

Childrens Respite Care Limited

The Beach Hut

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 22 July 2016 and was unannounced. The last inspection of this service was carried out in November 2013 and the requirements of the regulations we inspected had been met.

The Beach Hut is registered with the Care Quality Commission to provide accommodation for persons who require nursing or residential care and treatment of disease, disorder and injury.

The service provides residential care to three individuals who have complex physical disabilities and associated health conditions.

The registered manager manages Beach Hut and another of the providers services which is located nearby. 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.

Relatives, visiting professionals and the young people living in the service were all positive about the care provided and told us that this was a good, well managed service. Individuals were protected from harm because openness was encouraged and staff encouraged to report any concern. Risks were identified and steps put into place to minimise the likelihood of an incident occurring. Checks were also undertaken on equipment to make sure that it was working effectively.

Staffing levels were adequate and there were sufficient staff numbers to keep the young people safe and promote the wellbeing of the individuals who used the service. Medicines were administered as prescribed and there were clear arrangements in place for the oversight and storage. Staff were trained and knowledgeable. They received regular updates to ensure that their practice was kept up to date and in line with current professional practice. Observations were undertaken to ensure that staff were putting into practice what they learnt at training.

Individuals were supported to maintain good nutrition and intake was monitored to ensure that plans were effective. Staff worked closely with a range of health professionals to promote individuals health and wellbeing.

We observed staff to be kind, caring and patient. They demonstrated that they knew people well and had meaningful relationships. Staff knew how each young person preferred to communicate and ensured that they retained control of their care. Independence was promoted and the focus what on what individuals could do.

Care was underpinned by detailed and informative care plans which enabled staff to work with young

people in a consistent way.

Good systems of communication were in operation between staff and ensured that changes were identified and key information passed over to other team members. There were good community links and young people were able to access a range of social and leisure opportunities which promoted their wellbeing.

Staff were clear about what they were working towards and aiming to achieve. Morale was good and staff were well supported by a proactive management team. Young people and their relatives knew how to raise concerns although had not had occasion to do so. There was an effective quality assurance system which identified shortfalls, reflected on practice and looked at ways to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as staff had training on safeguarding and knew what they needed to do if a safeguarding incident occurred.

Risks were identified and there were plans in place to reduce the likelihood of harm.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

New staff were inducted into the role and supported to undertake additional qualifications. Staff received ongoing training that was relevant to the needs of the individuals living in the service and ensured that their practice was up to date.

Individuals were supported to access health care and there was regular contact with health care professionals.

Nutritional needs were identified and monitored.

Individuals consent was sought as part of care delivery.

Is the service caring?

Good ●

The service was caring

Staff had good relationships with the young people they supported and knew them well.

Young people had choice and were supported to express their views about their care.

Independence and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

Staff knew the individuals who lived in the service. Detailed care plans were in place and the care provided was subject to regular reviews.

The young people had access to a range of activities which promoted their wellbeing.

There were clear arrangements in place for the management of concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The management of the service were visible and accessible.

Staff morale was good and staff told us that they were supported and clear about what was expected to them.

There was a quality assurance system in place to identify shortfalls and to drive improvement.

The Beach Hut

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 inspection took place on 22 July 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A statutory notification is information about important events which the service is required to send us by law.

On the day of the inspection there were three young people living in the service and we spoke to two of them about their experience of the Beach Hut. We spoke with the registered manager, the nurse manager and two care staff. We reviewed care and support plans, medication administration records, staffing rotas and records relating to the quality and safety monitoring of the service. Following the inspection we spoke with two relatives and two professionals about the quality of care provided.

Is the service safe?

Our findings

Relatives and professionals expressed confidence in the service and how the individuals who lived there were supported. One relative told us, "I couldn't wish for better for [my relative]." One young person said, "I like it here."

People were protected from avoidable harm and abuse as the provider trained their staff on how to address concerns and encouraged openness. Staff told us that they had attended training on identifying safeguarding issues and how to respond for children's and young adults. They were clear about the whistleblowing policy and their responsibilities to report concerns. They expressed confidence that concerns would be taken seriously by the management of the service. The manager told us that Essex Guardians supported two of the individuals who used the service to manage their finances. There were systems to manage people's money including obtaining of receipts and operating a running total of the balance. We checked one person's money and this tallied with the records.

