Dolphin Homes Limited

Beachview

Inspection report

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20 April 2023

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Beachview is a residential care home registered to provide care for up to 10 young people.. It provides support to people who have a range of learning disabilities, some of whom also have a physical disability. At the time of our visit there were 9 people living at the service

People's experience of using this service and what we found
The provider could not demonstrate how the service met the principles of right support, right care, right culture. This meant we could not be assured of the choices and involvement of people who used the service in their care and support.

Right Support
People's support needs and risks associated with their care were not always appropriately managed to ensure safe care could be provided. The provider did not have effective systems in place to protect people from avoidable harm. When people expressed choices, these were not always respected due to the deployment of staff. Staffing levels prevented people from getting up when they wanted to.

Right Care
Systems and processes were not always effective in ensuring people were protected from the risk of abuse and staffing was not always provided in line with people's needs. The service did not have enough staff to meet people's needs and keep them safe.

People were given their medicines in a way that met their individual needs. However, record keeping was not consistent, nor were we assured that medicines were always administered as the prescriber intended. There were systems and processes in place for the safe storage of medicines. However, these processes were not always followed. We have made recommendations regarding management of medicines.

Right culture
The service did not have a registered manager. The area manager was overseeing the running of the service. Staff told us there was a lack of leadership. Staff and relatives expressed concern regarding the high turnover of managers. Staff spoke of a blame culture at the service and did not feel confident concerns raised were dealt with.

Care was not always person centred and people were not empowered to influence the care and support

they received. The service was not using governance processes effectively to learn lessons or improve the service. Governance systems did not ensure people were kept safe and received a high quality of care and support in line with their personal needs.

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 requires improvement (published 13 October 2022).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

We received concerns in relation to medicines, the management of people's food, the accuracy of record keeping, staffing numbers, staff culture, leadership and oversight of practices. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

We looked at infection prevention and control measures under the safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to safe care, the management of the service and governance at this inspection. We have identified a new breach in relation to staff deployment.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beachview on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Care Quality Commission

Beachview

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
2 inspectors, a member of the medicines team and an assistant inspector carried out this inspection.

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. An area manager was overseeing the running of the service. However, they have submitted an application to register. We are currently assessing this application.

Notice of inspection
This inspection was unannounced. Inspection activity started on 14 March and ended on 20 April 2023. We visited the service on 14 March following this we conducted two additional visits. A visit was conducted on 25 March and was 'out of hours' to enable us to meet with the night staff and observe care. On 20 April 2023

a member of the medicines team visited the service.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We communicated with all the people who used the service and observed how people were being supported. We spoke with all staff on duty including care workers, senior care workers, agency care workers and the area manager.

We inspected the storage of medicines, reviewed six medicines administration records (MARs) and care files of people within the service. We also observed the administration of medicines.

We reviewed a range of records. This included people's care records and the governance arrangements for the safe handling of medicines, including audits, the providers medicines related policies, and staff training records. We looked at a variety of records relating to the management of the service, recruitment, including policies, procedures and safeguarding incident records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. Following our visit to the service we looked at additional documents the provider sent us. This included a variety of records relating to the management of the service. We spoke with professionals who regularly visit the service and spoke to 4 relatives to find out about their experience of the care provided. We also contacted all staff we did not meet during our visits to the service.

We spoke with the nominated individual following the inspection to seek immediate assurances for concerns we found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Inadequate

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 requires improvement. At this inspection this key question has deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found that systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was still in breach of regulation 12.

