

Beechcroft Care Homes Ltd

Southbourne Care Home

Inspection report

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20 April 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Southbourne Care Home provides care for up to 21 people. People living at the home were older people, many of whom were living with dementia.

This inspection took place on the 20 April 2016 and was an unannounced focussed inspection. The home had previously been inspected on 17 and 18 November 2014 in response to concerns we had received. At that time we identified concerns over keeping people safe, staff training, staffing and staff recruitment. Breaches of legislation were identified in relation to quality assurance, person centred care, cross infection and record keeping.

In December 2015 we carried out a comprehensive inspection at the home to see what progress had been made. We found that although there had been improvements there were still areas that caused us concern. The provider and registered manager had not completed all areas of their action plan. The home was rated as 'requires improvement' overall, and breaches of legislation were identified.

Following the inspection of 2 December 2015 we issued the provider and registered manager with a warning notice in relation to Regulation 17 (1) and (2) (a) (b) and (c) of the Health and Social Care Act (Regulated Activity) Regulations 2014 (Good Governance). The provider and registered manager needed to comply with the warning notices by 25 March 2016.

The registered manager sent us an action plan telling us what actions they had taken to improve.

This focussed inspection was carried out to ensure the provider had met the detail of the warning notices for Regulation 17 (Good Governance). Other areas for improvement identified during the inspection of 2 December 2015 remain part of the home's ongoing action plan, and will be looked at on the next comprehensive inspection.

We found that the provider and registered manager had taken sufficient action to meet the requirements of the warning notice.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff recruitment processes and records had been strengthened to help protect people and provide greater assurance of their character and work performance. References had been obtained and disclosure and barring service (police) checks had been undertaken before any new staff started to work with people. Systems had been put in place to assess any risks in relation to staff recruitment and gaps in people's employment history had been explored. The provider was taking steps to see this was backdated for staff

that had been employed by the home for some time.

Systems for the management and assessment of risks had been improved. Records of risk assessments had been strengthened, spot checks were taking place and regular audits were being carried out to identify risks, for example from the environment. Where risks were identified there were management plans in place to reduce them where possible. New systems had been put into place to ensure the risks of cross infection were reduced. This included more regular audits, cleaning schedules and improved equipment.

Records, policies and procedures had improved. People's care plans reflected their needs, wishes and aspirations regarding their care in more detail, and inconsistencies in people's plans had been removed.

Action plans for the development of the service had been implemented and had been or were being completed. These had been shared amongst the management team so that clearer objectives that were measurable and achievable were in place. The registered manager and trainee manager (who was in day to day control of the home under the supervision of the registered manager) were meeting regularly to review the plans and ensure they had been completed and improvements were sustained.

Quality assurance systems including regular audits of the service were being completed. These had led to improvements for people, and positive feedback from relatives and people living at the home. Professional advice was being taken and acted upon, and the home's management was undertaking assessments of the services they provided against best practice in dementia care. This had led to new action plans in areas such as the development of memory boxes and changes to the decor.

This report only covers our findings in relation to compliance with the warning notice for Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Southbourne care home on our website at www.cqc.org.uk.

The ratings identified on the inspection of 2 December 2015 have not been changed as a result of this inspection but will be updated at the next comprehensive inspection. A comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well led. At the next inspection we will also check to ensure improvements made for this inspection have been sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's safety had improved.

Staff recruitment processes had been strengthened to help protect people and provide greater assurance of the character and work performance of the staff member in their previous role.

Systems for the management and assessment of risks had been improved.

Requires Improvement ●

Is the service well-led?

Improvements had been made to the leadership of the home.

Records, policies and procedures had improved. People's care plans reflected their needs, wishes and aspirations regarding their care in more detail, and inconsistencies had been removed.

Action plans for the development of the service had been implemented and had been or were being completed. These had been shared amongst the management team so that clearer objectives that were measurable and achievable were in place. There were regular audits in place to monitor quality and safety.

Quality assurance systems including regular audits of the service were being completed. These had led to improvements for people. Professional advice was being taken and acted upon.

Requires Improvement ●

Southbourne Care 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and in particular to look at actions taken by the provider and registered manager in relation to the warning notice issued following the inspection of 2 December 2015.

This inspection took place on 20 April 2016 and was carried out by one adult social care inspector. We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports and the action plan sent to us by the registered manager.

On the inspection we met with the registered manager and trainee manager of the home. We looked at areas of the building, and sampled policies and procedures. We viewed the changes to the quality assurance and management systems that had been made since the last inspection and sampled records including two care plans and two staff files.

