

Beechcroft Care Homes Ltd

Southbourne Care Home

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

About the service

Southbourne Residential Care Home (hereafter referred to as Southbourne) is a residential care home providing personal and nursing care to 27 older people at the time of the inspection. The service can support up to 27 people who may need support with their physical and mental health and may be living with a dementia.

The service has gardens and is close to the sea and local parks, it is set over two floors which are made accessible by a lift.

People's experience of using this service and what we found

People told us they felt happy and safe living in Southbourne. Medicines were managed safely and there were enough staff to meet people's needs. The service was clean and fresh smelling throughout despite extensive renovation works. The service acted swiftly when a new risk emerged for a person and supported them to have choice but still remain safe.

People were supported by staff who had attended training in courses specific to their needs. People were offered a choice of food and drinks and told us they enjoyed the food. Mealtimes were calm and had a pleasant atmosphere. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and knew people well. The service considered things that would make the environment homelier, such as people being able to make themselves drinks and having snacks whenever they wished to. The service had bought in some specialised electronic soft animals that behaved like pets to reassure and soothe people with advancing dementia who were comforted by animals. People were asked how they would like their care delivered and families were given opportunities to input into care planning where appropriate.

Care plans were personalised, and the manager had plans to further enrich them with people's in-depth life histories. The service supported people to engage in activities both inside and outside of their home. People's communication needs were being met and complaints were acted upon.

The service was well-led, with a positive manager who treated people with dignity and respect and care staff followed their good practise. Quality checks were undertaken on both the physical aspects of the service such as fire and building safety but also the quality of interactions of care staff with people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

The last rating for this service was good (published 13 October 2018).

Why we inspected

This inspection was prompted in part due to quality concerns we had about two of the other homes in the provider group. However, we found no concerns during our inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Southbourne Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one inspection assistant and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Southbourne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was supporting other homes in the provider group and were not involved in the day to day running of the service, they were planning to de-register and the manager was planning on putting an application in to register and take over.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and six relatives about their experience of the care provided. We spoke with one professional and eight members of staff including the provider and registered manager, manager, care staff, and facilities manager for the provider group. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals and eight care staff to ask for further feedback on the service and heard from two of the professionals and none of the staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager and care staff could identify the signs of abuse and knew where to report them and to whom.
- During the inspection a risk emerged where a safeguarding issue became apparent. The manager acted quickly and put measures in place to support this person to be safer from the risk of abuse.
- Staff had all completed training on safeguarding adults.

Assessing risk, safety monitoring and management

- Risks were assessed for each person and the individual health concerns they had.
- Risk assessments and care plans contained instruction for staff on how to mitigate risks and were reviewed regularly.
- Environmental checks were completed regularly to check the building, gas, and fire safety aspects of the service were safe.

Staffing and recruitment

- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.
- There were enough staff to meet people's needs and keep them safe. Staff were visible in communal areas and staff told us there were enough staff on the rota to ensure care was provided safely.
- People and relatives said there were enough staff.

Using medicines safely

- Medicines were stored safely and administered as prescribed.
- People were happy with how they were supported with their medicines.
- We discussed with the manager ensuring that guidance for "as required" medicines were in place for each prescribed medicine.

Preventing and controlling infection

- The service was clean and tidy and free from unpleasant odour.
- Staff wore gloves and aprons, and these were readily available throughout the service for staff to use.
- Staff had completed training on infection control and we saw them regularly washing their hands.
- Infection control audits were robust.

Learning lessons when things go wrong

- The service was able to demonstrate where it had analysed incidents such as falls and worked out how to better prevent them.

- We discussed with the manager how a more robust record of learning from safeguarding incidents might support future learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the manager before they moved in giving consideration their physical, mental and social needs and whether the service could meet them.
- Where people were supported by other agencies whilst living in the service, changes in needs were communicated between the service and the other agency.

Staff support: induction, training, skills and experience

- Staff were supported through supervision. They said, "I feel supported" and, "I can always go to the manager."
- New staff underwent an induction to ensure they were confident in providing support, this included shadowing more experienced members of staff.
- The service provided training to staff to meet the needs of people. This included safeguarding, moving and handling, dementia care and diabetes.
- Staff were supported to further their skills by completing qualifications in care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food. One person said, "The food is marvellous and tasty."
- People were offered a choice at mealtimes and for one person who didn't want the food on the menu, they were offered something different which they liked.
- People had drinks within reach and were regularly offered warm and cold drinks to stay hydrated.
- People who required support to eat with the use of specialist equipment, such as plate guards, or those people who required a staff member to support them to eat, had their needs met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service was supported by a visiting GP service. When a person felt unwell the service acted promptly to call out the GP to assess the person.
- Referrals to speech and language therapy and occupational therapy were made as people's needs changed and then followed up by the service.
- Healthcare professionals who visited the service said they had no concerns and that health needs were communicated to them promptly.
- We looked into whether people were having their oral healthcare needs met. Each person had an oral healthcare plan and where required, a toothbrush and toothpaste in their bathroom. For people with dentures, a picture had been taken of them so staff could easily recognise who they belonged to if people

took them out.