● At our last inspection we found the assessing, monitoring and management of risk was not effective. At this inspection we found some risks to people had been identified, however this information was not consistently translated into people's care plans. There was no clear guidance for staff to manage or reduce the risks to people. For example, staff gave conflicting information regarding one person's moving and handling.
● One staff member said, "It's not clear whether [Name] has been assessed to use the [hoist] sling or not… I don't know if a referral has been made to the OT (occupational therapist). We do ask the managers, but because of the management changes nothing has happened. From the floor they are meant to be hoisted. I don't think people [staff] are always doing it." Another member of staff said, "[Name] should be hoisted. I know we are told to pick them up from the floor. Nobody ever hoists [Name], it's not right. Staff pick [Name] up from behind and try to make them walk but their feet can't do it so they are kind of dragged along to their bed. Sometimes we are told to do it ourselves, just one staff member." A third staff member told us, "[Name] needs two to support them. Recently I read their care plan, curious how to use the hoist. I have used it, but it didn't work well with me. I asked [senior staff member] how to support them, they said [Name] can stand. The care plan should be updated to reflect this."

Systems and processes to safeguard people from the risk of abuse
● At our last inspection we found the provider's systems to safeguard people from the risk of abuse were not applied effectively meaning that people were at risk of avoidable harm. At this inspection we found people were exposed to the risk of harm and abuse including verbal abuse.
● A staff member told us a person was told, "You're lazy and fat, you need to lose weight" by another member of staff. The staff member said, "It is not acceptable to talk to people like that. I encourage [Name] to be independent, when they can't do that, I support him to get dressed. They are not lazy; they do need support. I haven't reported it. The thing is I don't want to report it as I may get into trouble but felt uncomfortable it was being done in front of me." Another member of staff told us the same person keeps

asking, "Have I been naughty" and "if I'm going to shut them in their room if they've been naughty?" They do repeat themselves. The other day I was there, I offered to help them clean their room. They said, "have I been naughty?" I wondered why they would say this."
This was discussed with the provider who has given the Commission assurances of actions they have taken in response.
● At our last inspection we found incident reports and records used to record people's emotional responses to situations were not fully completed. At this inspection we saw that no incident records had been completed and staff told us this was because there had not been any incidents.

Systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment; Preventing and controlling infection
● All staff we spoke with raised concerns regarding the staffing levels. One staff member told us, "It's not safe; we do our best with what we've got… We can only do basics here at the moment, everything is rushed." Another member of staff said, "On Monday, we didn't have enough staff. [Senior staff member] said not to tell [relative] we don't have enough staff." A third member of staff told us, "Some days I dread how it's going to be when I come in. They [people] are not getting the care they pay for or deserve."
● Relatives also raised concerns regarding the staffing levels. They told us, "I think the staffing levels are pretty dire. I go in there and sometimes there are only 2 or 3 staff." Another relative said, "One week [Name] couldn't attend mass because they had no driver or enough staff." A third relative told us, "At the weekend, 2 regular night staff weren't there so they brought in an assistant manager from another service to cover it with an agency. Once they didn't have anyone who was medicine trained." They told us this meant people had to wait for their medicines as there was staff qualified to give medicines.
● A relative told us about unpleasant odours. They said, "I would put it down as a regular occurrence. Like today, it was pretty bad… It smells like urine." During our visits to the service we found two people's bedrooms had malodours.
● We saw one person indicated to staff they wanted help to change out of night clothing. Staff acknowledged they wanted to get changed and told them he was sorry, but they needed to wait until staff were available. Another person was very wet in bed at 6 am, the bed needed changing and the room smelt. Staff were unable to provide support with washing and changing clothing as this required 2 staff and not enough staff working. The person was asked to remain in bed with urine-soaked clothing and wait for staff. The agency staff were deployed at 8.15 am once they arrived.

The provider had failed to ensure there were sufficient numbers of staff deployed. This placed people at risk of harm. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider for assurances in relation to this issue, to ensure that risks were being mitigated and these were given by the provider. We will, however, check whether the provider is no longer in breach of this regulation at the next inspection.

