rapport with the registered manager and comments included "He is a good chap. I like him. He's very caring. He's not just putting it on because you're here!" and "He is always around. He knows [our family member] so well."

At our inspection in June 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care act 2008 (regulated Activities) Regulations 2014 because they had not maintained adequate records or effectively monitored the quality of the service. At this inspection we found improvements had been made and they now met the requirements of this Regulation.

The registered manager had recently completed a level 5 nationally recognised qualification and had developed a better understanding of good governance requirements. More effective quality assurance systems were in place to monitor the quality of care and drive improvements. A consultant had been employed to assist the registered manager with making the improvements required, which had included reviewing the home's policies, paperwork and auditing tools. New policies and procedures were now in place which provided clear and up to date guidance for staff in all areas of care delivery and operational duties.

New recording formats had been implemented which enabled staff to record people's care more effectively and in a timely way. Staff told us "The daily records are better now" and "It's more simple and quick to complete. We were involved in designing it which was good." People's care files were more organised and information was easily and promptly retrieved by the registered manager when requested. The registered manager had implemented a range of auditing tools to monitor the care and management of the home and drive improvements. These included infection control, health and safety and care plans. Any shortfalls that had been identified had been actioned.

The registered manager explained they had reviewed their workload and had delegated some tasks to a team leader. This had enabled them to focus on making the improvements within the home. They told us "It's freeing up more time for me. It's working a lot better. It empowers staff, they have risen to it, they're enjoying the responsibility." A staff member confirmed this and told us they received additional support and guidance when learning new aspects of their role.

Staff confirmed there was an open and transparent culture within the home. Staff felt supported by the registered manager who provided clear leadership and direction. One staff member said "[The registered manager] is very supportive. He's very involved. I'm very happy here." Another staff member said "He's a very good manager. If I make a mistake he will always explain and help me improve. I'm here to work and do my best and he helps me in a way that I can learn."

Staff meetings took place regularly which enabled staff to discuss ideas and issues and agree actions to take. Staff confirmed they could take agenda items to meetings, could raise issues and felt listened to and

involved in developing the service. Staff told us the team was very small and communication was on-going during the day which enabled any important information to be shared immediately.

Systems were in place to enable people to give feedback about the care they receieved. For example, staff had held a 'resident's meeting' although most people declined to attend. One person did attend and discussed activities and exercises with staff. Other people were reminded that there was a suggestion box in the reception area that they could leave comments in at any time. Surveys were sent to relatives to seek their views of the service. The most recent results were on display in the reception area. These were positive and relatives clearly valued the service provided to their family members.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. Notifications were submitted appropriately, for example, to inform us when there had been any incidents. Incidents and accidents had been recorded, investigated and analysed and any learning was shared with staff. The registered manager attended meetings held by other social care organisations when possible, which helped them keep up to date with any changes in legislation or good practice.