Adapting service, design, decoration to meet people's needs

- The building was undergoing extensive renovation work to improve the environment for people living in the service.
- People had access to several different outside spaces. From the dining area there was an outside seating area, so people could walk in and out as they pleased to get some fresh air.
- There was dementia friendly signage throughout the service, and consideration had been given to making the environment easier to navigate for people living with a dementia or who may get confused. For example, in the areas that had already been renovated doors were different colours to the frames and light switches had a coloured surround to make them easily identifiable.

Ensuring consent to care and treatment in line with law and guidance

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and conditions on authorisations were being met.
- Staff had a good understanding of consent. We saw this in practise with staff always asking permission before supporting people.
- Records showed that best interest decision had been recorded for people where needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well and treated them with kindness.
- We saw gentle interactions and light banter between staff and people. The atmosphere in the service was relaxed and people smiled when staff entered the room.
- People told us how staff were kind to them. One person said, "The staff are pretty good here, if I can't sleep they ask me why and give me a hot drink and chat to me." Another said, "The staff are really good here, the girls are lovely with everyone, they are generous with their kindness and I feel comfortable around them."
- The manager and staff were aware of people's equality needs and supported people to meet their spiritual and religious needs. For example, the manager supported people to attend the local church on a Sunday.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted on how their care plans should be written and how they wanted their care to be provided. Relatives were asked their opinions. One relative said, "They always call me to keep me updated and listen to my ideas."
- People were asked how they wanted their home to be redecorated and designed.
- The manager met with people every four weeks to talk about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff. Relatives told us staff treated people with dignity.
- People were encouraged to be mobile and come out of their rooms. We saw an example of one person who moved into the service and needed several staff to mobilise safely, after support they were then able to mobilise with one staff member.
- Staff knocked on people's doors before entering and explained how they respected people's privacy whilst providing personal care by covering them up and ensuring curtains and doors were closed.
- The service had a safety kettle, so people could help themselves to hot drinks. Some people helped out with household tasks they wanted to continue doing.
- Personal records were kept in lockable cabinets.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained people's likes and dislikes and how they wanted their care to be provided. For example, how people liked to be supported with personal care and how they liked to be dressed.
- Care was delivered in line with people's preferences. For example, two people in the service did not enjoy the mornings so their personal care was moved to later in the day.
- People had choices of when they wished to eat, sleep, or go out. We discussed with the manager people being offered showers later in the day as well as in the morning, so there could be further flexibility around personal care for everybody living in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care staff adapted their communication style to suit the needs of people living in the service.
- Information was available in formats accessible to people's communication styles and needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager was keen to support people to be a part of the local community. People were supported to go out shopping, to local parks for walks and to go out for coffee or to the local church. These activities supported people to continue with routines they had before moving to the service.
- People were supported to contact their families and speak with them if they felt lonely, and staff took time to sit with people when they could.
- The service put on a number of in-house activities, such as entertainment style activities and arts and crafts. People were also enabled to enjoy sitting quietly reading the newspaper depending on how they were feeling. One person was supported to continue their love of horse riding and staff supported them to go horse riding.
- The service played music that was socially relevant to people and encouraged the use of technology. For example, listening to podcasts to encourage people to engage with what was going on in the world, and in specific topics of interest to individuals.

Improving care quality in response to complaints or concerns

- The service had a complaints policy on clear display in the service.

- Complaints were investigated in line with the service policy.
- People and relatives told us they felt comfortable raising any concerns and were always listened to. One person said, "Well I don't have anything to complain about."

End of life care and support

- People had end of life care plans which contained details of how they might like to spend their final moments. The manager said, "Everybody has an end of life care programme, that is person centred to that individual."
- Staff had completed online end of life training. Two staff were going to take the lead on end of life care after attending more in-depth training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was a leader who led by example and was positive and open throughout the inspection.
- Staff support reflected the values described by the manager. We saw examples of people being empowered to access the community more and where people were supported to maintain more stable mental health.
- The manager was visible, and the provider regularly visited. One relative said "[The manager] runs this place well, we feel confident with him as a manager. [He] is not afraid to speak up for people and it works."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their duty of candour and told relatives and people where things had gone wrong in the past.
- Relatives confirmed they were kept up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear leadership hierarchy in the service and staff knew what their role was and what duties to perform on each shift.
- The manager understood the regulatory requirements of a service providing a regulated activity and had put in their application for registration as a manager with us.
- There was an audit structure to check the quality of recording for medicines, care notes, frequency of interactions and that care needs were being met.
- The manager also scheduled themselves on for one care shift a week, so they could see care provision on the floor. This meant they could observe staff during care and assess ongoing risks that people faced during care delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked their opinions and feedback on how to renovate the environment. There were plans to build an observation screen, so that people could watch the new lounge taking shape.
- The manager and provider were encouraging people to visit other people in some of their other care homes to encourage and nurture a new friendship group and wider social circle.

- Staff felt listened to and supported and involved in the running of the service.
- Through the renovation of the service, people's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate their home more easily.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.
- The manager and provider were part of best practise forums and networks to share ideas for improvement and training opportunities.
- Feedback from professionals was positive regarding the day to day management of the service. One professional said, "The manager seems very supportive of his staff and residents and seeks to share information with health and social care professionals in a timely manner."
- The service had been seeking support from and working with the local authority quality team.