Risks were identified and there were management plans in place which set out the steps that should be taken to reduce the likelihood of harm to the young people. Staff were able to tell us about some of the risks and how they were managed. For example there were risk assessments in place for accessing the community, going out in the sun and the use of specialist equipment such as bed rails. The purpose being for the young people to lead fulfilling lives as safely as possible.

There were also risk assessments in place regarding the risks to staff such as those associated with moving and handling, lone working and infection control. The management plan included checks to ensure that the safety equipment was working effectively. We saw for example that the fire equipment was checked regularly, checks were being undertaken on moving and handling equipment such as hoists and boilers were regularly serviced. All these safety checks were intended to keep the young people as safe as they could.

Incidents were logged, for example we saw that one individual had an accident and sustained a small injury and this was the subject of a body map and had been reviewed by the manager of the service.

Staffing levels were adequate and there were sufficient numbers of staff to keep people safe. On the day of our visit there was a registered nurse and two members of care staff supporting two of the young people. Later in the day this reduced to two staff. We looked at the staffing rota and saw that during the day the service operated with two to three staff on duty. At night there were two waking night staff. A nurse was rostered on duty on a part time basis and on the remaining days there was an on call arrangement in place. We spoke to the manager about how they determined when nursing staff should be on site and they told us that this was kept under review but that the young people's nursing needs were stable and the on call arrangement worked well. Staff told us that two staff was sufficient but three staff enabled them to undertake more activities with the young people. They told us that they were always able to get hold of a nurse manager if they needed to in an emergency. We looked at the needs of people and on balance determined that this was satisfactory to meet their needs.

The service has a core team of staff but also shares staff with another of the provider's services, Seaside Cottage. As part of the inspection of this service we recently looked at the recruitment of staff across the two services and found that they carried out checks on staff before they were employed. This included checking their identification, conduct during previous employment and disclosure and barring checks. Checks were also undertaken on the registration of nurses to ensure that they were up to date and fit to practice.

Medication was managed safely. Care staff received training on administering medication and we saw that competency checks were undertaken to ensure that staff were administering medication as prescribed. Clear records were maintained of medication and the prescriber's instructions. We saw that the medication was securely stored and room temperatures were monitored. The inspection was undertaken on a very warm day and the temperature had recently climbed above the recommended levels. The manager agreed that they would look at ways to reduce the temperatures in the warmer weather.

We observed staff administering medication and saw that this was undertaken in line with professional practice. Once staff had administered the records were updated and we saw that running totals were maintained to ensure that levels of stock were well managed. We checked a sample of medication against the records and the amounts tallied.

Regular audits were undertaken to check that the systems in place were working effectively.

Is the service effective?

Our findings

The young people living in the service were supported by staff who were trained and knowledgeable. Training involved a combination of online and face to face training on subjects such as moving and handling, infection control, first aid, equality and diversity. Staff described the induction training and told us that they shadowed a more experienced member of staff before working independently. We were shown a checklist which was completed by all new members of staff and identified the areas that they needed to complete as part of their induction and who was responsible for oversight. This included how to report an incident, whistleblowing and the fire procedures.

Staff had received training to enable them to support young people with specific complex health conditions such as epilepsy, breathing or feeding difficulties. They had experience and knowledge of supporting individuals with a tracheostomy which is a tube fitted in the neck to help breathing and a percutaneous endoscopic gastrostomy (PEG) which is a feeding tube which goes through the abdominal wall. We saw that care staff administered individual's feeds via the PEG and they had competency assessments in place regarding this. The assessments were undertaken by a member of the nursing team to check the care staffs understanding of what they had learnt and observe their practice. The manager told us that they planned to review the competency assessments on a regular rolling basis to ensure that staff continued to operate safely.

Staff told us that they had been supported to obtain additional qualifications such as in Caring for Children and Young Adults. One of the nurses told us that they were enabled to attend study days and had become a mentor. This meant that they worked alongside students at the service whilst they were undertaking their nursing training.