● The provider had a recruitment system that ensured only suitable staff were employed. Staff applications contained reference checks on previous employment and also checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where medicines were prescribed 'when required' (PRN), protocols were in place. However, there was not always enough person-centred information to support staff with when to give the medicine.
- Records showed that people received their regular medicines. However, we were not assured that medicines were always administered as documented, due to the number of medicines within the service, not always matching recorded stock balances.
- Medicines, including controlled drugs were not always managed and recorded according to the provider's policy.
- The service had systems and processes in place for the safe storage and use of medicines. However, the temperature monitoring of medicines storage areas was not always undertaken and recorded. Nor were all medicines with a limited expiry date after opening marked accordingly. We therefore could not be assured as to the stability of medicines.
- There were processes in place for the reporting and actioning of incidents. However, these processes were not always followed. Incidents were not always fully recorded and investigated according to the provider's policy. Nor were we assured that all staff were included in the sharing of learning from incidents.
- Records showed that staff had completed medicines related training. However, for specialist techniques such as percutaneous endoscopic gastrostomy (PEG) feeding, it was not clear whether all staff had undertaken the level of training stated within the provider's policy.
- There was not an effective system in place for the communication of medicines information between staff. This posed a risk that medicines changes were not being communicated in a timely way.

We recommend the provider ensures that PRN protocols are suitably person centred, to support staff at the time of administration.

We recommend the provider ensures that there is a mechanism for sharing learning from incidents, for all staff.

We recommend the provider ensures that all staff administering medicines are trained to be able to meet the administration needs of people using the service.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

● People were supported to eat and drink. Staff expressed confusion and gave conflicting information regarding people's risks of choking and whether they needed modified food and fluids. A member of staff told us, "[Name's] risk assessment for eating is out of date for choking… staff don't cut their food up." The staff member also told us the person had been referred for SaLT [Speech and Language Therapy] assessment.

● Another staff member told us, "SaLT come to give us training as well. They're coming here tomorrow. There is confusion to what textures [Name] can have, so they're coming in tomorrow." A third member of staff said, "[Name] needs fork mash able and I can't remember the measurements, but it has to be a certain size… I know that [Name] had SaLT team out. I wasn't really told much that their diet had changed. There is a lack of communication there. With [Name] there is a debate on whether they are allowed pasta or not."

● A relative told us, "Most of the times [Name] comes over they don't bring the thickener. It should be with [Name] all the time and their special beaker because without them [Name] can't have a drink. Sometimes it's a bit lax. If they turn up here like that, what happens when [Name] goes out and about with them. They haven't been pureeing food when they go out. I do wonder if they have the training."

● People who needed help with their meals were supported by staff. However, one staff member told us, "We try hard to let them be as independent as possible. [Name] can feed themselves, but it takes a long time. If we're pushed for time, we have to do it. It's not right but we haven't always got enough staff."

● People were supported to attend appointments with healthcare professionals, including GPs. However, one staff member told us, "Sometimes people have to miss appointments because there are not enough staff."

Systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider for assurances in relation to this issue, to ensure that risks were being mitigated and these were given by the provider. We will, however, check whether the provider is no longer in breach of this regulation at the next inspection.

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

● At our previous inspection we found record keeping needed to be improved in relation to the Mental Capacity Act 2005 (MCA). Some people had DoLS with conditions, for example to facilitate community access. The system for recording had improved since our last inspection and there was evidence conditions related to DoLS authorisations were being met.
● Some people's DoLS authorisations had lapsed and records showed there had been a delay in reapplying for them. The provider did not have effective oversight, this was not picked up by the provider's audits.

Staff support: induction, training, skills and experience
● Staff told us they received a lot of training. They said the training was mainly online. One staff member told us, "One of the service users came in from another home to talk about their Autism and life."
● Records showed staff had received training in topics including learning disabilities, person-centred care, safeguarding and protection of adults, medication, documentation and record keeping, MCA and DoLS.
● One staff member told us, "I didn't really have an induction. [Senior staff] is aware of it... I had induction training but as far as induction into the home it was very little."
● Staff we spoke with told us they had not received supervision. The area manager told us they were aware of this shortfall and would be arranging supervisions for staff.