We also looked at risk assessments, minutes of meetings and feedback received and analysed from people using the service, staff and their relatives. We discussed the home's action plans and progress being made.

Is the service safe?

Our findings

At the inspection of 2 December 2015 we identified concerns over the assessment and management of risks related to staff recruitment processes at the home. On this inspection we looked to see what changes had been made. We looked at two staff files, to see changes that had been made retrospectively and also for a new staff member being appointed.

Previously records showed that staff had worked unsupervised and were counted as a member of staff on the rota delivering personal care before their full disclosure and barring (police) check had been completed; certain risks had not been identified or addressed by the recruitment process, for example gaps in people's employment history had not been explored and pre-written references had been accepted without proper checking.

At this inspection the provider and registered manager had improved their staff recruitment systems. A staff file showed that the provider had verified the references that had previously been supplied "To whom it may concern" and so had greater assurance of the character and work performance of the staff member in their previous role. New staff had not commenced work at the home before their disclosure and barring (police) check had been returned. Systems had been put in place to ensure that any risks associated with people's disclosure and barring checks would be assessed and recorded. Any gaps in people's work history were explored and notes had been made on people's files to evidence this. Systems were improved for addressing concerns about staff where they were identified. The trainee manager had learned from an incident where a concern about a member of staff had not been reported appropriately to external agencies before an investigation had commenced.

Systems were in place to assess, monitor and reduce risks to people at the home. These had improved since the last inspection. For example the registered manager and trainee manager had increased the infection control audits at the home, put in place cleaning schedules, and purchased new equipment. Spot checks were being carried out regularly. We toured the home and did not identify any infection control risks, or items in the environment that could cause harm to people such as razors or toiletries being left out. Feedback from relatives had been positive and we saw evidence they had told the home's management that systems for the management of their relation's laundry and cleanliness had improved in recent weeks.

Risk assessments had been updated to reflect new concerns identified, for example from hot drinks. One person had been identified as having a poor fluid intake, which was insufficient to maintain their health long term. We saw the risk had been assessed, and actions taken to discuss the person's needs with the local speech and language service. This was because the trainee manager had identified that part of the person's poor intake could be due to risks associated with their swallowing. They had taken immediate advice and the person's drinking had improved. The speech and language team were due to assess the person in the near future.

Is the service well-led?

Our findings

On this focussed inspection we looked to see what had changed as a result of the warning notice, which was due to be complied with by the 25 March 2016. We saw that improvements had been made, and the warning notice had been complied with. The rating for 'Well led' will be reviewed at the next comprehensive inspection of the home, when we will look to see that improvements made have been sustained.

We identified improved systems had been put into place to assess, monitor and improve the quality and safety of the services provided. Risks and quality issues were being reviewed regularly. Where new concerns were identified these were being recorded and any steps to reduce risks implemented. Monthly meetings were being held between the registered manager and trainee manager at the home to review action plans and progress being made. This included an audit calendar so it was clear which areas were reviewed each month.

At the inspection of December 2015 we had concerns the trainee manager was not aware of the previous concerns at the service or and had not had sight of an action plan to work on for the future development of the home. On this inspection we saw the registered manager and trainee manager were working more closely together. They had discussed the content of the warning notice and had action plans that were dated and reviewed each month to address the concerns. We saw action plans in relation to the warning notice had been completed. In particular the registered manager had ensured that all staff had received training in safeguarding, with the exception of one person not currently at work.

Professional advice was being taken and sought. The home had carried out two audits of the home against best practice in dementia care, and had come up with an action plan that would help to improve the environment and care provided to people, for example with making memory boxes and providing clearer information for people.

Quality assurance systems had been improved. A survey had been carried out of relatives, staff and visiting professionals in January 2016. The results had been collated, analysed and shared with relatives at a relative's meeting. This had been positive and had given the home greater feedback and involvement about how the home could be improved.

Records maintained by the home had been improved. Staff recruitment records were well maintained. Care plans had been updated to include more detail and remove inconsistencies. The trainee manager was working through with people the re-writing of the care plans to include more information from people themselves (or their relations or supporters where this was not possible). Re-written plans had sections completed by relatives giving the home more information about people's social and personal life histories. Policies and procedures had been amended to include up to date information and legislation. Systems had been put into place to ensure that fluid balance charts were being completed by staff in sufficient detail to protect people from the risks of poor hydration and maintain their health, and any required actions were taken.