Staff told us that there was "Lots of training" and this enabled them to do their job safely and effectively. In addition to training they told us that there were regular staff meetings and they had opportunities to sit down with their manager to discuss their role and progress.

Professionals we spoke with and relatives expressed confidence in the staff team. One of the relative's told us that staff, "Do a very good job." A visiting professional told us that the paediatric nurses were knowledgeable and oversaw the care staffs training. They confirmed that staff sought advice appropriately and followed the recommended guidance. Another visiting professional told us, "The staff are brilliant; they do a very good job."

The manager was aware of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DOLS) One of the young people had a DOLS in place but this had recently expired and the manager subsequently confirmed that a further application had been made. Staff had a good understanding of consent and how best to support the young people safely, whilst maintaining and respecting their human rights. We observed staff offering choices and asking young people for consent before starting to support individuals. One young person told us that they had rails on their bed at night but liked having the rails and that they were padded to stop any injury.

Individuals were supported with their nutritional intake and enabled to maintain a balanced diet. . Fluid charts were maintained and totalled on a daily basis to ensure that adequate levels were maintained. We saw that staff had worked with the young person on developing a personalised menu which looked varied and healthy. Staff told us that this was flexible and could be changed according to the individuals preferences on the day, the evening meal on the day of our visit corresponded with the menu.

Care plans described in detail guidance for staff in meeting people's health and wellbeing. There were letters on file from a range of health professionals such as paediatricians, speech and language and dieticians. Where advice was given this was clearly documented. Those individuals who had seizures had a management plan in place which set out the actions that staff should take should they have a seizure. We saw that seizures were documented, the impact on the individual, how long they lasted and the actions taken. It was agreed that in one example the records would have benefited from further clarity regarding decision making and the manager agreed to reflect on this and look at learning with staff.

Is the service caring?

Our findings

Relatives told us that the service, "Couldn't work better for [my relative]." Another said my relative is, "Very happy." They and the visiting professionals spoke highly of staff and said that the interactions they had observed were, "wonderful" and very appropriate. One of the young people told us that they liked living in the service but another young person was less positive. Staff told us that they were due to have an operation which would help them to better manage pain and increase mobility. None the less they agreed to contact their advocate to ensure that their voice was heard and any concerns addressed.

Staff knew the young people well and had good developed relationships with them. They were able to tell us about each person, their strengths and their needs. They spoke about the young people in a caring and warm way. Staff clearly enjoyed young people's company and described going the extra mile for the young people they supported such as giving up their evenings to take a young person to the disco. We observed staff interacting positively and young people were clearly relaxed in the company of staff. We observed that there was laughter and lots of smiles and we saw responding to people in an affectionate way.

People were supported to express their views and communication was given a high priority. Two of the three people using the service communicated in a nonverbal way. One of the relatives we spoke to said that although my relative communicates, "Nonverbally, staff speak to them appropriately and lets them know what is going on. They don't talk over them." We observed that staff were knowledgeable with how each individual communicated and expressed their preferences. There was good eye contact and staff spoke slowly preparing young people for what they were going to do. Care plans referred to communication and gave new staff key information such as how they showed that they were happy and how they liked to greet new people. One of the young people told us about how they spent their time and the choices they exercised such as what time they got up and when they went to bed. They told us that, "It was my choice." They told us that they were not a morning person and staff had to help them to get up sometimes and they did this, "gently" by saying "come on."

The staff had recently taken all of the young people from The Beach Hut on holiday. Because of the young people's complex needs this had required significant planning and discussions with the holiday centre to ensure that the holiday was tailor made for the specific individuals. Staffs had worked hard to overcome obstacles to make the holiday a success and were pleased that their planning had paid off. Staff showed us photographs of people swimming and enjoying themselves and told us that they had been able to participate in new experiences such as Bollywood dancing and cycling. Since their return one person had started to swim on a regular basis and staff said that they were really enjoying this.

Young people's independence was promoted. Staff focused on what young people could do rather than focusing on any limitations. They gave us examples of where they had helped young people to be as independent as they could be, such as helping them to do some of their personal care themselves. One young person told us how they were supported to, "Wash my body on my own," and described choosing "nice smelling" soaps from the supermarket.