Adapting service, design, decoration to meet people's needs
● Peoples' rooms were personalised and individually decorated with things important to them, for example TV's, gaming equipment, pictures and photographs.
● The lounge was spacious and pleasantly decorated.

Inadequate

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 requires improvement. At this inspection this key question has deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found that systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was still in breach of regulation 17.

● The service did not have a registered manager. The area manager was overseeing the running of the service. They have submitted an application to register. We are currently assessing this application. The area manager told us a new manager had been recruited and was due to start working at the service in May 2023 and would be managing the service alongside the area manager until they were meeting the regulations.
● At our last inspection we found that the area manager and staff were not always completely open and transparent. They felt the issues identified were due to a previous manager, disgruntled staff and ex-staff members. Following the inspection, a new manager was recruited. This manager has now also left the service. At this inspection we found the area manager was more open to feedback, however they thought issues identified were due to the manager who had recently left.
● Staff expressed concerns there was a blame culture at the service. A staff member told us, "The only thing that is really wrong is morale is really low because of the changes in management." Another member of staff said, "Most people are looking for new jobs, [they are] not happy. [Senior staff member] makes us feel "this small" because everything we do is wrong."
● At our last inspection relatives expressed confusion regarding the management of the service. At this inspection not all relatives were aware of the management arrangements at the service. For example, one relative told us, "I didn't know [Manager] had left. We thought they were still there. They seem to have lots of managers. I can remember 3 or 4 since [Name] has been there." Another relative told us, "I don't have major concerns other than the high turnover of managers."
● The provider's systems and processes were ineffective and failed to identify concerns found on this inspection. This included failing to appropriately manage risks to people and to ensure adequate numbers

of staff were deployed.
● The audits had not picked up gaps in records, for example some people's DoLS had expired. People's care records were not always accurate, for example one person's care plan contained inaccurate information in respect of whether they could stand or need to use a hoist. This meant people were at risk of uncoordinated or unsafe care.
● Prior to this inspection, we were made aware of concerns people had about the care and support people received. Those concerns were confirmed during this inspection.

Systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The culture of the service did not always meet best practice for supporting people with a learning disability and the service did not always promote a person-centred approach.
● A relative told us, "My [relative] came home a couple of weeks ago, their fingernails were not cut and could cause damage, and they were dirty. It's unhygienic. [Name] is in desperate need of a haircut… They look unkempt and uncared for. They deserve to look their best. They look like they have been left. It's not the first time. In this day and age there is no need for them to look like that. They should have a shave every day. Everybody deserves to be cared for."
● Another relative told us, "Most of them [Staff] are lovely and have a laugh with them [People]. A couple of times I've been there, some chap was just sitting there not interacting." A third relative told us, "I would just like them to have more daytime activities where [Name] can mix with an appropriate peer group."
● The provider was not able to evidence they had used feedback from people, relatives and those important to them to develop the service.
● A member of staff told us, "[Name] said [Staff names] have shouted at them if they wet themselves at night." They told us they had reported it and, "I don't know if anything has happened. You kind of pass things on but don't get told of it."

Continuous learning and improving care
● The lack of governance and oversight by the provider and management team did not promote change, improvement or learning from when things went wrong. The provider had failed to operate an effective complaints system. When we discussed this with the area manager, they told us they had not received any complaints since the last inspection.
● A member of staff told us, "I did raise concerns. I felt that the concern wasn't dealt with properly. I raised concerns about [Other staff] confidentially and it was shared with them that I was the one who made it. It makes you feel not confident to speak up... It's made the atmosphere difficult to work in."
● Relatives we spoke with said they found that the communication was poor. A relative told us, "I have got a couple of issues which I've raised with the home. As yet, it's not been resolved."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to adequately assess, manage, monitor and mitigate risk to people's safety and wellbeing. Regulation 12 (1)(2)1,2

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to demonstrate the service was well managed. The provider failed to ensure the regulations were being met. Regulation 17(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of staff deployed. Regulation 18 (1).