Young people's dignity was promoted and we observed that young people were dressed appropriately. Staff were able to tell us about the steps that they took to ensure privacy such as covering private parts when they provided care.

Is the service responsive?

Our findings

Care and support plans documented the support people needed and how they wished it to be provided. The plans were detailed and informative and included details of people's preferences, their interests and what was important to them. There was sufficient guidance to enable staff too care for people in a consistent way and how to identify for example, if an individual was in pain. The plan was supplemented by photographs which showed staff how they should undertake exercises to promote individuals wellbeing. We saw that one person had a behavioural care plan in place which gave staff step by step guidance as to the actions that they should take when providing personal care, which included letting the individual know what they intended to do at all times, so that they were was prepared and knew what was about to happen.

We observed staff following this plan when they were interacting with the individual. The plan also addressed what the staff should do if the individual became distressed. This included trying to identify the reason but also making them safe and giving them time alone to calm down. We saw that the plans were regularly reviewed and updated to reflect changes in people's needs.

Daily records were maintained which were detailed and informative and provided information for staff as to how support had been provided and what had happened during the day. Team meetings were also used as an opportunity to discuss individuals, review their progress and identify any learning or changes needed. We observed that the staff on duty knew the individuals who lived in the service well and they were able to tell us about their needs and what they enjoyed.

The service had good community links and enabled the young people to lead full lives. One young person spoke proudly of growing plants in the garden and eating what was produced. We observed people were supported to be involved in activities of their choosing which promoted their sense of well-being. During the morning of the inspection two of the young people went to a music session and then shopping. One young person had a work placement and another was just finishing college. We saw that people participated in a good range of social activities including attending music events, activity centres as well as going on walks along the sea front.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw that there was a policy as to how any issues which were raised were responded to. Relatives we spoke with told us the management of the service were approachable and they felt able to raise any issue no matter how small.

Is the service well-led?

Our findings

The management of the service had a clear vision which focused on the wellbeing of young people and providing good quality care. Staff were clear about the aims of the service and their roles and responsibilities. Staff told us that they thought they made a difference to the lives of the young people they supported and, How it was, "Good to feel satisfied at the end of a shift"

The culture was positive and staff morale was high with staff telling us that it was a good place to work. One member of staff said, "I love it here...it is amazing," another said, "It's lovely here...the team work is good."

Staff told us that the management was approachable and visible. One of the nurses took responsibility for overseeing care delivery, medication, supervising staff and managing the staffing rota. However the registered manager was assessable and retained ultimate responsibility. They told us that they had weekly meetings with the nurse in charge as well as visiting the service on a regular basis. Staff told us that the management team were easy to talk to and knew the young people who lived in the service well. One member of staff said, "Nothing is a problem, they listen and will change shifts if necessary to help us." The service had a team approach and staff told us they were valued and part of the team which supported each other.

Regular team meetings were held and staff told us that the manager and the providers attended these and they were encouraged to put forward ideas about what improvements could be made. The team meetings were used both to review individuals progress but also looked at different themes such as safeguarding and helped to refresh staff knowledge. We looked at the minutes of staff meeting and saw that poor practice was challenged and reminders were given to staff about their role and the expectations. This showed us that the manager was keen to drive improvements and was open with communication.

The management of the service recognised the importance of developing the skills of staff and we saw that the staff were supported to access training. Staff received supervisions and appraisals and were provided with feedback and how they were doing. Nursing staff were being assisted with revalidation which is the process that all nurses must go through to demonstrate that they can practice safely and effectively.

Responsibility and accountability was understood by management and staff. Staff were clear about their roles and responsibilities and what was expected of them. There were clear on call arrangements when there was no nurse on site and staff told us that they always knew who was on call and the arrangements worked well.

The manager told us that they were well supported by the directors and met with them regularly to reflect on the care and future developments. In addition had access to clinical supervision to reflect on clinical practice. Weekly managers meetings were held to reflect on the previous week, review how the on call arrangements had worked and identify any issues needing attention.

There was an effective quality assurance system in place to make sure that any areas for improvement were

identified and addressed. We saw that the manager had oversight of incidents and accidents and audits had been undertaken on a range of areas such as fire safety, handwashing and medication.